



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, 2016 through June 30, 2017

004170 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

Kindred Hospital The Palm Beaches

County: Palm Beach (50)

Fiscal Year: 9/1/2014 - 8/31/2015

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	10,062,367.00	0.00	0.00	0.00	Total Bed Days	25,550
2. Routine	9,919,419.00		0.00		Total Inpatient Days	15,887
3. Special Care	2,618,794.00		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	8,526
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(282,066.00)	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	22,318,514.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	100,428,484.00	0.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	2,442,501.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,235.95		0.00	County Ceiling Base	1,071.17	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,329.97	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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 (1.0542) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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, 2016 through June 30, 2017

009496 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

Florida Hospital at Connerton Long Term Acute Care Hospital

County: Pasco (51)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,352,941.00	0.00	128,999.00	0.00	Total Bed Days	18,250
2. Routine	14,062,488.00		205,455.00		Total Inpatient Days	17,692
3. Special Care	1,394,074.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	237
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,315
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(387,746.00)	0.00	(5,024.63)	0.00	Medicaid Paid Claims	0
9. Total Cost	25,421,757.00	0.00	329,429.37	0.00	Property Rate Allowance	0.80
10. Charges	87,200,509.00	0.00	1,209,891.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,744,260.00		51,950.92		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)		OP (F)			IP (G)		OP (G)		Inflation / FPLI Data (H)	
1. Normalized Rate	1,241.97	0.00			County Ceiling Base	893.96	Exempt			Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07			Variable Cost Base	1,199.66	Exempt			Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,723.73	226.15			FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158			County Ceiling	1,693.91	222.24			FPLI	0.9827

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 (0.9827) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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, 2016 through June 30, 2017

016815 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Brevard (5)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

Kindred Hospital Melbourne

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,831,578.00	0.00	0.00	0.00	Total Bed Days	21,900
2. Routine	7,680,090.00		0.00		Total Inpatient Days	11,609
3. Special Care	2,499,072.00		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	7,118
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(286,401.00)	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	17,724,339.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	74,180,674.00	0.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	2,591,286.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,377.01		0.00	County Ceiling Base	1,014.52	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,398.47	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,699.42	222.97	FPLI	0.9859

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 (0.9859) 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 = (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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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, 2016 through June 30, 2017

020127 - 2016/07
Outpatient Rate: 160.53

Type of Control: Nonprofit (Other)

County: Gulf (23)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

Sacred Heart Hospital on the Gulf

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,996,234.00	9,770,847.00	104,094.00	271,416.00	Total Bed Days	6,935
2. Routine	2,608,971.00		91,896.00		Total Inpatient Days	1,681
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	64
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	940
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,565
9. Total Cost	4,605,205.00	9,770,847.00	195,990.00	271,416.00	Property Rate Allowance	1.00
10. Charges	9,561,410.00	31,961,091.00	424,372.00	774,561.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	2,489,394.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	Inflation / FPLI Data (H)	
			IP (G)	OP (G)
1. Normalized Rate	1,431.29	197.22	County Ceiling Base	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	400.14 241.48
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73 226.15
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,577.90 207.02
			Semester DRI Index	2.1860
			Cost Report DRI Index	2.1000
			FPLI Year Used	2015
			FPLI	0.9154

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	271,416.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		271,416.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		282,531.13
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,565
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		180.53
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)		180.53
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9154) 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)		180.53
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		180.53
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		774,561.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		494.93
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		515.20
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	180.53	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 15.4533 %)	(27.90)	
AV	Buy Back of Medicaid Trend Adjustment	7.90	
AW			
AX			
AY	Final Prospective Rates		160.53



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, 2016 through June 30, 2017

025766 - 2016/07
Outpatient Rate: 409.77

Shriners Hospital for Children-Tampa

Type of Control: Nonprofit (Other)

County: Hillsborough (29)

Fiscal Year: 1/1/2014 - 12/31/2014

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	4,988,056.00	7,495,600.00	786,698.00	722,530.00	Total Bed Days	21,900
2. Routine	4,002,666.00		698,337.00		Total Inpatient Days	470
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	82
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	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,742
9. Total Cost	8,990,722.00	7,495,600.00	1,485,035.00	722,530.00	Property Rate Allowance	0.80
10. Charges	13,682,166.00	16,357,643.00	1,838,517.00	1,593,176.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,430,465.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	16,607.26		428.22	Exempt	190.95	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	14,074.74	412.02	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

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	722,530.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		722,530.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		753,195.32
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,742
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		432.37
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)		432.37
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) 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)		432.37
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		432.37
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,593,176.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		914.57
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		953.38
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		432.37
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 14.0457 %)		(60.73)
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 88.7683 %)		(22.60)
AW	Buy Back of Medicaid Trend Adjustment		60.73
AX			
AY	Final Prospective Rates		409.77



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, 2016 through June 30, 2017

031588 - 2016/07
Outpatient Rate: 106.18

Type of Control: Nonprofit (Other)

County: Brevard (5)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

Viera Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	25,034,273.00	38,598,872.00	321,933.00	381,104.00	Total Bed Days	30,660
2. Routine	20,644,956.00		293,151.00		Total Inpatient Days	14,660
3. Special Care	5,975,945.00		143,836.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	262
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,929
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(538,190.16)	(402,157.84)	(7,907.11)	(3,970.69)	Medicaid Paid Claims	2,324
9. Total Cost	51,116,983.84	38,196,714.16	751,012.89	377,133.32	Property Rate Allowance	0.80
10. Charges	175,271,904.00	210,988,327.00	2,417,283.00	2,261,805.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	20,008,241.00		275,946.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)		OP (F)		County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,915.39	171.42			1,014.52	190.35		Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07			Variable Cost Base	1,697.96	155.46	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158			County Ceiling	1,699.42	222.97	FPLI	0.9859

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	377,133.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		377,133.32
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		392,764.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,324
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		169.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		161.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		161.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		161.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		161.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,261,805.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	973.24	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,013.58	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	161.39	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(55.21)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		106.18



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, 2016 through June 30, 2017

032265 - 2016/07
Outpatient Rate: 152.70

Type of Control: Nonprofit (Other)

County: Dade (13)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

West Kendall Baptist Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,081,622.00	74,290,897.00	2,164,823.00	2,623,411.00	Total Bed Days	48,545
2. Routine	50,545,025.00		1,373,365.00		Total Inpatient Days	30,323
3. Special Care	7,503,849.00		271,020.00		Total Newborn Days	2,224
4. Newborn Routine	1,485,025.00		992,247.00		Medicaid Inpatient Days	1,093
5. Intern-Resident	1,250,271.00		0.00		Medicaid Newborn IP Days	357
6. Home Health					Medicare Inpatient Days	6,892
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,447,894.82)	(1,055,952.18)	(68,246.68)	(37,288.51)	Medicaid Paid Claims	9,959
9. Total Cost	100,417,897.18	73,234,944.82	4,733,208.32	2,586,122.49	Property Rate Allowance	0.80
10. Charges	394,006,080.00	467,999,464.00	16,488,404.00	14,850,649.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	21,830,487.00		913,564.30		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,673.12		263.51	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	3,147.26	248.50	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	2,586,122.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,586,122.49
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,693,312.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,959
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		270.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		257.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		257.98
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		232.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		232.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	14,850,649.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,491.18	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,552.99	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	232.10	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(79.40)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		152.70



Florida Agency for Health Care Administration
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032975 - 2016/07
Outpatient Rate: 59.60

Type of Control: Nonprofit (Other)

County: Brevard (5)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

Palm Bay Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,166,720.00	30,949,222.00	760,774.00	1,348,305.00	Total Bed Days	55,480
2. Routine	30,453,764.00		870,267.00		Total Inpatient Days	25,228
3. Special Care	5,021,094.00		201,616.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	867
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,833
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(604,019.13)	(348,496.87)	(20,636.23)	(15,182.29)	Medicaid Paid Claims	14,547
9. Total Cost	53,037,558.87	30,600,725.13	1,812,020.77	1,333,122.71	Property Rate Allowance	0.80
10. Charges	214,346,110.00	245,767,241.00	7,809,698.00	11,410,510.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		9,846,262.00		358,748.44	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,770.65		96.81	County Ceiling Base	1,014.52	190.35
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,337.17	87.26	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,699.42	222.97	FPLI	0.9859

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	1,333,122.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,333,122.71
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,388,378.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,547
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		95.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		90.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		90.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		90.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		90.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,410,510.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	784.39	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	816.90	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	90.59	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.99)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		59.60



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040876 - 2016/07
Outpatient Rate: 241.77

Type of Control: Nonprofit (Other)

County: Orange (48)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: Special

Nemours Children's Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	35,084,894.00	61,195,943.00	6,652,210.00	10,179,713.00	Total Bed Days	26,645
2. Routine	30,332,563.00		5,458,005.00		Total Inpatient Days	9,945
3. Special Care	19,733,031.00		8,798,242.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,846
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(648,256.26)	(465,888.74)	(159,177.46)	(77,498.82)	Medicaid Paid Claims	19,564
9. Total Cost	84,502,231.74	60,730,054.26	20,749,279.54	10,102,214.18	Property Rate Allowance	0.80
10. Charges	109,899,152.00	141,709,608.00	30,528,641.00	21,281,957.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		32,474,621.00		9,021,052.74	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	4,276.18	535.82	Variable Cost Base	3,577.12	320.99	Cost Report DRI Index	2.0970
2. Base Rate Semester	2015/07	2015/07	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,731.66	227.20	FPLI	1.0046
4. Rate of Increase (Year/Sem.)	1.017280	1.038158					

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	10,102,214.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		10,102,214.18
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		10,530,968.14
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,564
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		538.28
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)		538.28
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0046) 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)		538.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		538.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	21,281,957.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,087.81	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,133.98	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	538.28	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 14.0457 %)	(75.61)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 88.7683 %)	(51.97)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		241.77



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054568 - 2016/07
Outpatient Rate: 81.02

Type of Control: Nonprofit (Church)

County: Pasco (51)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Florida Hospital Wesley Chapel

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,530,948.00	36,356,497.00	1,289,255.00	1,495,990.00	Total Bed Days	30,295
2. Routine	18,605,429.00		639,271.00		Total Inpatient Days	19,070
3. Special Care	6,162,700.00		419,451.00		Total Newborn Days	658
4. Newborn Routine	1,134,848.00		315,618.00		Medicaid Inpatient Days	901
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	77
6. Home Health					Medicare Inpatient Days	5,709
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	12,664
9. Total Cost	54,433,925.00	36,356,497.00	2,663,595.00	1,495,990.00	Property Rate Allowance	0.80
10. Charges	291,083,339.00	275,475,090.00	10,211,355.00	11,808,799.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		12,785,825.00		448,533.39	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,402.58		125.31	893.96	190.71	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	2,643.80	159.22	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,693.91	222.24	FPLI	0.9827

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	1,495,990.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,495,990.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,559,482.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,664
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		123.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		165.30
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 (0.9827) for Pasco (51)		222.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.99
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.99
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)	11,808,799.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	932.47	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	972.05	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	123.14	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(42.13)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		81.02



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083692 - 2016/07
Outpatient Rate: 12.52

Type of Control: Nonprofit (Other)

County: Marion (42)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

Healthsouth Rehabilitation Hospital of Ocala

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,955,342.00	10,739.00	43,383.00	0.00	Total Bed Days	15,240
2. Routine	8,712,791.00		68,025.00		Total Inpatient Days	14,089
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	110
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,531
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	14,668,133.00	10,739.00	111,408.00	0.00	Property Rate Allowance	0.80
10. Charges	22,665,022.00	40,758.00	171,527.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,841,364.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,005.24		0.00	County Ceiling Base	952.20	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	941.05	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,627.37	213.51	FPLI	0.9441

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 (0.9441) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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092683 - 2016/07
Outpatient Rate: 63.74

Type of Control: Nonprofit (Other)

Poinciana Medical Center

County: Osceola (49)

Fiscal Year: 7/1/2014 - 6/30/2015

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	5,808,510.00	22,029,585.00	707,699.00	1,369,272.00	Total Bed Days	10,950
2. Routine	8,642,617.00		398,759.00		Total Inpatient Days	7,479
3. Special Care	3,191,810.00		192,819.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	477
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,346
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(381,012.07)	(475,744.93)	(28,058.83)	(29,570.43)	Medicaid Paid Claims	14,393
9. Total Cost	17,261,924.93	21,553,840.07	1,271,218.17	1,339,701.57	Property Rate Allowance	0.80
10. Charges	149,751,301.00	363,639,388.00	8,834,832.00	26,335,738.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	7,549,745.00		445,410.01		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,836.50		98.74	County Ceiling Base	951.22	194.17
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	33,289.81	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,691.49	221.93	FPLI	0.9813

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	1,339,701.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,339,701.57
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,394,565.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,393
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		96.89
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)		96.89
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9813) for Osceola (49)		221.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		96.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		96.89
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	26,335,738.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,829.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,904.69	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	96.89	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.15)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		63.74



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095875 - 2016/07
Outpatient Rate: 12.52

Type of Control: Nonprofit (Other)

County: Martin (43)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

Healthsouth Rehab of Martin

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,676,717.00	0.00	41,555.00	0.00	Total Bed Days	12,410
2. Routine	8,394,635.00		76,084.00		Total Inpatient Days	11,916
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	108
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,547
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	13,071,352.00	0.00	117,639.00	0.00	Property Rate Allowance	0.80
10. Charges	21,243,104.00	0.00	191,267.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,909,563.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	971.31		0.00	County Ceiling Base	942.60	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,293.81	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,732.86	227.35	FPLI	1.0053

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 (1.0053) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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097013 - 2016/07
Outpatient Rate: 99.81

Type of Control: Nonprofit (Church)

County: Clay (10)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

St. Vincents Clay County

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,632,375.00	29,145,906.00	546,289.00	882,050.00	Total Bed Days	23,360
2. Routine	15,599,842.00		442,431.00		Total Inpatient Days	19,104
3. Special Care	3,524,869.00		151,589.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	638
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,299
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(503,256.00)	(378,456.00)	(14,806.77)	(11,453.31)	Medicaid Paid Claims	5,684
9. Total Cost	38,253,830.00	28,767,450.00	1,125,502.23	870,596.69	Property Rate Allowance	0.80
10. Charges	187,196,870.00	212,474,454.00	4,819,332.00	7,243,715.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		8,870,983.00		228,381.02	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,477.02		160.89	County Ceiling Base	925.56	186.45
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,651.70	146.13	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,708.21	224.12	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	870,596.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		870,596.69
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		906,249.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,684
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		159.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		151.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		151.71
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Clay (10)		224.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		151.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		151.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,243,715.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,274.40	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,326.59	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	151.71	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(51.90)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		99.81



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100030 - 2016/07
Outpatient Rate: 176.75

Type of Control: Nonprofit (Other)

County: Alachua (1)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Special

UF Health Shands Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	490,305,376.00	298,116,300.00	33,380,754.00	11,942,289.00	Total Bed Days	311,741
2. Routine	197,305,968.00		17,720,662.00		Total Inpatient Days	268,114
3. Special Care	148,600,294.00		9,289,167.00		Total Newborn Days	20,874
4. Newborn Routine	9,437,494.00		2,024,593.00		Medicaid Inpatient Days	20,909
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	4,478
6. Home Health					Medicare Inpatient Days	89,553
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	44,802
9. Total Cost	845,649,132.00	298,116,300.00	62,415,176.00	11,942,289.00	Property Rate Allowance	0.80
10. Charges	2,547,851,299.00	1,324,035,925.00	192,030,022.00	40,276,820.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	76,463,009.00		5,762,971.06		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,424.01		289.55	County Ceiling Base	Exempt	175.60
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,566.30	217.73	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,651.85	216.72	FPLI	0.9583

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	11,942,289.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		11,942,289.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		12,431,354.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		44,802
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		277.47
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)		277.47
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9583) 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)		277.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		277.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	40,276,820.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	899.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	935.81	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	277.47	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(90.90)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(17.75)	
AW	Buy Back of Medicaid Trend Adjustment	7.92	
AX			
AY	Final Prospective Rates		176.75



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100048 - 2016/07
Outpatient Rate: 117.88

Type of Control: Nonprofit (Other)

County: Baker (2)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Rural Hospital

Ed Fraser Memorial Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	455,710.00	12,729,348.00	9,871.00	343,841.00	Total Bed Days	9,125
2. Routine	1,620,932.00		30,017.00		Total Inpatient Days	377
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	9
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	251
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	2,551
9. Total Cost	2,076,642.00	12,729,348.00	39,888.00	343,841.00	Property Rate Allowance	1.00
10. Charges	2,735,183.00	47,029,556.00	36,935.00	1,196,020.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,102,061.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	Inflation / FPLI Data (H)		
			IP (G)	OP (G)	
1. Normalized Rate	2,773.79	144.63	County Ceiling Base	Exempt	
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,800.58	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,673.05	
				FPLI	0.9706

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	343,841.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		343,841.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		358,092.63
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		2,551
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		140.37
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)		140.37
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9706) 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)		140.37
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		140.37
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,196,020.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		468.84
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		488.28
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		140.37
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)		(25.77)
AV	Buy Back of Medicaid Trend Adjustment		3.28
AW			
AX			
AY	Final Prospective Rates		117.88



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100064 - 2016/07
Outpatient Rate: 94.76

Bay Medical Center Sacred Heart Health System

Type of Control: Proprietary

County: Bay (3)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,029,258.00	74,091,491.00	5,282,887.00	3,270,985.00	Total Bed Days	117,895
2. Routine	35,234,500.00		3,307,660.00		Total Inpatient Days	69,235
3. Special Care	18,059,882.00		814,057.00		Total Newborn Days	1,052
4. Newborn Routine	439,714.00		193,525.00		Medicaid Inpatient Days	5,554
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35,519
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,639,933.99)	(989,751.01)	(128,216.58)	(43,695.45)	Medicaid Paid Claims	22,638
9. Total Cost	121,123,420.01	73,101,739.99	9,469,912.42	3,227,289.55	Property Rate Allowance	0.80
10. Charges	561,396,796.00	472,315,986.00	35,394,443.00	21,783,303.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	19,211,867.00		1,211,252.60		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,631.32		156.40	County Ceiling Base	973.76	178.21
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	845.95	127.24	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,637.89	214.89	FPLI	0.9502

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	3,227,289.55
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,227,289.55
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,364,260.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,638
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		148.61
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)		148.61
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9502) 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)		148.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		148.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	21,783,303.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	962.25	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,003.08	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	148.61	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(50.84)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(3.01)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		94.76



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100072 - 2016/07
Outpatient Rate: 85.38

Shands Starke Regional Medical Center

Type of Control: Proprietary

County: Bradford (4)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,935,746.00	10,528,000.00	77,007.00	530,079.00	Total Bed Days	9,125
2. Routine	4,266,387.00		68,939.00		Total Inpatient Days	5,297
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	97
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,065
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(97,856.47)	(143,045.53)	(1,982.99)	(7,202.26)	Medicaid Paid Claims	5,810
9. Total Cost	7,104,276.53	10,384,954.47	143,963.01	522,876.74	Property Rate Allowance	1.00
10. Charges	28,193,111.00	73,106,512.00	672,878.00	3,592,176.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		1,238,504.00		0.00	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	Inflation / FPLI Data (H)	
			IP (G)	OP (G)
1. Normalized Rate	1,194.66	97.09	County Ceiling Base	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,085.93
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,663.22
				FPLI
				0.9649

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	522,876.74	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		522,876.74	
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		544,289.78	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		5,810	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.68	
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)		93.68	
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9649) 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)		93.68	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		93.68	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			3,592,176.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			618.27
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		643.59	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		93.68	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)		(17.20)	
AV	Buy Back of Medicaid Trend Adjustment		8.90	
AW				
AX				
AY	Final Prospective Rates		85.38	



Florida Agency for Health Care Administration
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100081 - 2016/07
Outpatient Rate: 75.55

Holmes Regional Medical Center

Type of Control: Nonprofit (Other)

County: Brevard (5)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	174,060,938.00	105,570,181.00	6,919,974.00	2,086,553.00	Total Bed Days	187,610
2. Routine	111,261,569.00		2,550,303.00		Total Inpatient Days	131,800
3. Special Care	25,513,124.00		1,347,583.00		Total Newborn Days	9,141
4. Newborn Routine	5,563,849.00		3,765,841.00		Medicaid Inpatient Days	3,860
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2,862
6. Home Health					Medicare Inpatient Days	52,645
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(4,072,334.59)	(1,358,779.41)	(187,704.83)	(26,855.74)	Medicaid Paid Claims	20,030
9. Total Cost	312,327,145.41	104,211,401.59	14,395,996.17	2,059,697.26	Property Rate Allowance	0.80
10. Charges	1,382,744,181.00	671,192,100.00	60,789,502.00	15,886,527.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	36,212,800.00		1,592,021.22		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,012.11		108.62	County Ceiling Base	1,014.52	190.35
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,039.35	105.57	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,699.42	222.97	FPLI	0.9859

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	2,059,697.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,059,697.26
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,145,068.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,030
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.09
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)		107.09
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) 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)		107.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		107.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,886,527.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	793.14	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	826.01	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	107.09	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(35.08)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	3.54	
AX			
AY	Final Prospective Rates		75.55



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100099 - 2016/07
Outpatient Rate: 70.81

Type of Control: Nonprofit (Other)

County: Brevard (5)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

Cape Canaveral Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,656,035.00	38,123,138.00	1,212,527.00	618,425.00	Total Bed Days	54,750
2. Routine	24,279,935.00		891,640.00		Total Inpatient Days	27,134
3. Special Care	3,871,238.00		192,528.00		Total Newborn Days	1,661
4. Newborn Routine	977,937.00		578,751.00		Medicaid Inpatient Days	1,092
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	806
6. Home Health					Medicare Inpatient Days	11,605
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(731,482.01)	(491,085.99)	(37,040.27)	(7,966.29)	Medicaid Paid Claims	5,907
9. Total Cost	56,053,662.99	37,632,052.01	2,838,405.73	610,458.71	Property Rate Allowance	0.80
10. Charges	237,387,126.00	274,579,295.00	9,891,951.00	5,174,843.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		11,171,464.00		465,516.29	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,320.65		109.17	County Ceiling Base	1,014.52	190.35
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	810.14	117.37	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,699.42	222.97	FPLI	0.9859

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	610,458.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		610,458.71
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		635,761.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,907
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		121.85
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		107.63
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		107.63
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		107.63
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	5,174,843.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	876.05	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	912.36	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	107.63	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.82)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		70.81



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100102 - 2016/07
Outpatient Rate: 104.80

Type of Control: Nonprofit (Other)

County: Brevard (5)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

Parrish Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,429,789.00	57,295,853.00	1,081,648.00	1,875,610.00	Total Bed Days	76,860
2. Routine	39,962,790.00		1,541,993.00		Total Inpatient Days	29,172
3. Special Care	5,488,257.00		0.00		Total Newborn Days	1,589
4. Newborn Routine	1,227,798.00		771,917.00		Medicaid Inpatient Days	1,183
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	50
6. Home Health					Medicare Inpatient Days	13,672
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,025,613.18)	(742,818.82)	(44,022.11)	(24,316.57)	Medicaid Paid Claims	12,103
9. Total Cost	78,083,020.82	56,553,034.18	3,351,535.89	1,851,293.43	Property Rate Allowance	0.80
10. Charges	247,622,310.00	346,399,933.00	6,736,884.00	10,230,251.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	16,728,563.00		455,122.11		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,481.43		161.58	County Ceiling Base	1,014.52	190.35
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	828.94	117.52	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,699.42	222.97	FPLI	0.9859

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	1,851,293.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,851,293.43
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,928,026.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,103
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		159.30
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)		159.30
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) 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)		159.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		159.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,230,251.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	845.27	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	880.30	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	159.30	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(54.50)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		104.80



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100111 - 2016/07
Outpatient Rate: 65.30

Type of Control: Proprietary

County: Brevard (5)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

Wuesthoff Medical Center-Rockledge

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,231,334.00	48,161,181.00	1,654,232.00	1,347,689.00	Total Bed Days	108,770
2. Routine	32,550,199.00		2,097,154.00		Total Inpatient Days	53,591
3. Special Care	12,458,657.00		649,786.00		Total Newborn Days	990
4. Newborn Routine	197,082.00		52,355.00		Medicaid Inpatient Days	3,882
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	50
6. Home Health					Medicare Inpatient Days	21,778
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,166,746.63)	(614,540.37)	(56,827.35)	(17,196.62)	Medicaid Paid Claims	13,228
9. Total Cost	90,270,525.37	47,546,640.63	4,396,699.65	1,330,492.38	Property Rate Allowance	0.80
10. Charges	614,076,113.00	550,244,013.00	18,225,088.00	19,547,991.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		10,350,373.00		307,187.42	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,098.66		106.25	County Ceiling Base	1,014.52	190.35
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	919.50	95.60	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,699.42	222.97	FPLI	0.9859

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	1,330,492.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,330,492.38
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,385,639.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,228
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		99.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		99.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	19,547,991.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,477.77	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,539.02	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	99.25	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.95)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		65.30



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100129 - 2016/07
Outpatient Rate: 116.91

Type of Control: Government

County: Broward (6)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: CHEP

Broward Health Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	147,971,196.00	128,507,456.00	20,701,900.00	5,047,928.00	Total Bed Days	235,425
2. Routine	93,248,422.00		10,430,744.00		Total Inpatient Days	152,918
3. Special Care	58,663,373.00		13,362,308.00		Total Newborn Days	7,142
4. Newborn Routine	2,467,724.00		972,293.00		Medicaid Inpatient Days	25,906
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	94
6. Home Health					Medicare Inpatient Days	30,120
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(3,655,043.81)	(1,553,495.19)	(549,642.40)	(61,023.17)	Medicaid Paid Claims	32,564
9. Total Cost	298,695,671.19	126,953,960.81	44,917,602.60	4,986,904.83	Property Rate Allowance	0.80
10. Charges	1,151,666,918.00	667,566,309.00	239,707,879.00	21,693,591.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		32,539,496.00		6,772,768.63	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,479.41		154.43	County Ceiling Base	1,030.24	215.14
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,177.63	143.38	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	4,986,904.83
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,986,904.83
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,191,130.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,564
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		159.41
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)		159.41
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) 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)		159.41
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		159.41
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	21,693,591.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	666.18	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	693.46	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	159.41	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(52.22)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(1.97)	
AW	Buy Back of Medicaid Trend Adjustment	11.69	
AX			
AY	Final Prospective Rates		116.91



Florida Agency for Health Care Administration
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 Computation of Hospital Prospective Payment Rates
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100188 - 2016/07
Outpatient Rate: 81.46

Type of Control: Nonprofit (Other)

County: Broward (6)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: General

Holy Cross Hospital, Inc.

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	102,577,140.00	177,077,381.00	5,913,992.00	2,201,001.00	Total Bed Days	130,670
2. Routine	64,679,281.00		3,784,720.00		Total Inpatient Days	82,599
3. Special Care	26,516,606.00		3,345,348.00		Total Newborn Days	2,034
4. Newborn Routine	1,666,396.00		829,101.00		Medicaid Inpatient Days	6,217
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	15
6. Home Health					Medicare Inpatient Days	39,528
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(15,652,851.03)	(14,182,224.97)	(1,111,109.11)	(176,279.38)	Medicaid Paid Claims	6,266
9. Total Cost	179,786,571.97	162,895,156.03	12,762,051.89	2,024,721.62	Property Rate Allowance	0.80
10. Charges	819,390,376.00	849,457,678.00	32,954,390.00	11,650,686.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		28,537,881.00		1,147,741.65	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,879.28		325.84	County Ceiling Base	1,030.24	220.99
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	948.90	119.26	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	2,024,721.62
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,024,721.62
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,107,638.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,266
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		336.36
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 (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
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)	11,650,686.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,859.35	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,935.49	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	123.82	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(42.36)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		81.46



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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100196 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Broward (6)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: General

Kindred Hospital-South Florida-Ft Lauderdale

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,115,238.00	0.00	0.00	0.00	Total Bed Days	25,550
2. Routine	10,505,450.00		0.00		Total Inpatient Days	14,055
3. Special Care	2,526,356.00		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	1.0414483087
8. Adjustments	(350,786.00)	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	22,796,258.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	102,690,290.00	0.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,690,659.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,371.39		0.00	County Ceiling Base	1,030.24	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	852.48	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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 (1.0323) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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100200 - 2016/07
Outpatient Rate: 161.56

Type of Control: Government

County: Broward (6)

Fiscal Year: 5/1/2014 - 4/30/2015

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	229,683,080.00	243,802,359.00	27,752,487.00	14,661,344.00	Total Bed Days	378,505
2. Routine	159,013,727.00		13,565,153.00		Total Inpatient Days	184,501
3. Special Care	43,435,206.00		6,491,612.00		Total Newborn Days	33,081
4. Newborn Routine	26,202,247.00		8,531,560.00		Medicaid Inpatient Days	19,646
5. Intern-Resident	1,429,335.00		122,910.00		Medicaid Newborn IP Days	9,986
6. Home Health					Medicare Inpatient Days	43,416
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	63,416
9. Total Cost	459,763,595.00	243,802,359.00	56,463,722.00	14,661,344.00	Property Rate Allowance	0.80
10. Charges	2,491,016,658.00	1,978,304,497.00	324,244,330.00	94,124,565.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	110,282,069.00		14,354,916.28		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,430.93		232.80	County Ceiling Base	1,030.24	215.14
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	992.91	149.69	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	14,661,344.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		14,661,344.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		15,239,989.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		63,416
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		240.32
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)		240.32
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) 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)		240.32
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		240.32
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	94,124,565.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,484.24	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,542.82	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	240.32	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(78.73)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(15.83)	
AW	Buy Back of Medicaid Trend Adjustment	15.80	
AX			
AY	Final Prospective Rates		161.56



Florida Agency for Health Care Administration
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100218 - 2016/07
Outpatient Rate: 90.45

Type of Control: Government

County: Broward (6)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: Special

Broward Health North

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	76,612,170.00	54,626,339.00	4,987,449.00	1,314,654.00	Total Bed Days	121,910
2. Routine	51,097,501.00		3,430,925.00		Total Inpatient Days	76,784
3. Special Care	19,495,227.00		1,333,291.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	6,991
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,820
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(1,768,706.01)	(656,349.99)	(117,168.85)	(15,795.92)	Medicaid Paid Claims	11,717
9. Total Cost	145,436,191.99	53,969,989.01	9,634,496.15	1,298,858.08	Property Rate Allowance	0.80
10. Charges	591,872,310.00	314,849,148.00	58,686,019.00	7,277,810.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		13,292,373.00		1,317,980.99	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	IP (G)	OP (G)	Inflation / FPLI Data (H)		
1. Normalized Rate	1,199.57	111.78	County Ceiling Base	1,030.24	215.14	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	854.50	127.50	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	1,298,858.08
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,298,858.08
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,352,049.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,717
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		115.39
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)		115.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) 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)		115.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		115.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,277,810.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	621.13	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	646.57	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	115.39	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(37.80)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	12.86	
AX			
AY	Final Prospective Rates		90.45



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100269 - 2016/07
Outpatient Rate: 54.79

Calhoun Liberty Hospital

Type of Control: Government

County: Calhoun (7)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	943,827.00	4,033,328.00	30,963.00	213,654.00	Total Bed Days	5,475
2. Routine	1,599,547.00		65,683.00		Total Inpatient Days	1,947
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	88
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,211
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(43,464.00)	(68,926.00)	(1,651.59)	(3,651.16)	Medicaid Paid Claims	3,591
9. Total Cost	2,499,910.00	3,964,402.00	94,994.41	210,002.84	Property Rate Allowance	1.00
10. Charges	7,491,616.00	17,706,330.00	206,076.00	794,779.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	144,057.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	Inflation / FPLI Data (H)	
			IP (G)	OP (G)
1. Normalized Rate	1,388.54	67.11	County Ceiling Base	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,265.79 51.61
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73 226.15
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,565.83 205.44
			Semester DRI Index	2.1860
			Cost Report DRI Index	2.0970
			FPLI Year Used	2015
			FPLI	0.9084

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	210,002.84
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		210,002.84
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		218,915.70
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,591
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		60.96
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)		60.96
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9084) 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)		60.96
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		60.96
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		794,779.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		221.33
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		230.72
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		60.96
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)		(11.19)
AV	Buy Back of Medicaid Trend Adjustment	5.02	
AW			
AX			
AY	Final Prospective Rates		54.79



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100277 - 2016/07
Outpatient Rate: 55.83

Type of Control: Proprietary

County: Charlotte (8)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Bayfront Health Punta Gorda

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,538,357.00	16,297,105.00	382,855.00	314,717.00	Total Bed Days	69,350
2. Routine	19,536,566.00		442,538.00		Total Inpatient Days	29,758
3. Special Care	2,799,069.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	606
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,149
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(302,095.55)	(114,831.45)	(5,815.82)	(2,217.54)	Medicaid Paid Claims	3,265
9. Total Cost	42,571,896.45	16,182,273.55	819,577.18	312,499.46	Property Rate Allowance	0.80
10. Charges	283,051,189.00	176,644,732.00	5,877,244.00	4,998,183.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		2,911,737.00		60,458.99	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,329.86		101.61	1,000.32	194.21	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	990.84	81.74	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,690.98	221.86	FPLI	0.9810

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	312,499.46
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		312,499.46
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		325,452.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,265
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		84.86
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		84.86
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9810) for Charlotte (8)		221.86
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		84.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		84.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,998,183.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,530.84	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,594.29	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	84.86	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.03)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		55.83



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100285 - 2016/07
Outpatient Rate: 64.12

Type of Control: Proprietary

County: Charlotte (8)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Bayfront Health Port Charlotte

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,090,920.00	37,032,181.00	2,957,098.00	1,814,800.00	Total Bed Days	92,710
2. Routine	28,205,547.00		1,401,348.00		Total Inpatient Days	51,086
3. Special Care	11,883,506.00		1,342,548.00		Total Newborn Days	2,993
4. Newborn Routine	1,369,942.00		1,369,956.00		Medicaid Inpatient Days	3,540
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2,699
6. Home Health					Medicare Inpatient Days	25,850
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,066,405.24)	(440,997.76)	(84,204.41)	(21,611.55)	Medicaid Paid Claims	15,643
9. Total Cost	88,483,509.76	36,591,183.24	6,986,745.59	1,793,188.45	Property Rate Allowance	0.80
10. Charges	739,371,133.00	459,988,816.00	44,254,885.00	23,880,094.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	11,622,151.00		695,641.11		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,071.51	121.81	County Ceiling Base	1,000.32	194.21	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	782.52	93.88	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,690.98	221.86	FPLI	0.9810

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	1,793,188.45
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,793,188.45
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,869,294.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,643
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		97.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		97.46
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9810) for Charlotte (8)		221.86
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		97.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		97.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	23,880,094.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,526.57	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,591.36	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	97.46	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.34)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		64.12



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, 2016 through June 30, 2017

100315 - 2016/07
Outpatient Rate: 79.23

Type of Control: Nonprofit (Other)

County: Collier (11)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: Special

Naples Community Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	124,545,833.00	109,205,136.00	8,880,634.00	2,264,998.00	Total Bed Days	260,245
2. Routine	104,505,868.00		4,654,047.00		Total Inpatient Days	131,743
3. Special Care	15,166,926.00		927,552.00		Total Newborn Days	10,904
4. Newborn Routine	7,685,101.00		2,724,733.00		Medicaid Inpatient Days	7,220
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,643
6. Home Health					Medicare Inpatient Days	73,388
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(4,310,868.27)	(1,868,844.73)	(294,123.26)	(38,761.27)	Medicaid Paid Claims	18,113
9. Total Cost	247,592,859.73	107,336,291.27	16,892,842.74	2,226,236.73	Property Rate Allowance	0.80
10. Charges	1,065,646,247.00	745,886,611.00	61,711,728.00	15,258,299.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	26,354,891.00		1,526,215.54		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,728.40		122.53	County Ceiling Base	1,061.31	198.88
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,125.50	101.73	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,800.78	236.26	FPLI	1.0447

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	2,226,236.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,226,236.73
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,318,510.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,113
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.00
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)		128.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0447) 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)		128.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		128.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,258,299.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	842.39	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	877.31	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	128.00	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(43.79)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(4.98)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		79.23



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, 2016 through June 30, 2017

100331 - 2016/07
Outpatient Rate: 94.00

Shands Lake Shore Regional Medical Center

Type of Control: Proprietary

County: Columbia (12)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,299,957.00	16,732,510.00	1,017,040.00	1,224,935.00	Total Bed Days	36,135
2. Routine	10,668,902.00		771,131.00		Total Inpatient Days	15,294
3. Special Care	3,117,722.00		189,642.00		Total Newborn Days	2,143
4. Newborn Routine	856,643.00		322,590.00		Medicaid Inpatient Days	1,134
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	255
6. Home Health					Medicare Inpatient Days	6,401
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(306,905.15)	(190,596.85)	(26,203.45)	(13,953.00)	Medicaid Paid Claims	12,658
9. Total Cost	26,636,318.85	16,541,913.15	2,274,199.55	1,210,982.00	Property Rate Allowance	1.00
10. Charges	117,724,309.00	113,178,232.00	7,917,837.00	9,257,519.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,135,243.00		278,125.91		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,600.42	106.54	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,627.52	99.27	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,611.17	211.39	FPLI	0.9347

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	1,210,982.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,210,982.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,260,574.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,658
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.59
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)		99.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9347) 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)		99.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		99.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,257,519.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	731.36	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	761.31	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	99.59	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 15.7300 %)	(15.67)	
AV	Buy Back of Medicaid Trend Adjustment	10.08	
AW			
AX			
AY	Final Prospective Rates		94.00



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, 2016 through June 30, 2017

100358 - 2016/07
Outpatient Rate: 160.34

Type of Control: Nonprofit (Other)

County: Dade (13)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

Baptist Of Miami

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	260,832,354.00	247,684,222.00	10,835,738.00	4,242,993.00	Total Bed Days	265,720
2. Routine	207,340,491.00		41,662,094.00		Total Inpatient Days	187,667
3. Special Care	41,930,961.00		2,416,681.00		Total Newborn Days	9,210
4. Newborn Routine	6,295,867.00		2,214,832.00		Medicaid Inpatient Days	7,014
5. Intern-Resident	3,759,444.00		0.00		Medicaid Newborn IP Days	996
6. Home Health					Medicare Inpatient Days	44,686
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(7,964,838.84)	(3,792,618.16)	(874,782.37)	(64,970.03)	Medicaid Paid Claims	16,411
9. Total Cost	512,194,278.16	243,891,603.84	56,254,562.63	4,178,022.97	Property Rate Allowance	0.80
10. Charges	2,282,065,731.00	1,240,478,632.00	84,987,590.00	20,889,376.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	62,466,907.00		2,326,362.39		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	6,831.98		258.34	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,141.41	194.35	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	4,178,022.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,178,022.97
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,351,194.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,411
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		265.14
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)		265.14
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		265.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		265.14
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	20,889,376.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,272.89	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,325.65	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	265.14	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(90.70)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(14.10)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		160.34



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, 2016 through June 30, 2017

100366 - 2016/07
Outpatient Rate: 164.85

Type of Control: Nonprofit (Other)

County: Dade (13)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

University of Miami Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	183,232,233.00	76,790,740.00	6,474,812.00	2,275,691.00	Total Bed Days	169,980
2. Routine	90,677,198.00		5,044,110.00		Total Inpatient Days	126,472
3. Special Care	25,623,081.00		995,792.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	6,967
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	52,072
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(3,621,160.13)	(928,351.87)	(151,295.04)	(27,511.68)	Medicaid Paid Claims	8,214
9. Total Cost	295,911,351.87	75,862,388.13	12,363,418.96	2,248,179.32	Property Rate Allowance	0.80
10. Charges	1,723,701,206.00	529,927,141.00	70,980,165.00	14,225,056.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	35,896,918.00		1,478,196.54		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,583.95		277.48	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	818.95	161.60	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	2,248,179.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,248,179.32
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,339,133.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,214
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		284.77
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)		284.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		284.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		284.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	14,225,056.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,731.81	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,801.87	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	284.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(97.42)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(22.50)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		164.85



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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100412 - 2016/07
Outpatient Rate: 57.68

Type of Control: Proprietary

Hialeah Hospital

County: Dade (13)

Fiscal Year: 6/1/2014 - 5/31/2015

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	42,554,877.00	24,509,780.00	4,089,889.00	1,477,321.00	Total Bed Days	124,830
2. Routine	32,587,879.00		1,560,024.00		Total Inpatient Days	51,892
3. Special Care	13,826,976.00		4,605,754.00		Total Newborn Days	2,667
4. Newborn Routine	1,080,612.00		277,953.00		Medicaid Inpatient Days	5,038
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	349
6. Home Health					Medicare Inpatient Days	14,185
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	17,532
9. Total Cost	90,050,344.00	24,509,780.00	10,533,620.00	1,477,321.00	Property Rate Allowance	0.80
10. Charges	684,225,569.00	285,002,006.00	58,577,580.00	16,497,051.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	7,079,246.00		606,064.90		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,868.29		85.43	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	813.22	92.55	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	1,477,321.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,477,321.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,537,088.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,532
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		87.67
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)		87.67
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		87.67
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		87.67
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,497,051.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	940.97	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	979.04	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	87.67	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.99)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		57.68



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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100421 - 2016/07
Outpatient Rate: 179.06

Type of Control: Government

County: Dade (13)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

Jackson Memorial Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	498,677,543.00	387,997,684.00	62,072,607.00	25,851,005.00	Total Bed Days	610,280
2. Routine	334,859,310.00		43,644,191.00		Total Inpatient Days	384,871
3. Special Care	158,112,501.00		10,318,415.00		Total Newborn Days	32,217
4. Newborn Routine	40,290,564.00		23,892,046.00		Medicaid Inpatient Days	50,751
5. Intern-Resident	6,414,168.00		0.00		Medicaid Newborn IP Days	8,761
6. Home Health					Medicare Inpatient Days	57,945
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	108,928
9. Total Cost	1,038,354,086.00	387,997,684.00	139,927,259.00	25,851,005.00	Property Rate Allowance	0.80
10. Charges	3,291,267,155.00	1,199,088,733.00	354,068,309.00	76,596,833.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	103,637,536.00		11,149,130.53		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)		OP (F)		County Ceiling Base	Exempt	238.84	Inflation / FPLI Data (H)	
1. Normalized Rate	2,195.84	240.82			Variable Cost Base	1,433.87	233.90	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07			State Ceiling	1,723.73	226.15	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01			County Ceiling	1,769.06	232.10	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158						FPLI	1.0263

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	25,851,005.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		25,851,005.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		26,922,485.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		108,928
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		247.16
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)		247.16
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		247.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		247.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	76,596,833.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	703.19	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	732.33	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	247.16	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(80.97)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(2.81)	
AW	Buy Back of Medicaid Trend Adjustment	15.68	
AX			
AY	Final Prospective Rates		179.06



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, 2016 through June 30, 2017

100439 - 2016/07
Outpatient Rate: 126.90

Type of Control: Nonprofit (Church)

Mercy Hospital, Inc.

County: Dade (13)

Fiscal Year: 1/1/2010 - 12/31/2010

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

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	1.1547807713
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,530.63		198.26	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	980.13	185.79	Cost Report DRI Index	1.8930
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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))		3,067,305.00
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)		203.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		192.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		192.88
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		192.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		192.88
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)	1,173.42	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	192.88	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(65.99)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		126.90



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 - 2016/07
Outpatient Rate: 129.72

Type of Control: Nonprofit (Other)

County: Dade (13)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

Mount Sinai Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	135,644,082.00	100,739,032.00	8,114,627.00	4,629,731.00	Total Bed Days	215,346
2. Routine	85,165,425.00		3,947,977.00		Total Inpatient Days	136,586
3. Special Care	23,796,786.00		1,373,443.00		Total Newborn Days	5,361
4. Newborn Routine	7,337,647.00		6,780,589.00		Medicaid Inpatient Days	7,213
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2,023
6. Home Health					Medicare Inpatient Days	52,843
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	24,370
9. Total Cost	251,943,940.00	100,739,032.00	20,216,636.00	4,629,731.00	Property Rate Allowance	0.80
10. Charges	1,288,140,872.00	829,096,596.00	74,280,993.00	31,828,651.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	28,411,562.00		1,638,360.43		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,043.14		192.96	County Ceiling Base	Exempt	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,187.60	156.59	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	4,629,731.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,629,731.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,826,224.11
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,370
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		198.04
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)		198.04
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		198.04
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		198.04
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	31,828,651.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,306.06	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,361.49	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	198.04	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(64.88)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(6.97)	
AW	Buy Back of Medicaid Trend Adjustment	3.53	
AX			
AY	Final Prospective Rates		129.72



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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100471 - 2016/07
Outpatient Rate: 295.90

University of Miami Hospital and Clinics

Type of Control: Nonprofit (Other)

County: Dade (13)

Fiscal Year: 6/1/2014 - 5/31/2015

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	34,508,143.00	317,544,615.00	1,065,309.00	11,318,044.00	Total Bed Days	14,600
2. Routine	9,708,541.00		236,905.00		Total Inpatient Days	10,326
3. Special Care	11,299,616.00		162,430.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	225
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,041
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(648,209.32)	(3,707,656.68)	(17,101.21)	(132,149.69)	Medicaid Paid Claims	19,734
9. Total Cost	54,868,090.68	313,836,958.32	1,447,542.79	11,185,894.31	Property Rate Allowance	0.80
10. Charges	213,665,517.00	1,699,982,578.00	6,215,101.00	57,544,136.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		13,304,229.00		386,993.32	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	4,778.57	574.65	County Ceiling Base	Exempt	238.84	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	787.99	169.32	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	11,185,894.31
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		11,185,894.31
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		11,638,441.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,734
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		589.77
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)		589.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		589.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		589.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		57,544,136.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,915.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		3,033.96
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		589.77
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(201.76)
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(92.11)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		295.90



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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100498 - 2016/07
Outpatient Rate: 54.00

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

Northshore Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	90,971,340.00	64,707,852.00	9,026,469.00	2,778,574.00	Total Bed Days	281,415
2. Routine	76,205,101.00		7,296,866.00		Total Inpatient Days	133,886
3. Special Care	37,760,249.00		4,215,318.00		Total Newborn Days	5,274
4. Newborn Routine	1,832,726.00		649,130.00		Medicaid Inpatient Days	14,720
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	360
6. Home Health					Medicare Inpatient Days	37,415
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	31,343
9. Total Cost	206,769,416.00	64,707,852.00	21,187,783.00	2,778,574.00	Property Rate Allowance	0.80
10. Charges	1,561,442,315.00	729,862,112.00	143,376,068.00	35,568,133.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		16,442,965.00		1,509,839.75	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,322.90	89.87	County Ceiling Base	1,067.98	238.84	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	827.61	59.91	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	2,778,574.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,778,574.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,890,986.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,343
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.24
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)		92.24
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		92.24
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.24
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	35,568,133.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,134.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,180.71	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	92.24	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(31.55)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(6.68)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		54.00



Florida Agency for Health Care Administration
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100536 - 2016/07
Outpatient Rate: 36.84

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

Palm Springs General Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,356,010.00	17,156,937.00	1,200,941.00	834,612.00	Total Bed Days	90,155
2. Routine	18,973,982.00		1,098,974.00		Total Inpatient Days	28,714
3. Special Care	4,619,732.00		321,271.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,022
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,512
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(491,167.09)	(222,054.91)	(33,924.89)	(10,802.03)	Medicaid Paid Claims	8,963
9. Total Cost	37,458,556.91	16,934,882.09	2,587,261.11	823,809.97	Property Rate Allowance	0.80
10. Charges	141,284,405.00	127,204,710.00	11,782,053.00	4,538,384.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		2,014,452.00		167,990.09	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,215.29		93.36	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	777.76	53.94	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	823,809.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		823,809.97
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		858,773.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,963
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		95.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		55.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		55.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		55.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		55.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,538,384.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		506.35
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		527.84
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		55.99
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(19.16)
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		36.84



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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100544 - 2016/07
Outpatient Rate: 60.62

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 1/1/2013 - 4/29/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

Metropolitan Hospital Miami

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	1.0585956416
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,006.71		89.78	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	938.04	91.00	Cost Report DRI Index	2.0650
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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))		281,954.83
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)		92.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.14
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.14
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)	639.85	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	92.14	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(31.52)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		60.62



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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100587 - 2016/07
Outpatient Rate: 102.43

Type of Control: Nonprofit (Other)

South Miami Hospital

County: Dade (13)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	132,791,013.00	185,030,724.00	6,556,764.00	2,608,453.00	Total Bed Days	132,860
2. Routine	77,292,735.00		4,838,261.00		Total Inpatient Days	67,271
3. Special Care	44,285,582.00		3,409,295.00		Total Newborn Days	8,562
4. Newborn Routine	6,094,432.00		2,638,643.00		Medicaid Inpatient Days	4,190
5. Intern-Resident	2,651,289.00		0.00		Medicaid Newborn IP Days	1,138
6. Home Health					Medicare Inpatient Days	15,982
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(3,647,555.22)	(2,565,074.78)	(241,811.22)	(36,160.90)	Medicaid Paid Claims	7,636
9. Total Cost	259,467,495.78	182,465,649.22	17,201,151.78	2,572,292.10	Property Rate Allowance	0.80
10. Charges	998,401,259.00	812,361,937.00	46,526,112.00	10,532,283.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	42,458,862.00		1,978,609.05		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,899.25		341.84	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,060.89	149.97	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	2,572,292.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,572,292.10
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,678,909.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,636
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		350.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		155.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		155.70
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		155.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		155.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,532,283.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,379.29	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,436.46	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	155.70	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(53.26)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		102.43



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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100609 - 2016/07
Outpatient Rate: 224.86

Type of Control: Nonprofit (Other)

County: Dade (13)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Amended Cost Report

District: 11

Hospital Classification: Special

Nicklaus Children's Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	94,754,353.00	142,862,960.00	31,657,426.00	37,558,220.00	Total Bed Days	105,485
2. Routine	61,569,181.00		29,399,726.00		Total Inpatient Days	60,359
3. Special Care	67,419,845.00		45,799,426.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	37,354
5. Intern-Resident	311,023.00		153,413.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	198
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(3,936,224.24)	(2,509,839.76)	(1,879,968.96)	(659,828.93)	Medicaid Paid Claims	154,418
9. Total Cost	220,118,177.76	140,353,120.24	105,130,022.04	36,898,391.07	Property Rate Allowance	0.80
10. Charges	701,225,225.00	714,562,969.00	236,574,317.00	123,852,128.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	45,740,147.00		15,431,481.43		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,439.08		242.71	County Ceiling Base	Exempt	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,713.27	160.54	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	36,898,391.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		36,898,391.07
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		38,464,417.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		154,418
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		249.09
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)		249.09
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		249.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		249.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	123,852,128.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	802.06	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	836.10	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	249.09	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 12.1506 %)	(30.27)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 88.7683 %)	(7.05)	
AW	Buy Back of Medicaid Trend Adjustment	13.08	
AX			
AY	Final Prospective Rates		224.86



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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100625 - 2016/07
Outpatient Rate: 73.21

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: CHEP

Westchester General Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,076,050.00	9,541,699.00	1,149,863.00	458,273.00	Total Bed Days	71,905
2. Routine	29,821,198.00		2,219,718.00		Total Inpatient Days	51,402
3. Special Care	2,284,462.00		120,350.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,873
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	22,020
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	4,293
9. Total Cost	46,181,710.00	9,541,699.00	3,489,931.00	458,273.00	Property Rate Allowance	0.80
10. Charges	139,702,992.00	63,903,538.00	10,873,148.00	2,406,010.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		3,157,803.00		245,773.26	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	850.81		108.43	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	431.15	134.13	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	458,273.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		458,273.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		477,722.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,293
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.28
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)		111.28
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		111.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		111.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,406,010.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	560.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	584.24	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	111.28	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.07)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		73.21



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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100641 - 2016/07
Outpatient Rate: 83.84

Type of Control: Nonprofit (Church)

County: Duval (16)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Special

Baptist Medical Center Jacksonville

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	289,858,797.00	239,209,092.00	18,561,433.00	6,679,155.00	Total Bed Days	333,975
2. Routine	171,049,419.00		12,932,947.00		Total Inpatient Days	230,704
3. Special Care	52,281,865.00		5,875,438.00		Total Newborn Days	30,643
4. Newborn Routine	28,078,485.00		4,390,327.00		Medicaid Inpatient Days	19,915
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,435
6. Home Health					Medicare Inpatient Days	76,021
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(7,031,730.03)	(3,107,613.97)	(542,514.54)	(86,770.26)	Medicaid Paid Claims	51,826
9. Total Cost	534,236,835.97	236,101,478.03	41,217,630.46	6,592,384.74	Property Rate Allowance	0.80
10. Charges	2,364,394,828.00	1,590,094,638.00	180,245,505.00	39,986,271.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		64,038,785.00		4,881,884.79	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,597.31		130.57	County Ceiling Base	933.84	197.45
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	897.75	113.25	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,748.89	229.46	FPLI	1.0146

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	6,592,384.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,592,384.74
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,865,627.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		51,826
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.47
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)		132.47
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) 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)		132.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		132.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	39,986,271.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	771.55	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	803.53	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	132.47	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(45.32)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(3.32)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		83.84



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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100676 - 2016/07
Outpatient Rate: 140.12

Type of Control: Nonprofit (Other)

County: Duval (16)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Amended Cost Report

District: 4

Hospital Classification: Special

UF Health Jacksonville

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	154,483,509.00	178,855,693.00	18,454,562.00	9,846,331.00	Total Bed Days	189,450
2. Routine	95,743,910.00		15,367,501.00		Total Inpatient Days	131,623
3. Special Care	48,491,376.00		5,595,974.00		Total Newborn Days	17,185
4. Newborn Routine	17,180,299.00		9,044,361.00		Medicaid Inpatient Days	21,143
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,616
6. Home Health					Medicare Inpatient Days	36,877
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	49,491
9. Total Cost	315,899,094.00	178,855,693.00	48,462,398.00	9,846,331.00	Property Rate Allowance	0.80
10. Charges	1,452,767,424.00	1,039,593,949.00	165,936,995.00	56,922,215.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		38,046,841.00		4,345,759.93	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,828.12		204.12	Exempt	197.45	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,247.33	142.17	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,748.89	229.46	FPLI	1.0146

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	9,846,331.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,846,331.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		10,249,561.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		49,491
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		207.10
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)		207.10
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) 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)		207.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		207.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	56,922,215.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,150.15	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,197.25	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	207.10	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(67.85)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(11.10)	
AW	Buy Back of Medicaid Trend Adjustment	11.96	
AX			
AY	Final Prospective Rates		140.12



Florida Agency for Health Care Administration
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100722 - 2016/07
Outpatient Rate: 117.39

Type of Control: Nonprofit (Other)

Mayo Clinic

County: Duval (16)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	122,888,609.00	90,493,203.00	868,610.00	421,117.00	Total Bed Days	90,885
2. Routine	72,878,721.00		586,790.00		Total Inpatient Days	59,060
3. Special Care	63,911,926.00		167,824.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	490
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,452
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(4,464,283.47)	(1,555,716.53)	(27,905.70)	(7,239.65)	Medicaid Paid Claims	2,376
9. Total Cost	255,214,972.53	88,937,486.47	1,595,318.30	413,877.35	Property Rate Allowance	0.80
10. Charges	672,529,425.00	444,323,342.00	4,920,084.00	2,008,116.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		20,173,880.00		147,587.87	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	3,035.63		178.97	Exempt	197.45	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,273.21	135.98	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,748.89	229.46	FPLI	1.0146

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	413,877.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		413,877.35
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		431,442.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,376
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		181.58
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)		181.58
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) 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)		181.58
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		181.58
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,008,116.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	845.17	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	881.04	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	181.58	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(59.49)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(7.94)	
AW	Buy Back of Medicaid Trend Adjustment	3.24	
AX			
AY	Final Prospective Rates		117.39



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100731 - 2016/07
Outpatient Rate: 121.08

Type of Control: Nonprofit (Church)

County: Duval (16)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: CHEP

St. Vincent's Medical Center Riverside

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	146,715,973.00	132,940,846.00	4,104,796.00	3,183,924.00	Total Bed Days	189,448
2. Routine	90,597,137.00		3,697,529.00		Total Inpatient Days	120,417
3. Special Care	18,766,558.00		1,409,385.00		Total Newborn Days	3,487
4. Newborn Routine	3,077,012.00		509,156.00		Medicaid Inpatient Days	6,004
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	120
6. Home Health					Medicare Inpatient Days	48,930
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(3,544,716.01)	(1,818,349.99)	(132,960.92)	(43,549.36)	Medicaid Paid Claims	13,955
9. Total Cost	255,611,963.99	131,122,496.01	9,587,905.08	3,140,374.64	Property Rate Allowance	0.80
10. Charges	1,278,680,723.00	983,290,103.00	37,375,801.00	26,419,274.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		21,737,374.00		635,382.82	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,499.84		230.88	County Ceiling Base	933.84	197.45
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	907.53	82.62	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,748.89	229.46	FPLI	1.0146

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	3,140,374.64
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,140,374.64
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,268,980.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,955
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		234.25
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)		234.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) 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)		234.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		234.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	26,419,274.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,893.18	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,970.71	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	234.25	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(80.14)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(33.04)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		121.08



Florida Agency for Health Care Administration
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100749 - 2016/07
Outpatient Rate: 83.46

Type of Control: Nonprofit (Other)

Baptist Hospital Inc

County: Escambia (17)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	102,072,399.00	130,832,217.00	3,470,651.00	2,497,908.00	Total Bed Days	144,540
2. Routine	62,197,038.00		3,544,000.00		Total Inpatient Days	100,927
3. Special Care	10,707,288.00		641,341.00		Total Newborn Days	2,464
4. Newborn Routine	1,236,263.00		117,907.00		Medicaid Inpatient Days	6,285
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	198
6. Home Health					Medicare Inpatient Days	38,997
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	21,747
9. Total Cost	176,212,988.00	130,832,217.00	7,773,899.00	2,497,908.00	Property Rate Allowance	0.80
10. Charges	935,137,170.00	1,049,962,869.00	34,176,848.00	24,453,351.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		26,429,846.00		965,942.60	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,139.69		124.66	County Ceiling Base	977.70	191.62
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	743.94	104.01	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,654.09	217.02	FPLI	0.9596

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	2,497,908.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,497,908.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,601,442.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,747
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.62
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)		119.62
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9596) 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)		119.62
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		119.62
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	24,453,351.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,124.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,171.05	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	119.62	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(39.19)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(2.53)	
AW	Buy Back of Medicaid Trend Adjustment	5.56	
AX			
AY	Final Prospective Rates		83.46



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100765 - 2016/07
Outpatient Rate: 96.33

Type of Control: Nonprofit (Church)

Sacred Heart Hospital

County: Escambia (17)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: CHEP

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	85,039,944.00	260,702,440.00	7,587,625.00	5,946,193.00	Total Bed Days	193,495
2. Routine	63,839,958.00		3,408,151.00		Total Inpatient Days	102,172
3. Special Care	24,894,331.00		1,406,513.00		Total Newborn Days	24,427
4. Newborn Routine	18,816,916.00		4,597,853.00		Medicaid Inpatient Days	7,632
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	6,484
6. Home Health					Medicare Inpatient Days	32,437
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	46,722
9. Total Cost	192,591,149.00	260,702,440.00	17,000,142.00	5,946,193.00	Property Rate Allowance	0.80
10. Charges	890,979,731.00	1,215,732,731.00	72,110,064.00	32,015,220.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	43,385,532.00		3,511,340.81		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,036.58		138.06	County Ceiling Base	977.70	191.62
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	962.86	149.09	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,654.09	217.02	FPLI	0.9596

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	5,946,193.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,946,193.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,189,703.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		46,722
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.48
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)		132.48
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9596) 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)		132.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		132.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	32,015,220.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	685.23	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	713.29	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	132.48	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 30.3658 %)	(40.23)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	4.08	
AX			
AY	Final Prospective Rates		96.33



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100803 - 2016/07
Outpatient Rate: 622.15

George E. Weems Memorial Hospital

Type of Control: Government

County: Franklin (19)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Amended Cost Report

District: 2

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	522,100.00	4,034,808.00	101,224.00	603,512.00	Total Bed Days	9,125
2. Routine	1,595,067.00		101,597.00		Total Inpatient Days	782
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	70
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	339
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	852
9. Total Cost	2,117,167.00	4,034,808.00	202,821.00	603,512.00	Property Rate Allowance	1.00
10. Charges	2,236,245.00	8,972,135.00	285,492.00	1,075,598.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	468,908.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,461.99		827.40	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	2,538.99	104.97	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,536.88	201.64	FPLI	0.8916

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	603,512.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		603,512.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		628,526.55
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		852
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		737.71
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)		737.71
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8916) 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)		737.71
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		737.71
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,075,598.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,262.44
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,314.76
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		737.71
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)		(135.44)
AV	Buy Back of Medicaid Trend Adjustment		19.89
AW			
AX			
AY	Final Prospective Rates		622.15



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100862 - 2016/07
Outpatient Rate: 127.45

Hendry Regional Medical Center

Type of Control: Government

County: Hendry (26)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,305,510.00	12,730,709.00	89,112.00	454,572.00	Total Bed Days	9,125
2. Routine	2,554,536.00		70,166.00		Total Inpatient Days	2,150
3. Special Care	803,585.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	91
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,034
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(40,668.30)	(111,015.70)	(1,388.95)	(3,964.01)	Medicaid Paid Claims	3,340
9. Total Cost	4,622,962.70	12,619,693.30	157,889.05	450,607.99	Property Rate Allowance	1.00
10. Charges	6,904,524.00	51,137,828.00	377,217.00	1,547,691.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		2,530,111.00		0.00	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	IP (G)		OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,033.08	143.18	County Ceiling Base	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	228.59	126.54	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,691.49	221.93	FPLI	0.9813

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	450,607.99
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		450,607.99
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		469,284.93
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,340
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		140.50
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)		140.50
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9813) 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)		140.50
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		140.50
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,547,691.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		463.38
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		482.59
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		140.50
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)		(25.80)
AV	Buy Back of Medicaid Trend Adjustment		12.74
AW			
AX			
AY	Final Prospective Rates		127.45



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, 2016 through June 30, 2017

100871 - 2016/07
Outpatient Rate: 79.93

Type of Control: Proprietary

County: Hernando (27)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Special

Bayfront Health Brooksville

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,195,207.00	53,727,758.00	2,356,110.00	3,083,768.00	Total Bed Days	89,060
2. Routine	35,112,358.00		1,832,077.00		Total Inpatient Days	41,295
3. Special Care	15,061,527.00		0.00		Total Newborn Days	6,903
4. Newborn Routine	2,425,109.00		1,640,969.00		Medicaid Inpatient Days	2,463
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,685
6. Home Health					Medicare Inpatient Days	13,421
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(932,316.99)	(501,946.01)	(54,458.29)	(28,809.78)	Medicaid Paid Claims	23,189
9. Total Cost	98,861,884.01	53,225,811.99	5,774,697.71	3,054,958.22	Property Rate Allowance	0.80
10. Charges	777,982,187.00	651,261,118.00	38,215,111.00	40,394,887.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		10,639,567.00		522,624.09	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,368.60		142.40	County Ceiling Base	931.13	185.23
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	867.84	87.40	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,660.81	217.90	FPLI	0.9635

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	3,054,958.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,054,958.22
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,181,581.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,189
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)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		137.20
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9635) for Hernando (27)		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)		137.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		137.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	40,394,887.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,741.98	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,814.19	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	137.20	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(46.94)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(10.34)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		79.93



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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100897 - 2016/07
Outpatient Rate: 63.01

Type of Control: Proprietary

County: Highlands (28)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

Highlands Regional Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,513,433.00	22,928,738.00	897,673.00	707,749.00	Total Bed Days	45,990
2. Routine	9,421,153.00		529,403.00		Total Inpatient Days	13,958
3. Special Care	3,873,892.00		0.00		Total Newborn Days	780
4. Newborn Routine	314,313.00		291,347.00		Medicaid Inpatient Days	828
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	42
6. Home Health					Medicare Inpatient Days	7,359
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(359,961.11)	(283,401.89)	(21,239.91)	(8,747.86)	Medicaid Paid Claims	6,621
9. Total Cost	28,762,829.89	22,645,336.11	1,697,183.09	699,001.14	Property Rate Allowance	0.80
10. Charges	172,860,738.00	217,475,536.00	8,786,989.00	7,864,949.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	5,004,166.00		254,375.59		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,848.59		117.68	County Ceiling Base	1,491.56	184.19
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	679.26	92.25	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,610.48	211.30	FPLI	0.9343

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	699,001.14
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		699,001.14
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		727,973.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,621
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		109.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		95.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		95.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9343) for Highlands (28)		211.30
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)		191.21
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		95.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		95.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,864,949.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,187.88	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,237.11	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	95.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(32.76)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		63.01



Florida Agency for Health Care Administration
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100901 - 2016/07
Outpatient Rate: 63.59

Florida Hospital Heartland Medical Center

Type of Control: Nonprofit (Other)

County: Highlands (28)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,050,663.00	57,094,090.00	3,085,070.00	2,370,646.00	Total Bed Days	71,905
2. Routine	30,324,988.00		1,767,595.00		Total Inpatient Days	48,359
3. Special Care	8,930,059.00		715,604.00		Total Newborn Days	1,695
4. Newborn Routine	590,648.00		328,598.00		Medicaid Inpatient Days	3,290
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	336
6. Home Health					Medicare Inpatient Days	27,965
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,065,319.33)	(751,868.67)	(77,655.49)	(31,218.90)	Medicaid Paid Claims	25,231
9. Total Cost	79,831,038.67	56,342,221.33	5,819,211.51	2,339,427.10	Property Rate Allowance	0.80
10. Charges	437,619,379.00	389,384,851.00	27,519,858.00	18,447,865.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	11,075,419.00		696,481.86		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,576.30		103.45	County Ceiling Base	935.84	182.65
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	878.85	104.76	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,610.48	211.30	FPLI	0.9343

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	2,339,427.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,339,427.10
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,438,716.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,231
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		96.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		108.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.66
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9343) for Highlands (28)		211.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		189.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		189.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		96.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		96.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		18,447,865.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		731.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		762.19
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	96.66	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.07)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		63.59



Florida Agency for Health Care Administration
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100943 - 2016/07
Outpatient Rate: 73.14

Type of Control: Nonprofit (Church)

County: Hillsborough (29)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

Florida Hospital Carrollwood

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	34,023,883.00	43,325,669.00	1,145,545.00	1,877,117.00	Total Bed Days	39,785
2. Routine	17,874,727.00		925,773.00		Total Inpatient Days	17,419
3. Special Care	2,820,812.00		329,177.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,121
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,781
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(824,605.21)	(652,904.79)	(36,174.74)	(28,287.59)	Medicaid Paid Claims	17,336
9. Total Cost	53,894,816.79	42,672,764.21	2,364,320.26	1,848,829.41	Property Rate Allowance	0.80
10. Charges	298,626,349.00	289,689,504.00	11,308,340.00	17,178,853.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		1,288,243.00		48,783.00	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,132.58		110.11	988.33	190.95	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,228.78	113.74	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

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	1,848,829.41
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,848,829.41
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,927,296.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,336
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.17
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		111.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		111.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	17,178,853.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	990.94	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,032.99	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	111.17	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.03)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		73.14



Florida Agency for Health Care Administration
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100978 - 2016/07
Outpatient Rate: 110.03

Type of Control: Nonprofit (Other)

County: Hillsborough (29)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Special

St. Josephs Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	232,724,169.00	193,365,844.00	29,869,779.00	13,998,803.00	Total Bed Days	367,190
2. Routine	158,473,801.00		15,778,005.00		Total Inpatient Days	202,598
3. Special Care	38,617,701.00		1,217,975.00		Total Newborn Days	33,190
4. Newborn Routine	31,603,051.00		13,771,803.00		Medicaid Inpatient Days	21,773
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,791
6. Home Health					Medicare Inpatient Days	51,061
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(7,349,162.71)	(3,079,799.29)	(965,793.73)	(222,963.39)	Medicaid Paid Claims	90,048
9. Total Cost	454,069,559.29	190,286,044.71	59,671,768.27	13,775,839.61	Property Rate Allowance	0.80
10. Charges	1,990,078,746.00	1,308,500,342.00	249,904,114.00	96,795,352.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		59,081,350.00		7,419,139.80	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,110.27		157.94	County Ceiling Base	988.33	190.95
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,139.94	166.53	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

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	13,775,839.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		13,775,839.61
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		14,360,508.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		90,048
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		159.48
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)		159.48
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) 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)		159.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		159.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	96,795,352.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,074.93	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,120.55	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	159.48	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(52.24)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	2.80	
AX			
AY	Final Prospective Rates		110.03



Florida Agency for Health Care Administration
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100986 - 2016/07
Outpatient Rate: 81.74

Type of Control: Nonprofit (Other)

South Florida Baptist

County: Hillsborough (29)

Fiscal Year: 1/1/2014 - 12/31/2014

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	24,577,793.00	33,431,411.00	3,781,701.00	2,440,085.00	Total Bed Days	53,655
2. Routine	18,875,004.00		1,516,436.00		Total Inpatient Days	24,849
3. Special Care	5,239,550.00		467,014.00		Total Newborn Days	1,236
4. Newborn Routine	50,113.00		29,310.00		Medicaid Inpatient Days	2,434
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	16
6. Home Health					Medicare Inpatient Days	7,565
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(711,048.82)	(487,693.18)	(84,528.86)	(35,595.65)	Medicaid Paid Claims	18,088
9. Total Cost	48,031,411.18	32,943,717.82	5,709,932.14	2,404,489.35	Property Rate Allowance	0.80
10. Charges	248,214,069.00	255,341,356.00	23,311,608.00	18,509,847.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	5,082,228.00		477,309.39		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,205.02		137.24	County Ceiling Base	988.33	190.95
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	891.61	92.65	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

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	2,404,489.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,404,489.35
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,506,539.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,088
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		138.57
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)		138.57
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) 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)		138.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		138.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	18,509,847.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,023.32	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,066.75	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	138.57	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(47.41)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(9.43)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		81.74



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 For Rate Semester July 01, 2016 through June 30, 2017

100994 - 2016/07
Outpatient Rate: 142.29

Type of Control: Nonprofit (Other)

Tampa General Hospital

County: Hillsborough (29)

Fiscal Year: 10/1/2014 - 9/30/2015

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	389,527,664.00	245,100,425.00	25,940,720.00	8,609,717.00	Total Bed Days	351,860
2. Routine	224,474,811.00		16,306,737.00		Total Inpatient Days	260,277
3. Special Care	131,241,635.00		4,922,837.00		Total Newborn Days	28,947
4. Newborn Routine	30,596,690.00		8,612,824.00		Medicaid Inpatient Days	20,467
5. Intern-Resident	1,046,373.00		0.00		Medicaid Newborn IP Days	5,131
6. Home Health					Medicare Inpatient Days	77,116
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(9,839,001.68)	(3,104,110.32)	(706,473.49)	(109,039.03)	Medicaid Paid Claims	40,844
9. Total Cost	767,048,171.32	241,996,314.68	55,076,644.51	8,500,677.97	Property Rate Allowance	0.80
10. Charges	3,960,873,735.00	1,859,496,289.00	262,905,076.00	54,329,759.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		72,682,202.00		4,824,319.36	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,024.86		214.67	Exempt	190.95	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,176.01	193.29	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

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	8,500,677.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		8,500,677.97
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		8,853,016.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,844
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		216.75
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)		216.75
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) 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)		216.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		216.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	54,329,759.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,330.18	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,385.31	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	216.75	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(71.01)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(3.45)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		142.29



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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101028 - 2016/07
Outpatient Rate: 67.11

Type of Control: Nonprofit (Church)

County: Hillsborough (29)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

Florida Hospital Tampa

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	111,777,005.00	91,390,646.00	6,038,659.00	3,515,086.00	Total Bed Days	174,470
2. Routine	81,034,529.00		4,317,023.00		Total Inpatient Days	110,108
3. Special Care	25,379,718.00		3,508,560.00		Total Newborn Days	2,797
4. Newborn Routine	1,551,074.00		236,793.00		Medicaid Inpatient Days	7,975
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	32
6. Home Health					Medicare Inpatient Days	35,832
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(3,481,476.78)	(1,447,943.22)	(223,409.06)	(55,691.09)	Medicaid Paid Claims	31,639
9. Total Cost	216,260,849.22	89,942,702.78	13,877,625.94	3,459,394.91	Property Rate Allowance	0.80
10. Charges	1,131,819,972.00	758,138,506.00	63,556,433.00	33,917,483.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		38,798,434.00		2,178,694.61	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,508.47		112.89	County Ceiling Base	976.78	189.88
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,005.01	98.26	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

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	3,459,394.91
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,459,394.91
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,606,217.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,639
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		102.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.01
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		102.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		102.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	33,917,483.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,072.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,117.51	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	102.01	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(34.90)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		67.11



Florida Agency for Health Care Administration
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101036 - 2016/07
Outpatient Rate: 128.79

Type of Control: Nonprofit (Other)

Doctors Memorial Hospital

County: Holmes (30)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,428,879.00	7,025,544.00	42,976.00	182,155.00	Total Bed Days	7,300
2. Routine	1,692,265.00		37,886.00		Total Inpatient Days	2,217
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	54
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,307
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,473
9. Total Cost	3,121,144.00	7,025,544.00	80,862.00	182,155.00	Property Rate Allowance	1.00
10. Charges	5,550,692.00	19,638,370.00	151,774.00	457,506.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,991,397.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	579.50		140.63	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	713.31	149.60	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,578.59	207.11	FPLI	0.9158

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	182,155.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		182,155.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		189,705.02
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,473
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.79
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)		128.79
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9158) 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)		128.79
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		128.79
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		457,506.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		310.59
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		323.47
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		128.79
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 15.4533 %)		(19.90)
AV	Buy Back of Medicaid Trend Adjustment		19.90
AW			
AX			
AY	Final Prospective Rates		128.79



Florida Agency for Health Care Administration
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101044 - 2016/07
Outpatient Rate: 87.73

Type of Control: Nonprofit (Other)

County: Indian River (31)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

Indian River Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,714,809.00	68,752,021.00	2,504,054.00	1,828,899.00	Total Bed Days	121,180
2. Routine	48,756,284.00		1,726,587.00		Total Inpatient Days	61,942
3. Special Care	9,213,773.00		416,668.00		Total Newborn Days	1,959
4. Newborn Routine	1,146,764.00		690,163.00		Medicaid Inpatient Days	3,121
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	14
6. Home Health					Medicare Inpatient Days	32,534
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,391,827.00)	(833,315.00)	(64,693.31)	(22,167.33)	Medicaid Paid Claims	12,658
9. Total Cost	113,439,803.00	67,918,706.00	5,272,778.70	1,806,731.67	Property Rate Allowance	0.80
10. Charges	330,667,193.00	278,656,669.00	13,017,000.00	6,562,836.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	15,323,318.00		603,215.66		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,562.17		149.70	County Ceiling Base	970.70	178.16
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,046.77	128.44	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,711.66	224.57	FPLI	0.9930

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	1,806,731.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,806,731.67
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,881,617.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,658
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		148.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		133.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		133.34
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9930) for Indian River (31)		224.57
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		184.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		133.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		133.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	6,562,836.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	518.47	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	539.96	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	133.34	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(45.62)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		87.73



Florida Agency for Health Care Administration
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101061 - 2016/07
Outpatient Rate: 94.54

Type of Control: Government

County: Jackson (32)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

Jackson Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,487,615.00	17,976,386.00	335,846.00	556,327.00	Total Bed Days	24,090
2. Routine	8,265,835.00		238,006.00		Total Inpatient Days	13,187
3. Special Care	1,734,109.00		298,483.00		Total Newborn Days	1,011
4. Newborn Routine	483,272.00		119,503.00		Medicaid Inpatient Days	707
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	20
6. Home Health					Medicare Inpatient Days	6,851
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	6,129
9. Total Cost	17,970,831.00	17,976,386.00	991,838.00	556,327.00	Property Rate Allowance	1.00
10. Charges	37,592,610.00	73,474,257.00	1,507,976.00	2,316,866.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		2,879,813.00		115,519.75	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,389.74		104.65	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,173.49	89.15	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,557.04	204.29	FPLI	0.9033

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	556,327.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		556,327.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		579,385.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,129
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		94.53
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)		94.53
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9033) 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)		94.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		94.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,316,866.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		378.02
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		393.69
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		94.53
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)		(17.36)
AV	Buy Back of Medicaid Trend Adjustment		17.36
AW			
AX			
AY	Final Prospective Rates		94.54



Florida Agency for Health Care Administration
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101079 - 2016/07
Outpatient Rate: 69.63

Leesburg Regional Medical Center

Type of Control: Nonprofit (Other)

County: Lake (35)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	72,271,934.00	55,912,389.00	2,543,237.00	1,261,231.00	Total Bed Days	115,340
2. Routine	50,561,280.00		1,863,653.00		Total Inpatient Days	78,727
3. Special Care	13,820,586.00		656,252.00		Total Newborn Days	4,585
4. Newborn Routine	1,201,867.00		635,665.00		Medicaid Inpatient Days	3,606
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,024
6. Home Health					Medicare Inpatient Days	42,157
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(1,976,371.52)	(801,589.48)	(81,701.10)	(18,081.67)	Medicaid Paid Claims	12,227
9. Total Cost	135,879,295.48	55,110,799.52	5,617,105.90	1,243,149.33	Property Rate Allowance	0.80
10. Charges	550,857,517.00	332,009,464.00	19,085,102.00	8,534,246.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	14,457,615.00		500,900.96		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,185.96		109.12	County Ceiling Base	954.01	187.32
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	909.37	109.58	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,671.84	219.35	FPLI	0.9699

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	1,243,149.33
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,243,149.33
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,294,059.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,227
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		105.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		113.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.84
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9699) for Lake (35)		219.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		194.46
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		194.46
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		105.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		105.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	8,534,246.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	697.98	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	726.57	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	105.84	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.21)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		69.63



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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101087 - 2016/07
Outpatient Rate: 73.17

Type of Control: Nonprofit (Other)

County: Lake (35)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

South Lake Memorial Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	39,841,284.00	50,013,958.00	1,605,197.00	1,846,924.00	Total Bed Days	51,100
2. Routine	31,909,254.00		765,148.00		Total Inpatient Days	37,238
3. Special Care	6,454,682.00		33,291.00		Total Newborn Days	1,098
4. Newborn Routine	247,084.00		34,880.00		Medicaid Inpatient Days	1,093
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2
6. Home Health					Medicare Inpatient Days	14,447
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	11,740
9. Total Cost	78,452,304.00	50,013,958.00	2,438,516.00	1,846,924.00	Property Rate Allowance	0.80
10. Charges	433,608,474.00	423,304,892.00	12,699,108.00	12,172,931.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	15,895,399.00		465,529.16		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,934.73		168.92	County Ceiling Base	965.29	189.29
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,881.85	107.13	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,671.84	219.35	FPLI	0.9699

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	1,846,924.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,846,924.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,923,475.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,740
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		163.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		111.21
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.21
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9699) for Lake (35)		219.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.52
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		111.21
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		111.21
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	12,172,931.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,036.88	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,079.85	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	111.21	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.05)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		73.17



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, 2016 through June 30, 2017

101095 - 2016/07
Outpatient Rate: 56.92

Type of Control: Nonprofit (Church)

County: Lake (35)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

Florida Hospital Waterman

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	54,716,975.00	62,705,079.00	3,635,146.00	2,533,119.00	Total Bed Days	98,185
2. Routine	43,370,844.00		2,649,446.00		Total Inpatient Days	67,016
3. Special Care	9,322,738.00		493,144.00		Total Newborn Days	1,564
4. Newborn Routine	753,117.00		278,806.00		Medicaid Inpatient Days	4,419
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	115
6. Home Health					Medicare Inpatient Days	32,608
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,572,343.01)	(911,524.99)	(102,578.84)	(36,823.19)	Medicaid Paid Claims	30,077
9. Total Cost	106,591,330.99	61,793,554.01	6,953,963.16	2,496,295.81	Property Rate Allowance	0.80
10. Charges	519,156,818.00	480,652,696.00	31,722,267.00	23,971,921.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	15,891,204.00		971,007.22		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,418.27		89.20	County Ceiling Base	965.29	189.29
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	835.01	103.07	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,671.84	219.35	FPLI	0.9699

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	2,496,295.81
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,496,295.81
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,602,242.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		30,077
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		86.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		107.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.52
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9699) for Lake (35)		219.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.52
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		86.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		86.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	23,971,921.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	797.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	830.85	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	86.52	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.60)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		56.92



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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101109 - 2016/07
Outpatient Rate: 105.76

Type of Control: Government

County: Lee (36)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: Special

Lee Memorial Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	210,527,548.00	176,367,499.00	11,000,737.00	4,355,880.00	Total Bed Days	252,580
2. Routine	150,298,306.00		11,901,602.00		Total Inpatient Days	192,929
3. Special Care	50,085,900.00		11,434,822.00		Total Newborn Days	16,692
4. Newborn Routine	13,770,202.00		2,581,300.00		Medicaid Inpatient Days	23,216
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,129
6. Home Health					Medicare Inpatient Days	73,843
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(6,593,205.18)	(2,738,112.82)	(573,160.66)	(67,625.22)	Medicaid Paid Claims	27,707
9. Total Cost	418,088,750.82	173,629,386.18	36,345,300.34	4,288,254.78	Property Rate Allowance	0.80
10. Charges	1,922,857,225.00	1,276,775,428.00	107,476,204.00	30,638,986.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		39,160,043.00		2,188,811.90	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,340.33		160.00	County Ceiling Base	1,032.95	193.58
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,127.15	124.46	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,736.48	227.83	FPLI	1.0074

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	4,288,254.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,288,254.78
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,465,995.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,707
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		161.19
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)		161.19
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0074) 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)		161.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		161.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	30,638,986.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,105.82	
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)	161.19	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(52.80)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(5.96)	
AW	Buy Back of Medicaid Trend Adjustment	3.34	
AX			
AY	Final Prospective Rates		105.76



Florida Agency for Health Care Administration
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 For Rate Semester July 01, 2016 through June 30, 2017

101117 - 2016/07
Outpatient Rate: 43.27

Type of Control: Proprietary

Lehigh Regional Medical Center

County: Lee (36)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Amended 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	9,311,257.00	16,911,280.00	1,024,069.00	1,914,243.00	Total Bed Days	32,120
2. Routine	8,041,035.00		370,995.00		Total Inpatient Days	11,116
3. Special Care	2,670,562.00		209,372.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	626
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,171
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(227,861.46)	(192,451.54)	(18,258.59)	(21,784.22)	Medicaid Paid Claims	22,187
9. Total Cost	19,794,992.54	16,718,828.46	1,586,177.41	1,892,458.78	Property Rate Allowance	0.80
10. Charges	149,254,260.00	191,524,461.00	11,472,423.00	24,361,649.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		2,894,788.00		222,507.77	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,254.16		88.26	1,032.95	193.58	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	950.48	63.36	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,736.48	227.83	FPLI	1.0074

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	1,892,458.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,892,458.78
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,972,777.73
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,187
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		88.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		65.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		65.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0074) for Lee (36)		227.83
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		65.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		65.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	24,361,649.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,098.01	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,144.62	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	65.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(22.50)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		43.27



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 For Rate Semester July 01, 2016 through June 30, 2017

101133 - 2016/07
Outpatient Rate: 213.94

Type of Control: Nonprofit (Other)

County: Leon (37)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: CHEP

Tallahassee Memorial Regional M.C.

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	147,943,036.00	221,610,912.00	6,612,290.00	6,104,885.00	Total Bed Days	159,140
2. Routine	94,439,077.00		4,579,395.00		Total Inpatient Days	115,134
3. Special Care	19,961,524.00		921,412.00		Total Newborn Days	17,311
4. Newborn Routine	12,272,909.00		3,076,186.00		Medicaid Inpatient Days	6,570
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,669
6. Home Health					Medicare Inpatient Days	29,911
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(3,412,178.56)	(2,753,570.44)	(188,730.60)	(75,854.71)	Medicaid Paid Claims	16,107
9. Total Cost	271,204,367.44	218,857,341.56	15,000,552.40	6,029,030.29	Property Rate Allowance	0.80
10. Charges	1,121,800,629.00	977,303,743.00	50,992,087.00	30,481,459.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		35,359,482.00		1,607,285.41	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,767.01	406.87	County Ceiling Base	1,002.98	192.97	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	893.63	145.01	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,651.50	216.68	FPLI	0.9581

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	6,029,030.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,029,030.29
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,278,923.40
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,107
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		389.83
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)		389.83
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9581) 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)		389.83
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		389.83
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	30,481,459.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,892.44	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,970.87	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	389.83	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(127.71)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(52.00)	
AW	Buy Back of Medicaid Trend Adjustment	3.82	
AX			
AY	Final Prospective Rates		213.94



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101141 - 2016/07
Outpatient Rate: 42.25

Type of Control: Proprietary

County: Levy (38)

Fiscal Year: 10/1/2012 - 8/14/2013

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Rural Hospital

Regional General Hospital Williston

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	1.0679042501
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	912.52		49.07	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	833.74	40.74	Cost Report DRI Index	2.0470
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,594.62	209.22	FPLI	0.9251

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))		247,140.42
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)		45.40
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)		45.40
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9251) 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)		45.40
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		45.40
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)	380.12	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	45.40	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 16.5106 %)	(7.50)	
AV	Buy Back of Medicaid Trend Adjustment	4.35	
AW			
AX			
AY	Final Prospective Rates		42.25



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101150 - 2016/07
Outpatient Rate: 53.67

Type of Control: Government

County: Madison (40)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Amended Cost Report

District: 2

Hospital Classification: Rural Hospital

Madison County Memorial Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,725,162.00	4,033,054.00	5,995.00	63,420.00	Total Bed Days	9,125
2. Routine	1,442,888.00		7,555.00		Total Inpatient Days	1,583
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	10
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	894
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(42,643.33)	(54,286.67)	(182.39)	(853.66)	Medicaid Paid Claims	1,200
9. Total Cost	3,125,406.67	3,978,767.33	13,367.61	62,566.34	Property Rate Allowance	1.00
10. Charges	9,004,224.00	13,699,799.00	25,463.00	220,215.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		2,542,066.00		0.00	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	Inflation / FPLI Data (H)		
			IP (G)	OP (G)	
1. Normalized Rate	427.04	60.42	County Ceiling Base	Exempt	
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,092.82	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,549.11	
				203.25	
				Semester DRI Index	2.1860
				Cost Report DRI Index	2.0990
				FPLI Year Used	2015
				FPLI	0.8987

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	62,566.34
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		62,566.34
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		65,159.61
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,200
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		54.30
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)		54.30
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8987) 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)		54.30
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		54.30
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		220,215.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		183.51
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		191.12
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		54.30
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)		(9.97)
AV	Buy Back of Medicaid Trend Adjustment		9.34
AW			
AX			
AY	Final Prospective Rates		53.67



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101168 - 2016/07
Outpatient Rate: 64.62

Type of Control: Proprietary

County: Manatee (41)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Special

Manatee Memorial Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,680,483.00	53,771,677.00	6,405,483.00	2,453,764.00	Total Bed Days	113,507
2. Routine	59,362,039.00		5,700,848.00		Total Inpatient Days	74,488
3. Special Care	9,114,014.00		671,926.00		Total Newborn Days	6,248
4. Newborn Routine	3,477,349.00		2,371,196.00		Medicaid Inpatient Days	7,014
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,845
6. Home Health					Medicare Inpatient Days	28,307
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	26,041
9. Total Cost	139,633,885.00	53,771,677.00	15,149,453.00	2,453,764.00	Property Rate Allowance	0.80
10. Charges	839,162,772.00	534,561,720.00	69,051,975.00	28,818,062.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		19,208,992.00		1,580,645.47	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,608.23		98.94	1,009.66	192.06	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	840.61	103.75	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,711.32	224.53	FPLI	0.9928

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	2,453,764.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,453,764.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,557,905.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		26,041
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		98.23
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)		98.23
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9928) 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)		98.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		98.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	28,818,062.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,106.64	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,153.61	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	98.23	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.60)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		64.62



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101176 - 2016/07
Outpatient Rate: 60.69

Munroe Regional Medical Center

Type of Control: Government

County: Marion (42)

Fiscal Year: 10/1/2014 - 6/3/2015

Type of Action: Amended Cost Report

District: 3

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	85,539,631.00	77,839,654.00	2,927,850.00	1,860,888.00	Total Bed Days	146,365
2. Routine	61,385,047.00		1,494,290.00		Total Inpatient Days	97,744
3. Special Care	13,194,076.00		2,656,882.00		Total Newborn Days	6,974
4. Newborn Routine	3,428,168.00		325,780.00		Medicaid Inpatient Days	2,395
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	910
6. Home Health					Medicare Inpatient Days	44,193
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(2,744,392.73)	(1,306,185.27)	(124,255.99)	(31,226.56)	Medicaid Paid Claims	20,646
9. Total Cost	160,802,529.27	76,533,468.73	7,280,546.01	1,829,661.44	Property Rate Allowance	0.80
10. Charges	941,334,985.00	662,487,714.00	30,982,438.00	13,707,266.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	19,952,448.00		656,700.85		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,209.79		97.71	County Ceiling Base	941.08	170.45
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	937.91	91.40	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,627.37	213.51	FPLI	0.9441

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	1,829,661.44
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,829,661.44
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,904,590.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,646
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.89
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 (0.9441) for Marion (42)		213.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		176.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		176.96
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)	13,707,266.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	663.92	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	691.11	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	92.25	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(31.56)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		60.69



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101184 - 2016/07
Outpatient Rate: 77.86

Type of Control: Nonprofit (Other)

Martin Medical Center

County: Martin (43)

Fiscal Year: 10/1/2014 - 9/30/2015

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	127,458,186.00	146,167,993.00	3,950,097.00	3,006,697.00	Total Bed Days	151,110
2. Routine	65,668,500.00		2,663,316.00		Total Inpatient Days	107,023
3. Special Care	25,070,223.00		747,280.00		Total Newborn Days	7,697
4. Newborn Routine	7,991,275.00		1,299,864.00		Medicaid Inpatient Days	4,659
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	693
6. Home Health					Medicare Inpatient Days	51,057
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	26,460
9. Total Cost	226,188,184.00	146,167,993.00	8,660,557.00	3,006,697.00	Property Rate Allowance	0.80
10. Charges	1,281,679,925.00	1,166,152,088.00	40,571,862.00	28,651,828.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		43,909,099.00		1,389,952.26	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,407.33		117.72	County Ceiling Base	962.61	194.97
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,033.64	116.11	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,732.86	227.35	FPLI	1.0053

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	3,006,697.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,006,697.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,131,319.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		26,460
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.34
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0053) for Martin (43)		227.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		202.41
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		202.41
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		118.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	28,651,828.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,082.84	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,127.72	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	118.34	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.49)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		77.86



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101192 - 2016/07
Outpatient Rate: 62.35

Type of Control: Proprietary

County: Monroe (44)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Amended Cost Report

District: 11

Hospital Classification: Special IP

Lower Keys Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,068,460.00	23,302,283.00	806,643.00	451,353.00	Total Bed Days	33,945
2. Routine	14,905,691.00		2,996,429.00		Total Inpatient Days	19,603
3. Special Care	3,458,351.00		0.00		Total Newborn Days	1,235
4. Newborn Routine	598,338.00		215,594.00		Medicaid Inpatient Days	3,776
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	95
6. Home Health					Medicare Inpatient Days	7,248
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(666,067.60)	(408,113.40)	(70,382.44)	(7,904.94)	Medicaid Paid Claims	3,582
9. Total Cost	37,364,772.40	22,894,169.60	3,948,283.56	443,448.06	Property Rate Allowance	0.80
10. Charges	201,642,344.00	200,135,098.00	7,996,069.00	4,460,287.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,334,801.00		171,895.28		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,002.46		127.21	County Ceiling Base	1,014.16	206.18
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	726.15	91.29	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,747.00	229.21	FPLI	1.0135

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	443,448.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		443,448.06
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		461,828.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,582
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		94.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0135) for Monroe (44)		229.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		214.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		214.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		94.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		94.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,460,287.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,245.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,296.81
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		94.77
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(32.42)
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		62.35



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101206 - 2016/07
Outpatient Rate: 98.31

Type of Control: Nonprofit (Other)

Fishermen's Hospital

County: Monroe (44)

Fiscal Year: 7/1/2014 - 6/3/2015

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	2,047,193.00	13,733,533.00	36,924.00	109,836.00	Total Bed Days	9,125
2. Routine	3,631,910.00		26,022.00		Total Inpatient Days	1,719
3. Special Care	711,325.00		5,009.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	15
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,004
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(78,335.61)	(168,349.39)	(833.01)	(1,346.40)	Medicaid Paid Claims	1,076
9. Total Cost	6,312,092.39	13,565,183.61	67,121.99	108,489.60	Property Rate Allowance	1.00
10. Charges	13,215,469.00	63,330,784.00	161,150.00	571,445.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	2,610,264.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	IP (G)		OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,211.81	103.56	County Ceiling Base	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	2,320.96	89.44	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,747.00	229.21	FPLI	1.0135

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	108,489.60
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		108,489.60
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		112,932.51
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,076
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.96
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)		104.96
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0135) 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)		104.96
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.96
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		571,445.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		531.08
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		552.83
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	104.96	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)	(19.27)	
AV	Buy Back of Medicaid Trend Adjustment	12.62	
AW			
AX			
AY	Final Prospective Rates		98.31



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101214 - 2016/07
Outpatient Rate: 317.38

Type of Control: Nonprofit (Other)

County: Monroe (44)

Fiscal Year: 10/1/2014 - 6/3/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Rural Hospital

Mariners Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,714,002.00	31,392,115.00	145,981.00	352,234.00	Total Bed Days	9,125
2. Routine	8,423,926.00		122,086.00		Total Inpatient Days	2,203
3. Special Care	3,220,842.00		72,760.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	49
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,193
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(581,778.68)	(1,116,420.32)	(12,121.08)	(12,526.75)	Medicaid Paid Claims	974
9. Total Cost	15,776,991.32	30,275,694.68	328,705.92	339,707.25	Property Rate Allowance	1.00
10. Charges	23,894,341.00	125,361,624.00	660,050.00	1,209,559.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		4,627,998.00		0.00	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	5,197.90	358.22	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	5,507.75	298.21	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,747.00	229.21	FPLI	1.0135

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	339,707.25
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		339,707.25
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		353,619.07
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		974
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		363.06
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)		363.06
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0135) 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)		363.06
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		363.06
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,209,559.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,241.85
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,292.70
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		363.06
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)		(66.66)
AV	Buy Back of Medicaid Trend Adjustment		20.98
AW			
AX			
AY	Final Prospective Rates		317.38



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101231 - 2016/07
Outpatient Rate: 90.89

Type of Control: Nonprofit (Church)

County: Nassau (45)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Rural Hospital

Baptist Medical Center - Nassau

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,810,589.00	24,480,783.00	597,357.00	567,256.00	Total Bed Days	19,710
2. Routine	12,882,562.00		747,988.00		Total Inpatient Days	12,665
3. Special Care	0.00		0.00		Total Newborn Days	1,045
4. Newborn Routine	770,320.00		125,316.00		Medicaid Inpatient Days	821
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	56
6. Home Health					Medicare Inpatient Days	5,760
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(339,815.76)	(340,056.24)	(20,428.57)	(7,879.61)	Medicaid Paid Claims	5,674
9. Total Cost	24,123,655.24	24,140,726.76	1,450,232.43	559,376.39	Property Rate Allowance	1.00
10. Charges	96,713,932.00	167,740,401.00	5,430,764.00	3,717,775.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		2,451,348.00		137,650.20	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	IP (G)		OP (G)		Inflation / FPLI Data (H)	
1. Normalized Rate	1,579.24	104.02	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1860	
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	2,178.67	95.97	Cost Report DRI Index	2.0990	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015	
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,701.32	223.21	FPLI	0.9870	

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	559,376.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		559,376.39
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		582,561.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,674
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.67
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)		102.67
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9870) 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)		102.67
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		102.67
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,717,775.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	655.23	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	682.39	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	102.67	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)	(18.85)	
AV	Buy Back of Medicaid Trend Adjustment	7.07	
AW			
AX			
AY	Final Prospective Rates		90.89



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101257 - 2016/07
Outpatient Rate: 69.33

Type of Control: Proprietary

County: Okaloosa (46)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: General

Twin Cities Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,702,261.00	16,124,078.00	316,973.00	788,465.00	Total Bed Days	23,725
2. Routine	5,788,439.00		149,852.00		Total Inpatient Days	7,239
3. Special Care	2,202,598.00		167,398.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	286
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,660
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(295,417.29)	(269,216.71)	(10,589.35)	(13,164.66)	Medicaid Paid Claims	5,234
9. Total Cost	17,397,880.71	15,854,861.29	623,633.65	775,300.34	Property Rate Allowance	0.80
10. Charges	161,067,151.00	217,436,484.00	5,882,628.00	12,908,368.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,321,862.00		121,323.80		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,863.35		157.15	County Ceiling Base	976.00	180.34
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	887.78	101.50	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,690.46	221.79	FPLI	0.9807

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	775,300.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		775,300.34
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		806,666.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,234
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		154.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		105.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.38
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9807) for Okaloosa (46)		221.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		187.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		105.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		105.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	12,908,368.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,466.25	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,566.03	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	105.38	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.05)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		69.33



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101265 - 2016/07
Outpatient Rate: 88.20

North Okaloosa Medical Center

Type of Control: Proprietary

County: Okaloosa (46)

Fiscal Year: 4/1/2014 - 3/31/2015

Type of Action: Amended Cost Report

District: 1

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,808,123.00	32,313,763.00	1,170,039.00	2,030,937.00	Total Bed Days	40,150
2. Routine	13,386,496.00		2,857,276.00		Total Inpatient Days	19,368
3. Special Care	3,017,779.00		188,963.00		Total Newborn Days	947
4. Newborn Routine	0.00		236,369.00		Medicaid Inpatient Days	1,873
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	939
6. Home Health					Medicare Inpatient Days	11,317
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0389733840
8. Adjustments	(563,907.16)	(532,612.84)	(73,390.92)	(33,475.00)	Medicaid Paid Claims	12,299
9. Total Cost	33,648,490.84	31,781,150.16	4,379,256.08	1,997,462.00	Property Rate Allowance	0.80
10. Charges	401,822,395.00	557,421,039.00	14,909,631.00	32,506,709.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		7,355,380.00		272,921.58	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,547.06		172.06	County Ceiling Base	976.00	180.34
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	884.07	129.13	Cost Report DRI Index	2.1040
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,690.46	221.79	FPLI	0.9807

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	1,997,462.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,997,462.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,075,309.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,299
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		168.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		134.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		134.06
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9807) for Okaloosa (46)		221.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		187.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		134.06
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		134.06
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		32,506,709.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,643.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,746.04
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	134.06	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(45.86)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		88.20



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101290 - 2016/07
Outpatient Rate: 87.70

Type of Control: Nonprofit (Other)

County: Orange (48)

Fiscal Year: 1/1/2014 - 6/3/2014

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: Statutory Teaching Hospital

Florida Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	813,758,801.00	611,602,259.00	70,783,081.00	30,356,021.00	Total Bed Days	869,430
2. Routine	549,504,512.00		44,039,340.00		Total Inpatient Days	671,219
3. Special Care	194,247,589.00		28,687,384.00		Total Newborn Days	20,074
4. Newborn Routine	7,448,577.00		4,765,524.00		Medicaid Inpatient Days	68,857
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	221,765
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0449330784
8. Adjustments	(23,896,695.60)	(9,339,074.40)	(2,264,141.95)	(463,531.87)	Medicaid Paid Claims	241,404
9. Total Cost	1,541,062,783.40	602,263,184.60	146,011,187.05	29,892,489.13	Property Rate Allowance	0.80
10. Charges	8,167,973,634.00	4,510,110,644.00	701,968,894.00	247,420,743.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	196,258,796.00		16,866,799.05		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,950.84		128.80	Exempt	197.33	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,023.71	136.39	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,731.66	227.20	FPLI	1.0046

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	29,892,489.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		29,892,489.13
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		31,235,650.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		241,404
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		129.39
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)		129.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0046) 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)		129.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		129.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	247,420,743.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,024.92	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,070.98	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	129.39	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(44.27)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	2.57	
AX			
AY	Final Prospective Rates		87.70



Florida Agency for Health Care Administration
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101338 - 2016/07
Outpatient Rate: 134.15

Orlando Health

Type of Control: Nonprofit (Other)

County: Orange (48)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	484,972,540.00	426,420,672.00	30,383,608.00	13,166,445.00	Total Bed Days	558,329
2. Routine	311,588,315.00		19,765,649.00		Total Inpatient Days	337,857
3. Special Care	57,418,016.00		4,513,578.00		Total Newborn Days	72,859
4. Newborn Routine	62,078,998.00		13,889,507.00		Medicaid Inpatient Days	23,483
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10,939
6. Home Health					Medicare Inpatient Days	67,347
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	68,450
9. Total Cost	916,057,869.00	426,420,672.00	68,552,342.00	13,166,445.00	Property Rate Allowance	0.80
10. Charges	4,812,616,619.00	3,195,219,662.00	357,310,800.00	89,405,768.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	129,553,353.00		9,618,636.98		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,774.89		199.41	County Ceiling Base	Exempt	197.33
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,251.92	167.07	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,731.66	227.20	FPLI	1.0046

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	13,166,445.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		13,166,445.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		13,712,171.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		68,450
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		200.32
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)		200.32
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0046) 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)		200.32
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		200.32
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	89,405,768.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,306.15	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,360.28	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	200.32	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(65.63)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(5.01)	
AW	Buy Back of Medicaid Trend Adjustment	4.46	
AX			
AY	Final Prospective Rates		134.15



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 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2016 through June 30, 2017

101354 - 2016/07
Outpatient Rate: 77.78

Type of Control: Nonprofit (Other)

Health Central

County: Orange (48)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,822,439.00	52,352,458.00	1,380,267.00	1,287,604.00	Total Bed Days	62,415
2. Routine	29,611,947.00		767,414.00		Total Inpatient Days	50,050
3. Special Care	12,781,128.00		425,511.00		Total Newborn Days	1,861
4. Newborn Routine	1,343,012.00		173,198.00		Medicaid Inpatient Days	1,657
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	34
6. Home Health					Medicare Inpatient Days	15,064
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	11,304
9. Total Cost	87,558,526.00	52,352,458.00	2,746,390.00	1,287,604.00	Property Rate Allowance	0.80
10. Charges	502,207,895.00	372,502,954.00	16,478,479.00	10,262,387.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	11,603,724.00		380,742.17		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,450.28		118.09	County Ceiling Base	986.47	197.33
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,189.72	113.11	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,731.66	227.20	FPLI	1.0046

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	1,287,604.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,287,604.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,340,973.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,304
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.63
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)		118.63
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0046) 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)		118.63
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		118.63
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,262,387.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	907.85	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	945.48	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	118.63	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.58)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(0.27)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		77.78



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101389 - 2016/07
Outpatient Rate: 80.39

Type of Control: Proprietary

County: Osceola (49)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: Special

Osceola Regional Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	97,152,782.00	33,053,154.00	7,296,317.00	4,492,083.00	Total Bed Days	112,308
2. Routine	53,256,872.00		4,428,536.00		Total Inpatient Days	83,876
3. Special Care	22,050,621.00		2,821,910.00		Total Newborn Days	3,148
4. Newborn Routine	1,067,937.00		490,202.00		Medicaid Inpatient Days	8,857
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	33
6. Home Health					Medicare Inpatient Days	24,064
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(3,081,721.55)	(586,997.45)	(267,044.41)	(79,775.78)	Medicaid Paid Claims	37,642
9. Total Cost	170,446,490.45	32,466,156.55	14,769,920.59	4,412,307.22	Property Rate Allowance	0.80
10. Charges	1,969,623,923.00	285,781,169.00	107,395,902.00	79,617,268.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		20,058,841.00		1,093,730.28	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,634.23		124.52	County Ceiling Base	951.22	194.17
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,049.65	122.49	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,691.49	221.93	FPLI	0.9813

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	4,412,307.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,412,307.22
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,599,572.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		37,642
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		122.19
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)		122.19
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9813) 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)		122.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		122.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	79,617,268.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,115.12	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,204.89	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	122.19	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(41.80)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		80.39



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101401 - 2016/07
Outpatient Rate: 74.75

Type of Control: Nonprofit (Other)

County: Palm Beach (50)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: Special

Bethesda Hospital East

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	103,856,661.00	86,347,571.00	6,154,668.00	3,407,569.00	Total Bed Days	159,505
2. Routine	66,234,035.00		3,839,981.00		Total Inpatient Days	94,142
3. Special Care	17,067,562.00		702,822.00		Total Newborn Days	11,839
4. Newborn Routine	7,877,836.00		2,638,438.00		Medicaid Inpatient Days	6,215
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,436
6. Home Health					Medicare Inpatient Days	42,078
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(2,035,801.52)	(901,302.48)	(139,201.23)	(35,568.46)	Medicaid Paid Claims	28,828
9. Total Cost	193,000,292.48	85,446,268.52	13,196,707.77	3,372,000.54	Property Rate Allowance	0.80
10. Charges	937,426,599.00	630,441,615.00	60,089,006.00	24,395,250.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	25,543,330.00		1,637,326.39		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,492.56		115.55	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,053.22	93.99	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	3,372,000.54
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,372,000.54
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,511,764.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,828
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		121.82
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)		121.82
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) 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)		121.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		121.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	24,395,250.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	846.23	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	881.31	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	121.82	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(41.67)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(5.39)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		74.75



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101419 - 2016/07
Outpatient Rate: 67.12

Type of Control: Nonprofit (Other)

County: Palm Beach (50)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

Boca Raton Regional Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	103,728,977.00	160,350,543.00	881,137.00	405,574.00	Total Bed Days	135,050
2. Routine	59,356,118.00		587,142.00		Total Inpatient Days	87,371
3. Special Care	17,791,417.00		297,963.00		Total Newborn Days	4,760
4. Newborn Routine	1,031,220.00		48,744.00		Medicaid Inpatient Days	1,165
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	188
6. Home Health					Medicare Inpatient Days	49,142
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	3,261
9. Total Cost	181,907,732.00	160,350,543.00	1,814,986.00	405,574.00	Property Rate Allowance	0.80
10. Charges	723,311,343.00	1,027,573,284.00	7,067,790.00	2,203,530.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	30,704,252.00		300,024.61		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,105.63		122.81	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	878.01	98.28	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	405,574.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		405,574.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		422,183.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,261
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		129.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		102.03
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.03
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		102.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		102.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,203,530.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	675.72	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	703.39	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	102.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(34.90)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		67.12



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101443 - 2016/07
Outpatient Rate: 85.50

Type of Control: Government

Lakeside Medical Center

County: Palm Beach (50)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Amended Cost Report

District: 9

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,868,558.00	14,193,329.00	1,732,543.00	944,671.00	Total Bed Days	19,710
2. Routine	9,324,015.00		1,240,135.00		Total Inpatient Days	9,084
3. Special Care	2,446,907.00		370,925.00		Total Newborn Days	1,002
4. Newborn Routine	586,072.00		238,639.00		Medicaid Inpatient Days	1,399
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	381
6. Home Health					Medicare Inpatient Days	1,991
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(204,826.17)	(130,802.83)	(33,013.21)	(8,705.90)	Medicaid Paid Claims	10,374
9. Total Cost	22,020,725.83	14,062,526.17	3,549,228.79	935,965.10	Property Rate Allowance	1.00
10. Charges	61,994,380.00	61,321,905.00	7,732,215.00	3,924,059.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		3,406,600.00		424,886.31	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	IP (G)		OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,734.02	89.13	County Ceiling Base	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,680.03	69.24	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	935,965.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		935,965.10
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		974,759.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,374
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.96
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)		93.96
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) 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)		93.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		93.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		3,924,059.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		378.26
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		393.94
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		93.96
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)		(17.25)
AV	Buy Back of Medicaid Trend Adjustment		8.79
AW			
AX			
AY	Final Prospective Rates		85.50



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, 2016 through June 30, 2017

101460 - 2016/07
Outpatient Rate: 91.70

Type of Control: Proprietary

County: Palm Beach (50)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: CHEP

JFK Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	136,701,423.00	91,034,565.00	7,989,744.00	3,420,382.00	Total Bed Days	165,692
2. Routine	86,327,300.00		4,863,116.00		Total Inpatient Days	134,857
3. Special Care	24,117,007.00		1,668,506.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	9,158
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	44,349
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(4,178,847.12)	(1,539,251.88)	(245,533.55)	(57,833.30)	Medicaid Paid Claims	25,112
9. Total Cost	242,966,882.88	89,495,313.12	14,275,832.45	3,362,548.70	Property Rate Allowance	0.80
10. Charges	2,296,803,327.00	1,147,946,417.00	132,648,015.00	44,294,261.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		28,653,831.00		1,654,853.84	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,360.82		132.22	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	810.50	144.79	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	3,362,548.70
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,362,548.70
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,500,253.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,112
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		139.39
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)		139.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) 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)		139.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		139.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	44,294,261.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,763.87	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,836.10	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	139.39	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(47.68)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		91.70



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, 2016 through June 30, 2017

101486 - 2016/07
Outpatient Rate: 72.82

Type of Control: Proprietary

County: Palm Beach (50)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: Special

St. Mary's Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	104,403,701.00	52,047,041.00	18,880,663.00	3,525,231.00	Total Bed Days	169,360
2. Routine	63,476,860.00		11,844,621.00		Total Inpatient Days	109,309
3. Special Care	27,365,285.00		9,264,331.00		Total Newborn Days	6,702
4. Newborn Routine	972,200.00		518,590.00		Medicaid Inpatient Days	25,722
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	163
6. Home Health					Medicare Inpatient Days	14,238
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	34,962
9. Total Cost	196,218,046.00	52,047,041.00	40,508,205.00	3,525,231.00	Property Rate Allowance	0.80
10. Charges	1,132,577,571.00	361,497,965.00	224,890,364.00	29,817,904.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		14,210,317.00		2,821,672.83	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,436.94		99.52	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,132.51	106.94	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	3,525,231.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,525,231.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,667,851.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		34,962
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.91
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)		104.91
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) 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)		104.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	29,817,904.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	852.87	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	887.37	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	104.91	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(34.37)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	2.28	
AX			
AY	Final Prospective Rates		72.82



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, 2016 through June 30, 2017

101494 - 2016/07
Outpatient Rate: 70.86

Type of Control: Nonprofit (Church)

County: Pasco (51)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Florida Hospital Zephyrhills

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,905,720.00	39,467,544.00	2,803,736.00	1,765,615.00	Total Bed Days	50,735
2. Routine	24,535,993.00		133,936.00		Total Inpatient Days	33,415
3. Special Care	6,171,851.00		430,782.00		Total Newborn Days	1,096
4. Newborn Routine	619,816.00		311,042.00		Medicaid Inpatient Days	2,089
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	200
6. Home Health					Medicare Inpatient Days	13,055
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,050,313.04)	(598,746.96)	(55,820.22)	(26,785.47)	Medicaid Paid Claims	16,052
9. Total Cost	68,183,066.96	38,868,797.04	3,623,675.78	1,738,829.53	Property Rate Allowance	0.80
10. Charges	425,527,159.00	292,584,164.00	23,066,141.00	13,782,709.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		9,087,718.00		492,609.18	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,451.03		114.91	County Ceiling Base	893.96	190.71
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	890.75	103.74	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,693.91	222.24	FPLI	0.9827

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	1,738,829.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,738,829.53
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,812,628.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,052
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		107.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		107.70
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9827) for Pasco (51)		222.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.99
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		107.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		107.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,782,709.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	858.63	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	895.07	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	107.70	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.84)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		70.86



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, 2016 through June 30, 2017

101508 - 2016/07
Outpatient Rate: 78.54

Morton Plant North Bay Hospital

Type of Control: Proprietary

County: Pasco (51)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	26,932,816.00	23,537,997.00	2,319,122.00	1,434,707.00	Total Bed Days	77,015
2. Routine	40,830,549.00		3,300,754.00		Total Inpatient Days	51,725
3. Special Care	5,409,489.00		370,408.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,582
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,561
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,049,551.74)	(337,616.26)	(85,921.39)	(20,578.66)	Medicaid Paid Claims	11,961
9. Total Cost	72,123,302.26	23,200,380.74	5,904,362.61	1,414,128.34	Property Rate Allowance	0.80
10. Charges	329,229,143.00	199,682,591.00	27,025,328.00	13,958,769.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	9,299,783.00		763,388.33		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,190.20		125.42	County Ceiling Base	883.52	185.86
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	849.91	114.99	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,693.91	222.24	FPLI	0.9827

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	1,414,128.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,414,128.34
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,474,146.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,961
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		123.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		119.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.38
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9827) for Pasco (51)		222.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		119.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		119.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,958,769.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,167.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,216.55	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	119.38	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.84)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		78.54



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, 2016 through June 30, 2017

101516 - 2016/07
Outpatient Rate: 258.68

Type of Control: Nonprofit (Other)

County: Pinellas (52)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: Special

All Children's Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	154,557,762.00	105,311,296.00	24,278,591.00	6,615,582.00	Total Bed Days	94,535
2. Routine	45,031,964.00		4,721,389.00		Total Inpatient Days	66,441
3. Special Care	81,946,517.00		32,172,558.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	21,032
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	60
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(3,922,579.15)	(1,467,277.85)	(852,302.78)	(92,173.37)	Medicaid Paid Claims	23,628
9. Total Cost	277,613,663.85	103,844,018.15	60,320,235.22	6,523,408.63	Property Rate Allowance	0.80
10. Charges	837,149,896.00	475,852,781.00	222,291,270.00	21,772,007.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	43,437,400.00		11,534,081.12		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,395.21		285.09	County Ceiling Base	Exempt	193.25
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,683.48	222.58	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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	6,523,408.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,523,408.63
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,790,557.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,628
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		287.39
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)		287.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) 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)		287.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		287.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	21,772,007.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	921.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	959.18	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	287.39	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 12.1506 %)	(34.92)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 88.7683 %)	(8.56)	
AW	Buy Back of Medicaid Trend Adjustment	14.77	
AX			
AY	Final Prospective Rates		258.68



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, 2016 through June 30, 2017

101524 - 2016/07
Outpatient Rate: 74.05

Type of Control: Proprietary

County: Palm Beach (50)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

Good Samaritan Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,061,598.00	62,070,233.00	2,878,229.00	1,637,783.00	Total Bed Days	121,545
2. Routine	34,166,120.00		2,298,995.00		Total Inpatient Days	44,920
3. Special Care	6,376,624.00		592,493.00		Total Newborn Days	2,234
4. Newborn Routine	560,541.00		133,484.00		Medicaid Inpatient Days	3,522
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	274
6. Home Health					Medicare Inpatient Days	17,108
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	15,140
9. Total Cost	84,164,883.00	62,070,233.00	5,903,201.00	1,637,783.00	Property Rate Allowance	0.80
10. Charges	553,941,057.00	492,832,763.00	34,999,676.00	15,535,832.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		13,550,475.00		856,160.11	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,312.24		106.77	1,071.17	209.37	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	972.37	118.95	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	1,637,783.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,637,783.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,704,042.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,140
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		123.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.55
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		112.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		112.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,535,832.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,026.14	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,067.66	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	112.55	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.50)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		74.05



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, 2016 through June 30, 2017

101541 - 2016/07
Outpatient Rate: 74.55

Type of Control: Nonprofit (Other)

County: Pinellas (52)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Mease Dunedin Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,120,058.00	22,217,847.00	864,589.00	651,800.00	Total Bed Days	40,880
2. Routine	15,230,201.00		500,841.00		Total Inpatient Days	21,381
3. Special Care	5,765,366.00		263,580.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	860
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,608
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(536,491.56)	(312,724.44)	(22,928.92)	(9,174.33)	Medicaid Paid Claims	5,912
9. Total Cost	37,579,133.44	21,905,122.56	1,606,081.08	642,625.67	Property Rate Allowance	0.80
10. Charges	174,868,118.00	166,803,978.00	8,084,060.00	6,241,901.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		5,465,599.00		252,671.73	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,627.34		112.40	County Ceiling Base	974.76	189.48
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,020.34	112.27	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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	642,625.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		642,625.67
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		669,899.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,912
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		116.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.31
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.31
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		113.31
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	6,241,901.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,055.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,100.61	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	113.31	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.76)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		74.55



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, 2016 through June 30, 2017

101567 - 2016/07
Outpatient Rate: 90.09

Type of Control: Nonprofit (Other)

Bayfront Health - St Petersburg

County: Pinellas (52)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Amended Cost Report

District: 5

Hospital Classification: CHEP

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	93,362,596.00	60,351,053.00	5,205,905.00	1,525,754.00	Total Bed Days	128,115
2. Routine	40,764,725.00		3,169,503.00		Total Inpatient Days	76,695
3. Special Care	18,021,541.00		0.00		Total Newborn Days	8,226
4. Newborn Routine	1,745,601.00		1,203,443.00		Medicaid Inpatient Days	5,825
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	125
6. Home Health					Medicare Inpatient Days	20,461
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,987,513.34)	(779,420.66)	(123,708.77)	(19,704.78)	Medicaid Paid Claims	11,799
9. Total Cost	151,906,949.66	59,571,632.34	9,455,142.23	1,506,049.22	Property Rate Allowance	0.80
10. Charges	1,215,584,765.00	475,450,050.00	64,571,517.00	15,160,118.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		14,904,607.00		791,728.48	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,504.20		131.86	County Ceiling Base	986.27	193.25
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	982.19	97.72	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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	1,506,049.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,506,049.22
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,568,472.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,799
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.93
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)		132.93
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) 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)		132.93
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		132.93
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,160,118.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,284.86	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,338.12	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	132.93	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(43.55)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(6.84)	
AW	Buy Back of Medicaid Trend Adjustment	7.55	
AX			
AY	Final Prospective Rates		90.09



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, 2016 through June 30, 2017

101583 - 2016/07
Outpatient Rate: 97.44

Type of Control: Nonprofit (Other)

County: Pinellas (52)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: CHEP

Morton F. Plant Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	133,657,489.00	122,424,110.00	8,876,309.00	4,038,264.00	Total Bed Days	183,230
2. Routine	67,900,680.00		4,057,371.00		Total Inpatient Days	106,353
3. Special Care	20,956,089.00		1,249,253.00		Total Newborn Days	6,193
4. Newborn Routine	3,386,435.00		1,297,346.00		Medicaid Inpatient Days	7,497
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	379
6. Home Health					Medicare Inpatient Days	40,395
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(3,615,122.63)	(1,959,171.37)	(247,733.22)	(64,624.94)	Medicaid Paid Claims	26,505
9. Total Cost	222,285,570.37	120,464,938.63	15,232,545.78	3,973,639.06	Property Rate Allowance	0.80
10. Charges	1,121,777,648.00	858,690,620.00	73,944,232.00	28,934,817.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	22,633,102.00		1,491,906.48		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,804.05		155.03	986.27	193.25	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	547.50	127.24	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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	3,973,639.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,973,639.06
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,142,286.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		26,505
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		156.28
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)		156.28
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) 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)		156.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		156.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	28,934,817.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,091.67	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,138.01	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	156.28	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(53.46)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(5.38)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		97.44



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, 2016 through June 30, 2017

101613 - 2016/07
Outpatient Rate: 77.26

Type of Control: Nonprofit (Other)

County: Pinellas (52)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Florida Hospital North Pinellas

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,078,240.00	33,495,371.00	1,388,079.00	1,036,238.00	Total Bed Days	54,750
2. Routine	13,667,400.00		645,610.00		Total Inpatient Days	17,168
3. Special Care	2,906,439.00		377,053.00		Total Newborn Days	480
4. Newborn Routine	587,901.00		213,113.00		Medicaid Inpatient Days	1,162
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	60
6. Home Health					Medicare Inpatient Days	6,905
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(475,581.69)	(427,760.31)	(33,508.54)	(13,233.51)	Medicaid Paid Claims	9,081
9. Total Cost	36,764,398.31	33,067,610.69	2,590,346.46	1,023,004.49	Property Rate Allowance	0.80
10. Charges	189,616,586.00	203,304,686.00	10,453,481.00	8,494,736.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,501,841.00		248,184.56		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,981.96		116.49	County Ceiling Base	986.27	193.25
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,299.70	115.99	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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	1,023,004.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,023,004.49
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,066,422.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,081
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		117.43
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		117.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		117.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,494,736.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		935.44
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		975.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	117.43	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.17)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		77.26



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, 2016 through June 30, 2017

101648 - 2016/07
Outpatient Rate: 81.00

Lakeland Regional Medical Center

Type of Control: Nonprofit (Other)

County: Polk (53)

Fiscal Year: 10/1/2014 - 9/30/2015

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	175,379,269.00	185,199,467.00	10,776,268.00	7,789,141.00	Total Bed Days	304,045
2. Routine	158,528,608.00		6,774,977.00		Total Inpatient Days	199,688
3. Special Care	27,427,731.00		2,169,081.00		Total Newborn Days	9,666
4. Newborn Routine	7,218,723.00		1,707,607.00		Medicaid Inpatient Days	10,845
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	679
6. Home Health					Medicare Inpatient Days	67,890
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(5,518,541.96)	(2,773,081.04)	(320,850.79)	(116,630.57)	Medicaid Paid Claims	66,660
9. Total Cost	363,035,789.04	182,426,385.96	21,107,082.21	7,672,510.43	Property Rate Allowance	0.80
10. Charges	1,920,534,060.00	1,445,836,023.00	99,209,823.00	58,686,847.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		50,389,510.00		2,602,991.78	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,735.78	124.42	County Ceiling Base	930.66	192.56	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	887.71	104.32	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,660.64	217.88	FPLI	0.9634

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	7,672,510.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,672,510.43
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		7,990,523.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		66,660
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.87
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)		119.87
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9634) 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)		119.87
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		119.87
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	58,686,847.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	880.39	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	916.88	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	119.87	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(39.27)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(2.51)	
AW	Buy Back of Medicaid Trend Adjustment	2.91	
AX			
AY	Final Prospective Rates		81.00



Florida Agency for Health Care Administration
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101664 - 2016/07
Outpatient Rate: 58.86

Type of Control: Proprietary

Lake Wales Hospital Association

County: Polk (53)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Amended Cost Report

District: 6

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,959,716.00	17,471,340.00	686,428.00	924,426.00	Total Bed Days	47,815
2. Routine	13,562,247.00		448,531.00		Total Inpatient Days	18,347
3. Special Care	3,326,386.00		200,199.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	750
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,004
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(458,894.21)	(251,739.79)	(19,237.93)	(13,319.80)	Medicaid Paid Claims	9,758
9. Total Cost	31,389,454.79	17,219,600.21	1,315,920.07	911,106.20	Property Rate Allowance	0.80
10. Charges	252,456,261.00	220,534,340.00	10,545,273.00	11,910,190.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		4,987,161.00		208,317.17	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,597.97		101.03	County Ceiling Base	930.66	192.56
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	827.21	86.18	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,660.64	217.88	FPLI	0.9634

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	911,106.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		911,106.20
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		949,774.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,758
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		97.33
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		89.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.47
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9634) for Polk (53)		217.88
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.91
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.91
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		89.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		89.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,910,190.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,220.56	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,272.36	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	89.47	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.61)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		58.86



Florida Agency for Health Care Administration
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101699 - 2016/07
Outpatient Rate: 73.48

Type of Control: Nonprofit (Other)

County: Polk (53)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Special

Winter Haven Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,176,730.00	91,624,685.00	3,648,883.00	2,847,205.00	Total Bed Days	193,085
2. Routine	65,275,082.00		3,697,261.00		Total Inpatient Days	82,843
3. Special Care	15,661,209.00		1,430,972.00		Total Newborn Days	4,056
4. Newborn Routine	1,911,865.00		693,857.00		Medicaid Inpatient Days	5,858
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	467
6. Home Health					Medicare Inpatient Days	31,094
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	24,809
9. Total Cost	161,024,886.00	91,624,685.00	9,470,973.00	2,847,205.00	Property Rate Allowance	0.80
10. Charges	772,518,318.00	650,254,942.00	38,099,020.00	20,324,401.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	23,952,702.00		1,181,298.17		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,418.15	124.18	County Ceiling Base	930.66	192.56	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	696.03	92.59	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,660.64	217.88	FPLI	0.9634

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	2,847,205.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,847,205.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,968,044.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,809
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.64
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)		119.64
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9634) 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)		119.64
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		119.64
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	20,324,401.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	819.24	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	854.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	119.64	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.93)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(5.23)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		73.48



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101702 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

West Gables Rehabilitation

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,610,059.00	1,169,378.00	201,736.00	0.00	Total Bed Days	21,900
2. Routine	9,606,914.00		270,261.00		Total Inpatient Days	19,106
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	537
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,370
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(311,847.31)	(21,180.69)	(8,549.18)	0.00	Medicaid Paid Claims	0
9. Total Cost	16,905,125.69	1,148,197.31	463,447.82	0.00	Property Rate Allowance	0.80
10. Charges	38,147,371.00	3,136,133.00	1,026,687.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		1,459,255.00		39,273.96	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	802.32		0.00	County Ceiling Base	1,067.98	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	479.90	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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 (1.0263) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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101711 - 2016/07
Outpatient Rate: 65.28

Type of Control: Nonprofit (Other)

Flagler Hospital

County: St Johns (55)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	77,615,028.00	63,434,782.00	2,065,024.00	1,509,691.00	Total Bed Days	122,275
2. Routine	55,898,173.00		1,889,867.00		Total Inpatient Days	62,099
3. Special Care	16,619,423.00		418,704.00		Total Newborn Days	4,461
4. Newborn Routine	3,119,934.00		364,616.00		Medicaid Inpatient Days	2,154
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	272
6. Home Health					Medicare Inpatient Days	30,293
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,931,643.88)	(799,552.12)	(59,721.92)	(19,028.62)	Medicaid Paid Claims	15,645
9. Total Cost	151,320,914.12	62,635,229.88	4,678,489.08	1,490,662.38	Property Rate Allowance	0.80
10. Charges	631,245,957.00	390,989,875.00	19,350,797.00	9,467,980.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		22,733,172.00		696,883.67	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,723.73	100.07	County Ceiling Base	1,557.22	192.29	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	988.58	95.06	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,709.25	224.26	FPLI	0.9916

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	1,490,662.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,490,662.38
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,552,447.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,645
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.23
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)		99.23
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9916) 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)		99.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		99.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,467,980.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	605.18	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	630.26	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	99.23	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.95)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		65.28



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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101737 - 2016/07
Outpatient Rate: 107.19

Type of Control: Nonprofit (Other)

County: Santa Rosa (57)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Rural Hospital

Jay Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,098,183.00	5,492,956.00	29,283.00	136,469.00	Total Bed Days	7,665
2. Routine	3,172,661.00		85,972.00		Total Inpatient Days	2,128
3. Special Care	0.00		0.00		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	1,424
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,326
9. Total Cost	4,270,844.00	5,492,956.00	115,255.00	136,469.00	Property Rate Allowance	1.00
10. Charges	10,630,715.00	38,856,374.00	237,802.00	1,299,177.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	712,565.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)				
	1. Normalized Rate	1,823.87		112.26	Exempt	Exempt	Exempt	Exempt	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,674.25	78.11	State Ceiling	1,723.73	226.15	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,645.82	215.93	FPLI Year Used	2015	FPLI	0.9548	
4. Rate of Increase (Year/Sem.)	1.017280	1.038158								

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	136,469.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		136,469.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		142,125.41
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,326
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.18
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)		107.18
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9548) 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)		107.18
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		107.18
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,299,177.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		979.77
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,020.38
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		107.18
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 16.3890 %)		(17.57)
AV	Buy Back of Medicaid Trend Adjustment		17.57
AW			
AX			
AY	Final Prospective Rates		107.19



Florida Agency for Health Care Administration
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101745 - 2016/07
Outpatient Rate: 59.21

Type of Control: Proprietary

County: Santa Rosa (57)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Amended Cost Report

District: 1

Hospital Classification: General

Santa Rosa Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,007,414.00	23,470,046.00	884,915.00	1,229,525.00	Total Bed Days	44,165
2. Routine	8,922,789.00		372,903.00		Total Inpatient Days	11,875
3. Special Care	2,046,120.00		0.00		Total Newborn Days	941
4. Newborn Routine	658,197.00		551,882.00		Medicaid Inpatient Days	499
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	74
6. Home Health					Medicare Inpatient Days	5,072
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(347,008.47)	(376,449.53)	(29,026.82)	(19,721.06)	Medicaid Paid Claims	13,987
9. Total Cost	21,287,511.53	23,093,596.47	1,780,673.18	1,209,803.94	Property Rate Allowance	0.80
10. Charges	137,659,051.00	267,536,958.00	7,314,767.00	15,999,079.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,747,482.00		252,266.19		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,906.67		94.25	County Ceiling Base	1,573.27	194.28
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	956.53	96.21	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,645.82	215.93	FPLI	0.9548

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	1,209,803.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,209,803.94
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,258,748.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,987
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		89.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9548) for Santa Rosa (57)		215.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.69
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.69
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		89.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		89.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,999,079.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,143.85	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,190.13	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	89.99	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.79)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		59.21



Florida Agency for Health Care Administration
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101753 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Pinellas (52)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

HealthSouth Rehabilitation Hospital of Largo

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,858,992.00	0.00	208,086.00	0.00	Total Bed Days	25,550
2. Routine	11,614,293.00		321,374.00		Total Inpatient Days	19,443
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	538
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,551
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	20,473,285.00	0.00	529,460.00	0.00	Property Rate Allowance	0.80
10. Charges	30,270,319.00	0.00	777,931.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,426,531.00		36,661.08		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	947.19		0.00	County Ceiling Base	986.27	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	558.87	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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 (1.0081) 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)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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101761 - 2016/07
Outpatient Rate: 87.14

Type of Control: Government

County: Sarasota (58)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Memorial Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	155,499,699.00	0.00	6,182,352.00	2,996,146.00	Total Bed Days	230,566
2. Routine	118,459,643.00		4,628,013.00		Total Inpatient Days	132,308
3. Special Care	17,714,135.00		989,784.00		Total Newborn Days	11,950
4. Newborn Routine	11,478,766.00		1,880,798.00		Medicaid Inpatient Days	6,214
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,503
6. Home Health					Medicare Inpatient Days	66,078
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(7,619,198.00)	0.00	(343,846.52)	0.00	Medicaid Paid Claims	23,558
9. Total Cost	295,533,045.00	0.00	13,337,100.48	2,996,146.00	Property Rate Allowance	0.80
10. Charges	1,356,416,641.00	1,235,384,375.00	57,843,140.00	21,333,649.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	42,505,634.00		1,812,613.66		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,530.49	130.34	County Ceiling Base	1,001.35	198.78	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	810.30	133.08	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,751.65	229.82	FPLI	1.0162

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	2,996,146.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,996,146.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,120,331.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,558
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.45
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)		132.45
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0162) 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)		132.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		132.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		21,333,649.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		905.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		943.11
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	132.45	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(45.31)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		87.14



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101788 - 2016/07
Outpatient Rate: 65.71

Type of Control: Proprietary

County: Seminole (59)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

Central Florida Regional Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,728,816.00	48,075,110.00	2,419,442.00	1,651,167.00	Total Bed Days	80,665
2. Routine	32,382,563.00		1,213,438.00		Total Inpatient Days	49,451
3. Special Care	8,718,883.00		400,771.00		Total Newborn Days	988
4. Newborn Routine	760,683.00		211,728.00		Medicaid Inpatient Days	2,253
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10
6. Home Health					Medicare Inpatient Days	19,550
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(1,448,908.56)	(875,180.44)	(77,284.75)	(30,058.57)	Medicaid Paid Claims	16,888
9. Total Cost	78,142,036.44	47,199,929.56	4,168,094.25	1,621,108.43	Property Rate Allowance	0.80
10. Charges	626,807,961.00	557,264,769.00	25,985,776.00	28,798,918.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		9,975,942.00		413,575.78	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,743.12		100.85	County Ceiling Base	984.33	192.14
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	976.79	98.49	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,707.01	223.96	FPLI	0.9903

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	1,621,108.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,621,108.43
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,686,693.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,888
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		102.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.88
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9903) for Seminole (59)		223.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.47
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.47
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		99.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		99.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	28,798,918.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,705.29	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,774.28	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	99.88	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(34.17)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		65.71



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101796 - 2016/07
Outpatient Rate: 75.95

Shands Live Oak Regional Medical Center

Type of Control: Proprietary

County: Suwannee (61)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Amended Cost Report

District: 3

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,270,059.00	10,872,912.00	149,853.00	518,502.00	Total Bed Days	9,125
2. Routine	3,403,954.00		114,829.00		Total Inpatient Days	4,459
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	160
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,876
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(68,464.63)	(131,196.37)	(3,193.75)	(6,256.43)	Medicaid Paid Claims	6,854
9. Total Cost	5,605,548.37	10,741,715.63	261,488.25	512,245.57	Property Rate Allowance	1.00
10. Charges	23,539,647.00	65,178,976.00	1,047,451.00	3,875,159.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		1,045,277.00		0.00	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,168.98	85.43	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,169.84	83.24	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,569.80	205.96	FPLI	0.9107

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	512,245.57
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		512,245.57
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		533,223.25
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		6,854
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		77.80
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)		77.80
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9107) 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)		77.80
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		77.80
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		3,875,159.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		565.39
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		588.54
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		77.80
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 15.4533 %)		(12.02)
AV	Buy Back of Medicaid Trend Adjustment		10.17
AW			
AX			
AY	Final Prospective Rates		75.95



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101800 - 2016/07
Outpatient Rate: 119.99

Type of Control: Government

County: Taylor (62)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

Doctors' Memorial Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,165,582.00	11,824,897.00	87,092.00	399,317.00	Total Bed Days	17,520
2. Routine	3,209,287.00		101,168.00		Total Inpatient Days	3,336
3. Special Care	2,412,664.00		12,276.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	115
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,657
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(84,281.56)	(127,976.44)	(2,170.33)	(4,321.66)	Medicaid Paid Claims	3,290
9. Total Cost	7,703,251.44	11,696,920.56	198,365.67	394,995.34	Property Rate Allowance	1.00
10. Charges	12,509,497.00	47,414,003.00	341,235.00	1,229,453.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,041,128.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,309.73		138.86	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	956.64	95.31	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,550.67	203.45	FPLI	0.8996

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	394,995.34
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		394,995.34
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		410,975.64
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,290
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.92
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)		124.92
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8996) 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)		124.92
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		124.92
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,229,453.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		373.69
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		388.81
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		124.92
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)		(22.93)
AV	Buy Back of Medicaid Trend Adjustment		18.01
AW			
AX			
AY	Final Prospective Rates		119.99



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101826 - 2016/07
Outpatient Rate: 62.46

Type of Control: Nonprofit (Church)

County: Volusia (64)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

Florida Hospital - Fish Memorial

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,742,003.00	43,894,385.00	1,681,716.00	2,182,782.00	Total Bed Days	50,735
2. Routine	24,232,098.00		1,052,314.00		Total Inpatient Days	39,817
3. Special Care	7,268,933.00		305,041.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,903
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,090
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(908,677.44)	(620,858.56)	(42,985.75)	(30,874.08)	Medicaid Paid Claims	23,628
9. Total Cost	63,334,356.56	43,273,526.44	2,996,085.25	2,151,907.92	Property Rate Allowance	0.80
10. Charges	288,828,211.00	261,597,268.00	12,581,571.00	15,325,981.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	8,950,690.00		389,898.69		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,497.58		99.59	County Ceiling Base	921.04	188.09
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,044.89	97.66	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,643.23	215.59	FPLI	0.9533

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	2,151,907.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,151,907.92
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,243,238.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,628
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		94.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		101.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		94.94
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9533) for Volusia (64)		215.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		195.26
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		195.26
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		94.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		94.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,325,981.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	648.64	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	676.17	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	94.94	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(32.48)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		62.46



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, 2016 through June 30, 2017

101834 - 2016/07
Outpatient Rate: 76.83

Type of Control: Government

County: Volusia (64)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

Bert Fish Memorial Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,915,339.00	39,111,463.00	1,327,622.00	3,319,537.00	Total Bed Days	40,880
2. Routine	12,785,413.00		217,687.00		Total Inpatient Days	18,335
3. Special Care	4,313,147.00		126,252.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	395
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,883
7. Malpractice	(453,564.23)	(422,230.77)	(9,771.36)	(35,836.31)	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	6,300
9. Total Cost	41,560,334.77	38,689,232.23	1,661,789.64	3,283,700.69	Property Rate Allowance	0.80
10. Charges	121,115,298.00	158,524,657.00	6,928,456.00	13,407,729.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	8,653,378.00		495,020.45		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	3,226.98		569.42	County Ceiling Base	921.04	188.09
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	969.49	112.49	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,643.23	215.59	FPLI	0.9533

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	3,283,700.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,283,700.69
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,419,804.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,300
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		542.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		116.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.78
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9533) for Volusia (64)		215.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		195.26
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		195.26
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		116.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		116.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		13,407,729.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,128.21
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,216.42
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	116.78	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.95)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		76.83



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, 2016 through June 30, 2017

101842 - 2016/07
Outpatient Rate: 93.34

Type of Control: Government

County: Volusia (64)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: CHEP

Halifax Health Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	127,015,278.00	133,778,118.00	8,127,203.00	3,202,799.00	Total Bed Days	179,580
2. Routine	61,270,145.00		3,506,345.00		Total Inpatient Days	128,333
3. Special Care	34,430,516.00		2,284,049.00		Total Newborn Days	6,746
4. Newborn Routine	5,569,824.00		1,411,036.00		Medicaid Inpatient Days	8,292
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,205
6. Home Health					Medicare Inpatient Days	38,801
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(3,226,240.48)	(1,890,614.52)	(216,631.36)	(45,263.44)	Medicaid Paid Claims	24,375
9. Total Cost	225,059,522.52	131,887,503.48	15,112,001.64	3,157,535.56	Property Rate Allowance	0.80
10. Charges	814,309,448.00	610,559,377.00	46,742,450.00	14,347,862.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	31,650,478.00		1,816,779.71		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,529.39		141.52	County Ceiling Base	1,123.37	188.09
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	888.85	118.10	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,643.23	215.59	FPLI	0.9533

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	3,157,535.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,157,535.56
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,288,410.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,375
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		134.91
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)		134.91
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9533) 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)		134.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		134.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	14,347,862.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	588.63	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	613.03	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	134.91	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(44.20)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(2.29)	
AW	Buy Back of Medicaid Trend Adjustment	4.92	
AX			
AY	Final Prospective Rates		93.34



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, 2016 through June 30, 2017

101869 - 2016/07
Outpatient Rate: 59.02

Florida Hospital Memorial Medical Center

Type of Control: Nonprofit (Church)

County: Volusia (64)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	73,611,535.00	77,347,770.00	3,030,199.00	1,644,160.00	Total Bed Days	144,540
2. Routine	45,329,157.00		1,549,621.00		Total Inpatient Days	70,251
3. Special Care	13,185,767.00		763,574.00		Total Newborn Days	3,131
4. Newborn Routine	1,543,369.00		470,255.00		Medicaid Inpatient Days	3,537
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	206
6. Home Health					Medicare Inpatient Days	31,694
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,775,082.29)	(1,027,147.71)	(77,202.95)	(21,833.79)	Medicaid Paid Claims	18,851
9. Total Cost	131,894,745.71	76,320,622.29	5,736,446.05	1,622,326.21	Property Rate Allowance	0.80
10. Charges	547,738,317.00	417,150,340.00	22,121,065.00	11,724,335.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		21,803,477.00		880,559.41	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,418.64		94.11	County Ceiling Base	921.04	188.09
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,094.72	102.07	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,643.23	215.59	FPLI	0.9533

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	1,622,326.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,622,326.21
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,691,180.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,851
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		89.71
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		105.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.71
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9533) for Volusia (64)		215.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		195.26
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		195.26
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		89.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		89.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,724,335.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	621.95	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	648.34	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	89.71	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.69)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		59.02



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, 2016 through June 30, 2017

101877 - 2016/07
Outpatient Rate: 53.56

Type of Control: Nonprofit (Church)

County: Volusia (64)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

Florida Hospital DeLand

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,340,923.00	43,058,352.00	3,020,027.00	1,876,842.00	Total Bed Days	56,940
2. Routine	22,468,604.00		1,532,311.00		Total Inpatient Days	35,191
3. Special Care	7,222,786.00		649,788.00		Total Newborn Days	964
4. Newborn Routine	639,165.00		362,677.00		Medicaid Inpatient Days	2,967
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	138
6. Home Health					Medicare Inpatient Days	14,167
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(870,144.37)	(627,887.63)	(81,147.35)	(27,368.58)	Medicaid Paid Claims	23,680
9. Total Cost	58,801,333.63	42,430,464.37	5,483,655.65	1,849,473.42	Property Rate Allowance	0.80
10. Charges	271,296,534.00	255,058,520.00	19,514,719.00	15,100,984.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	8,691,547.00		625,194.49		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,711.04		85.41	County Ceiling Base	921.04	188.09
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,195.75	89.83	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,643.23	215.59	FPLI	0.9533

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	1,849,473.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,849,473.42
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,927,968.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,680
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		81.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		93.26
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.42
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9533) for Volusia (64)		215.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		195.26
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		195.26
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		81.42
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		81.42
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,100,984.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	637.71	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	664.78	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	81.42	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(27.85)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		53.56



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, 2016 through June 30, 2017

101885 - 2016/07
Outpatient Rate: 304.43

Type of Control: Proprietary

Healthmark Regional Medical Center

County: Walton (66)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,311,426.00	4,415,854.00	221,413.00	914,967.00	Total Bed Days	18,250
2. Routine	1,859,929.00		249,593.00		Total Inpatient Days	3,571
3. Special Care	881,974.00		90,094.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	462
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,208
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	2,628
9. Total Cost	4,053,329.00	4,415,854.00	561,100.00	914,967.00	Property Rate Allowance	1.00
10. Charges	12,414,176.00	28,512,649.00	1,064,752.00	5,450,291.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	892,512.00		76,549.90		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,149.53	381.60	Variable Cost Base	965.90	60.68	Cost Report DRI Index	2.0990
2. Base Rate Semester	2015/07	2015/07	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,637.89	214.89	FPLI	0.9502
4. Rate of Increase (Year/Sem.)	1.017280	1.038158					

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	914,967.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		914,967.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		952,890.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,628
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		362.59
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)		362.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9502) 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)		362.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		362.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	5,450,291.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,073.93	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,159.89	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	362.59	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)	(66.57)	
AV	Buy Back of Medicaid Trend Adjustment	8.41	
AW			
AX			
AY	Final Prospective Rates		304.43



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, 2016 through June 30, 2017

101893 - 2016/07
Outpatient Rate: 74.12

Type of Control: Nonprofit (Church)

County: Flagler (18)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Rural Hospital

Florida Hospital Flagler

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	26,927,842.00	39,168,177.00	1,412,746.00	1,476,401.00	Total Bed Days	36,135
2. Routine	18,519,724.00		789,214.00		Total Inpatient Days	31,528
3. Special Care	5,750,001.00		473,596.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,643
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,567
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(832,799.35)	(637,124.65)	(43,521.62)	(24,015.71)	Medicaid Paid Claims	19,368
9. Total Cost	50,364,767.65	38,531,052.35	2,632,034.38	1,452,385.29	Property Rate Allowance	1.00
10. Charges	250,132,371.00	260,710,690.00	11,594,866.00	11,358,217.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	8,774,172.00		406,726.04		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,501.54	83.13	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,103.22	76.44	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,620.82	212.65	FPLI	0.9403

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	1,452,385.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,452,385.29
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,514,026.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,368
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		78.17
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)		78.17
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9403) 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)		78.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		78.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		11,358,217.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		586.44
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		611.33
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		78.17
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 17.3333 %)		(13.55)
AV	Buy Back of Medicaid Trend Adjustment		9.50
AW			
AX			
AY	Final Prospective Rates		74.12



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, 2016 through June 30, 2017

101907 - 2016/07
Outpatient Rate: 253.11

Type of Control: Proprietary

County: Washington (67)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

Northwest Florida Community Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,940,747.00	11,208,493.00	237,985.00	1,768,870.00	Total Bed Days	9,125
2. Routine	2,331,383.00		183,595.00		Total Inpatient Days	2,716
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	272
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,857
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(71,746.82)	(188,237.18)	(7,080.08)	(29,706.68)	Medicaid Paid Claims	6,488
9. Total Cost	4,200,383.18	11,020,255.82	414,499.92	1,739,163.32	Property Rate Allowance	1.00
10. Charges	13,625,343.00	50,239,714.00	1,375,490.00	8,336,258.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,299,396.00		131,175.13		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,189.18		306.03	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	784.93	134.75	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,573.94	206.50	FPLI	0.9131

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	1,739,163.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,739,163.32
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,812,976.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,488
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		279.44
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)		279.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9131) 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)		279.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		279.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	8,336,258.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,284.87	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,339.41	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	279.44	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 18.3600 %)	(51.30)	
AV	Buy Back of Medicaid Trend Adjustment	24.98	
AW			
AX			
AY	Final Prospective Rates		253.11



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, 2016 through June 30, 2017

101915 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

Kindred Hospital-South Florida-Hollywood

County: Broward (6)

Fiscal Year: 9/1/2014 - 8/31/2015

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	14,027,622.00	1,403.00	0.00	0.00	Total Bed Days	43,070
2. Routine	15,195,238.00		0.00		Total Inpatient Days	22,520
3. Special Care	2,780,682.00		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	1.0414483087
8. Adjustments	(526,960.90)	(23.10)	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	31,476,581.10	1,379.90	0.00	0.00	Property Rate Allowance	0.80
10. Charges	148,755,378.00	1,648.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	5,260,837.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,174.43		0.00	County Ceiling Base	1,030.24	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	746.55	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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 (1.0323) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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101923 - 2016/07
Outpatient Rate: 139.43

Desoto Memorial Hospital

Type of Control: Government

County: Desoto (14)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,015,185.00	14,214,824.00	609,648.00	494,361.00	Total Bed Days	17,885
2. Routine	3,956,900.00		858,562.00		Total Inpatient Days	4,567
3. Special Care	1,521,639.00		157,526.00		Total Newborn Days	767
4. Newborn Routine	391,688.00		379,946.00		Medicaid Inpatient Days	1,170
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,151
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(133,147.81)	(191,461.19)	(27,014.77)	(6,658.61)	Medicaid Paid Claims	3,643
9. Total Cost	9,752,264.19	14,023,362.81	1,978,667.23	487,702.39	Property Rate Allowance	1.00
10. Charges	26,365,481.00	63,570,861.00	3,030,980.00	1,931,077.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,211,267.00		369,167.78		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,475.45		143.59	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,602.42	118.35	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,673.74	219.60	FPLI	0.9710

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	487,702.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		487,702.39
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		507,916.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,643
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		139.42
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)		139.42
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9710) 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)		139.42
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		139.42
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,931,077.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	530.08	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	552.05	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	139.42	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 15.4533 %)	(21.55)	
AV	Buy Back of Medicaid Trend Adjustment	21.55	
AW			
AX			
AY	Final Prospective Rates		139.43



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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101931 - 2016/07
Outpatient Rate: 70.16

Type of Control: Proprietary

County: Duval (16)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

Memorial Hospital Jacksonville

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	96,254,929.00	79,117,175.00	7,128,658.00	4,822,974.00	Total Bed Days	152,570
2. Routine	63,059,542.00		5,784,093.00		Total Inpatient Days	100,925
3. Special Care	21,355,826.00		2,449,650.00		Total Newborn Days	3,140
4. Newborn Routine	1,999,186.00		643,683.00		Medicaid Inpatient Days	10,393
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	30
6. Home Health					Medicare Inpatient Days	38,892
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(2,831,340.56)	(1,226,300.44)	(248,091.11)	(74,755.14)	Medicaid Paid Claims	36,469
9. Total Cost	179,838,142.44	77,890,874.56	15,757,992.89	4,748,218.86	Property Rate Allowance	0.80
10. Charges	1,559,965,388.00	942,797,919.00	118,031,942.00	77,455,334.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		29,020,783.00		2,195,804.73	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,336.88		133.77	County Ceiling Base	933.84	197.45
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	893.64	102.73	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,748.89	229.46	FPLI	1.0146

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	4,748,218.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,748,218.86
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,949,740.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,469
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		135.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.65
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.65
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		229.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.98
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.98
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		106.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		77,455,334.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,123.87	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,214.01	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	106.65	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.48)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		70.16



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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101940 - 2016/07
Outpatient Rate: 12.52

Type of Control: Government

Campbellton-Graceville Hospital

County: Jackson (32)

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

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,427,594.00	2,206,107.00	0.00	0.00	Total Bed Days	9,125
2. Routine	381,141.00		730.00		Total Inpatient Days	456
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	373
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0449330784
8. Adjustments	(24,799.34)	(30,247.66)	(10.01)	0.00	Medicaid Paid Claims	1,095
9. Total Cost	1,783,935.66	2,175,859.34	719.99	0.00	Property Rate Allowance	1.00
10. Charges	5,319,444.00	4,708,821.00	730.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	90,170.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	4,296.80	0.00	Variable Cost Base	2,489.97	116.30	Cost Report DRI Index	2.0920
2. Base Rate Semester	2015/07	2015/07	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,557.04	204.29	FPLI	0.9033
4. Rate of Increase (Year/Sem.)	1.017280	1.038158					

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)		1,095
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 (0.9033) 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)		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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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101991 - 2016/07
Outpatient Rate: 84.57

Type of Control: Government

County: Out of State (69)

Fiscal Year: 10/1/2012 - 9/30/2013

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Wiregrass Hospital

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	1.0663414634
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	484.48		198.79	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	299.15	123.82	Cost Report DRI Index	2.0500
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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))		112,317.75
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)		198.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		128.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		128.55
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		128.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		128.55
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)	551.08	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	128.55	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(43.98)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		84.57



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, 2016 through June 30, 2017

102016 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Out of State (69)

Fiscal Year: 7/1/2012 - 6/30/2013

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Floral Memorial Hospital

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	1.0710436061
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	IP (G)	OP (G)	Inflation / FPLI Data (H)		
1. Normalized Rate	6,788.49	160.92	County Ceiling Base	998.96	204.24	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	394.27	18.33	Cost Report DRI Index	2.0410
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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))		140,001.47
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)		160.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		19.03
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		19.03
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		19.03
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		19.03
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)		171.24
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		12.52



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, 2016 through June 30, 2017

102024 - 2016/07
Outpatient Rate: 139.50

Type of Control: Government

County: Out of State (69)

Fiscal Year: 10/1/2003 - 9/30/2004

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

D.W.Mcmillan Memorial

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	1.5044735031
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,272.76		213.60	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	658.59	210.96	Cost Report DRI Index	1.4530
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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))		38,661.96
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)		213.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		219.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		213.60
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		212.04
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		212.04
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)		712.68
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		212.04
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(72.54)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		139.50



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, 2016 through June 30, 2017

102041 - 2016/07
Outpatient Rate: 48.96

Type of Control: Nonprofit (Other)

County: Out of State (69)

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

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Archbold Memorial Hospital

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	1.0449330784
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,206.96		74.42	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	579.07	73.50	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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))		18,978.07
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)		74.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		76.31
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		74.42
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		74.42
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		74.42
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)	252.26	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	74.42	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(25.46)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		48.96



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, 2016 through June 30, 2017

102067 - 2016/07
Outpatient Rate: 120.93

Type of Control: Nonprofit (Other)

County: Out of State (69)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Southeast Alabama General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	74,916,974.00	98,653,169.00	7,951,580.00	5,810,206.00	Total Bed Days	146,000
2. Routine	47,304,825.00		3,910,816.00		Total Inpatient Days	87,771
3. Special Care	9,780,215.00		725,804.00		Total Newborn Days	3,368
4. Newborn Routine	1,479,481.00		701,091.00		Medicaid Inpatient Days	8,205
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,596
6. Home Health					Medicare Inpatient Days	43,678
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	957
9. Total Cost	133,481,495.00	98,653,169.00	13,289,291.00	5,810,206.00	Property Rate Allowance	0.80
10. Charges	698,495,267.00	847,244,543.00	59,355,431.00	46,363,691.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		19,835,281.00		1,685,525.60	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,233.01		6,322.91	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,161.53	177.06	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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	5,810,206.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,810,206.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,051,029.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		957
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		6,322.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		183.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		183.81
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		183.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		183.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	46,363,691.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	48,446.91	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	50,454.95	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	183.81	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(62.88)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		120.93



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, 2016 through June 30, 2017

102075 - 2016/07
Outpatient Rate: 72.40

South Georgia Medical Center

Type of Control: Government

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	81,082,828.00	117,655,682.00	6,020,458.00	76,522.00	Total Bed Days	120,450
2. Routine	39,819,681.00		3,388,809.00		Total Inpatient Days	62,625
3. Special Care	20,270,699.00		1,457,214.00		Total Newborn Days	5,194
4. Newborn Routine	3,496,609.00		364,201.00		Medicaid Inpatient Days	5,567
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	85
6. Home Health					Medicare Inpatient Days	25,821
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0449330784
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	715
9. Total Cost	144,669,817.00	117,655,682.00	11,230,682.00	76,522.00	Property Rate Allowance	0.80
10. Charges	379,361,505.00	426,895,205.00	27,240,676.00	239,272.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	28,816,771.00		2,069,235.58		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,693.75		111.83	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	758.81	106.01	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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	76,522.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		76,522.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		79,960.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		715
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.05
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	239,272.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	334.65	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	349.68	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	110.05	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.65)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		72.40



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, 2016 through June 30, 2017

102091 - 2016/07
Outpatient Rate: 65.31

Type of Control: Proprietary

Flowers Hospital

County: Out of State (69)

Fiscal Year: 7/1/2012 - 6/30/2013

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	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	1.0710436061
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,212.71		123.00	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	682.07	95.62	Cost Report DRI Index	2.0410
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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))		223,487.17
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)		123.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.27
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 (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
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)	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)	1,014.29	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	99.27	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.96)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		65.31



Florida Agency for Health Care Administration
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102105 - 2016/07
Outpatient Rate: 73.92

Type of Control: Proprietary

Palm Beach Gardens Medical Center

County: Palm Beach (50)

Fiscal Year: 1/1/2014 - 12/31/2014

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	70,634,166.00	45,014,667.00	1,905,941.00	876,637.00	Total Bed Days	72,618
2. Routine	33,839,049.00		945,968.00		Total Inpatient Days	48,482
3. Special Care	17,112,335.00		584,367.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,540
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,014
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	8,133
9. Total Cost	121,585,550.00	45,014,667.00	3,436,276.00	876,637.00	Property Rate Allowance	0.80
10. Charges	645,437,996.00	338,801,261.00	19,145,885.00	7,090,014.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		15,461,846.00		458,650.91	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,911.96		106.59	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,281.25	114.34	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	876,637.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		876,637.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		913,842.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,133
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.36
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.36
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		112.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		112.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,090,014.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	871.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	908.76	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	112.36	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.44)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		73.92



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102121 - 2016/07
Outpatient Rate: 49.43

Type of Control: Nonprofit (Other)

County: Out of State (69)

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

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Grady General Hospital

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	1.0449330784
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,249.43		39,466.63	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	556.55	72.37	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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))		591,999.52
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)		39,466.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		75.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		75.13
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		75.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		75.13
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)	126,705.31	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	75.13	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(25.70)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		49.43



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102130 - 2016/07
Outpatient Rate: 73.08

Type of Control: Proprietary

Wellington Regional Medical Center

County: Palm Beach (50)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: CHEP

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,038,718.00	34,983,679.00	4,415,692.00	2,063,928.00	Total Bed Days	81,119
2. Routine	32,557,097.00		2,824,211.00		Total Inpatient Days	46,285
3. Special Care	6,981,151.00		603,815.00		Total Newborn Days	8,687
4. Newborn Routine	6,248,151.00		2,385,951.00		Medicaid Inpatient Days	4,400
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	547
6. Home Health					Medicare Inpatient Days	10,947
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	19,370
9. Total Cost	92,825,117.00	34,983,679.00	10,229,669.00	2,063,928.00	Property Rate Allowance	0.80
10. Charges	599,720,700.00	335,365,704.00	59,966,270.00	19,478,002.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		15,260,152.00		1,525,867.62	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,739.79		105.36	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	990.85	122.66	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	2,063,928.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,063,928.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,151,524.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,370
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.08
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)		111.08
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) 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)		111.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		111.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	19,478,002.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,005.58	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,048.25	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	111.08	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.00)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		73.08



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102164 - 2016/07
Outpatient Rate: 12.52

Type of Control: Nonprofit (Church)

Mizell Memorial Hospital

County: Out of State (69)

Fiscal Year: 10/1/1991 - 9/30/1992

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	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	2.2080808081
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,369.94		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	0.9900
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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	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)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		12.52



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102199 - 2016/07
Outpatient Rate: 60.69

Type of Control: Nonprofit (Other)

County: Citrus (9)

Fiscal Year: 11/1/2014 - 10/31/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

Citrus Memorial Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	49,111,277.00	49,805,640.00	1,449,298.00	1,085,945.00	Total Bed Days	72,270
2. Routine	34,748,655.00		985,929.00		Total Inpatient Days	43,386
3. Special Care	6,494,036.00		167,558.00		Total Newborn Days	811
4. Newborn Routine	749,193.00		105,312.00		Medicaid Inpatient Days	1,514
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	17
6. Home Health					Medicare Inpatient Days	22,610
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(1,196,266.90)	(653,993.10)	(35,559.76)	(14,259.44)	Medicaid Paid Claims	8,573
9. Total Cost	89,906,894.10	49,151,646.90	2,672,537.24	1,071,685.56	Property Rate Allowance	0.80
10. Charges	815,203,225.00	686,639,114.00	23,248,501.00	16,075,807.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		13,426,998.00		382,919.95	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,659.23		138.69	County Ceiling Base	1,469.89	179.13
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	936.40	88.86	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,614.96	211.88	FPLI	0.9369

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	1,071,685.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,071,685.56
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,113,982.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,573
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		129.94
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 (0.9369) for Citrus (9)		211.88
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		185.96
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)	16,075,807.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,875.17	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,949.18	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	92.25	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(31.56)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		60.69



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102202 - 2016/07
Outpatient Rate: 56.25

Type of Control: Nonprofit (Other)

County: Broward (6)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: General

Cleveland Clinic Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,990,055.00	66,232,648.00	304,776.00	299,810.00	Total Bed Days	56,575
2. Routine	37,295,824.00		272,702.00		Total Inpatient Days	46,224
3. Special Care	17,279,858.00		53,404.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	356
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,324
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(2,393,422.90)	(1,293,369.10)	(12,319.65)	(5,854.59)	Medicaid Paid Claims	2,607
9. Total Cost	120,172,314.10	64,939,278.90	618,562.35	293,955.41	Property Rate Allowance	0.80
10. Charges	533,781,769.00	454,148,791.00	2,552,365.00	1,307,337.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		10,878,494.00		52,017.30	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,607.05		113.86	County Ceiling Base	1,030.24	220.99
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,480.54	82.36	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	293,955.41
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		293,955.41
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		306,431.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,607
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		85.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		85.51
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		85.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		85.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		1,307,337.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		501.47
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		522.76
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	85.51	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.25)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		56.25



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, 2016 through June 30, 2017

102229 - 2016/07
Outpatient Rate: 95.77

Type of Control: Government

County: Broward (6)

Fiscal Year: 5/1/2014 - 4/30/2015

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: Special

Memorial Hospital Pembroke

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,139,961.00	53,527,816.00	2,807,875.00	2,228,385.00	Total Bed Days	109,865
2. Routine	28,716,530.00		1,872,639.00		Total Inpatient Days	26,878
3. Special Care	9,019,207.00		833,024.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,294
5. Intern-Resident	585,558.00		38,184.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,749
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	15,515
9. Total Cost	67,461,256.00	53,527,816.00	5,551,722.00	2,228,385.00	Property Rate Allowance	0.80
10. Charges	343,963,841.00	404,536,064.00	30,593,488.00	14,185,473.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		16,654,932.00		1,481,354.73	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,786.67		144.63	County Ceiling Base	1,030.24	220.99
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,005.42	110.51	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	2,228,385.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,228,385.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,316,333.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,515
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		149.30
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)		149.30
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) 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)		149.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		149.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	14,185,473.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	914.31	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	950.39	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	149.30	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(51.07)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	(6.65)	
AW	Buy Back of Medicaid Trend Adjustment	4.20	
AX			
AY	Final Prospective Rates		95.77



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, 2016 through June 30, 2017

102261 - 2016/07
Outpatient Rate: 155.45

Type of Control: Nonprofit (Other)

County: Dade (13)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

Homestead Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,522,335.00	80,365,411.00	6,154,530.00	4,147,369.00	Total Bed Days	51,830
2. Routine	53,665,321.00		9,810,226.00		Total Inpatient Days	34,097
3. Special Care	15,173,584.00		1,397,523.00		Total Newborn Days	4,466
4. Newborn Routine	2,760,832.00		871,648.00		Medicaid Inpatient Days	3,138
5. Intern-Resident	967,679.00		0.00		Medicaid Newborn IP Days	221
6. Home Health					Medicare Inpatient Days	5,427
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,378,308.12)	(954,160.88)	(216,487.41)	(49,240.80)	Medicaid Paid Claims	17,264
9. Total Cost	114,711,442.88	79,411,250.12	18,017,439.59	4,098,128.20	Property Rate Allowance	0.80
10. Charges	432,708,054.00	449,907,775.00	42,772,928.00	21,248,486.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		20,664,351.00		2,042,658.53	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	4,826.01		240.88	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	2,363.35	206.99	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	4,098,128.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,098,128.20
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,267,988.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,264
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		247.22
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)		247.22
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		247.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		247.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	21,248,486.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,230.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,281.81	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	247.22	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(84.57)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(7.19)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		155.45



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, 2016 through June 30, 2017

102288 - 2016/07
Outpatient Rate: 57.14

Type of Control: Proprietary

County: Polk (53)

Fiscal Year: 7/1/2014 - 6/6/2015

Type of Action: Amended Cost Report

District: 6

Hospital Classification: Special

Heart Of Florida Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	35,719,170.00	39,125,603.00	2,327,882.00	1,607,794.00	Total Bed Days	70,445
2. Routine	21,587,094.00		762,970.00		Total Inpatient Days	32,394
3. Special Care	6,062,746.00		0.00		Total Newborn Days	2,044
4. Newborn Routine	2,308,561.00		2,126,717.00		Medicaid Inpatient Days	1,135
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	79
6. Home Health					Medicare Inpatient Days	11,441
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(1,160,619.13)	(691,406.87)	(92,202.11)	(28,412.08)	Medicaid Paid Claims	18,622
9. Total Cost	64,516,951.87	38,434,196.13	5,125,366.89	1,579,381.92	Property Rate Allowance	0.80
10. Charges	700,653,382.00	625,932,859.00	34,368,084.00	29,706,939.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	8,555,657.00		419,667.62		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	4,188.22		91.64	County Ceiling Base	930.66	192.56
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	706.99	80.96	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,660.64	217.88	FPLI	0.9634

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	1,579,381.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,579,381.92
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,644,061.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,622
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		88.29
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)		88.29
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9634) 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)		88.29
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		88.29
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	29,706,939.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,595.26	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,660.59	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	88.29	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.20)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(0.94)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		57.14



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, 2016 through June 30, 2017

102300 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

Kindred Hospital Central Tampa

County: Hillsborough (29)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,373,105.00	0.00	110,598.00	0.00	Total Bed Days	37,230
2. Routine	16,404,269.00		143,078.00		Total Inpatient Days	25,305
3. Special Care	2,980,141.00		29,506.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	223
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,680
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(664,588.00)	0.00	(5,263.21)	0.00	Medicaid Paid Claims	0
9. Total Cost	35,092,927.00	0.00	277,918.79	0.00	Property Rate Allowance	0.80
10. Charges	173,694,608.00	0.00	1,254,382.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	5,774,985.00		41,705.60		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)		OP (F)		County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,092.56	0.00			988.33		Exempt	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07			789.72		Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01			1,723.73		226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158			1,740.45		228.35	FPLI	1.0097

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 (1.0097) 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 = (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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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, 2016 through June 30, 2017

102326 - 2016/07
Outpatient Rate: 63.29

Type of Control: Nonprofit (Church)

County: Duval (16)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

Baptist Medical Center - Beaches

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,857,147.00	38,253,357.00	720,429.00	639,625.00	Total Bed Days	49,640
2. Routine	29,450,529.00		744,881.00		Total Inpatient Days	27,675
3. Special Care	0.00		0.00		Total Newborn Days	2,627
4. Newborn Routine	492,425.00		31,492.00		Medicaid Inpatient Days	765
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1
6. Home Health					Medicare Inpatient Days	13,055
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(821,875.73)	(517,096.27)	(20,233.28)	(8,646.24)	Medicaid Paid Claims	6,531
9. Total Cost	59,978,225.27	37,736,260.73	1,476,568.72	630,978.76	Property Rate Allowance	0.80
10. Charges	269,184,423.00	263,357,929.00	6,848,114.00	4,557,534.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		7,209,320.00		183,406.77	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,732.87		99.17	County Ceiling Base	933.84	197.45
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,086.79	92.66	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,748.89	229.46	FPLI	1.0146

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	630,978.76
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		630,978.76
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		657,131.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,531
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.20
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		229.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.98
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.98
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		96.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		96.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,557,534.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	697.83	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	726.75	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	96.20	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(32.91)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		63.29



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, 2016 through June 30, 2017

102334 - 2016/07
Outpatient Rate: 36.80

Type of Control: Nonprofit (Other)

County: Out of State (69)

Fiscal Year: 10/1/2012 - 9/30/2013

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Atmore Community Hospital

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	1.0663414634
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,215.23		55.93	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	658.29	55.24	Cost Report DRI Index	2.0500
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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))		40,883.53
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)		55.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		57.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		55.93
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		55.93
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		55.93
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)		474.37
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		55.93
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(19.13)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		36.80



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, 2016 through June 30, 2017

102342 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

Kindred Hospital-Bay Area-Tampa

County: Hillsborough (29)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,337,439.00	0.00	44,630.00	0.00	Total Bed Days	26,645
2. Routine	10,133,421.00		77,850.00		Total Inpatient Days	19,264
3. Special Care	2,623,009.00		9,580.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	142
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	1.0414483087
8. Adjustments	(482,447.00)	0.00	(2,644.32)	0.00	Medicaid Paid Claims	0
9. Total Cost	23,611,422.00	0.00	129,415.68	0.00	Property Rate Allowance	0.80
10. Charges	130,069,266.00	0.00	720,988.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,786,851.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,168.54		0.00	County Ceiling Base	988.33	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	718.79	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

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 (1.0097) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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102369 - 2016/07
Outpatient Rate: 79.75

Type of Control: Proprietary

County: Out of State (69)

Fiscal Year: 1/1/2010 - 12/31/2010

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Smith Hospital

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	1.1547807713
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,189.31	121.23	County Ceiling Base	998.96	204.24	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	425.17	119.73	Cost Report DRI Index	1.8930
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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))		11,031.62
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)		121.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		124.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		121.23
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		121.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		121.23
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)	349.01	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	121.23	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(41.47)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		79.75



Florida Agency for Health Care Administration
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102407 - 2016/07
Outpatient Rate: 12.52

Type of Control: Nonprofit (Church)

St. Anthony's Rehabilitation Hospital

County: Broward (6)

Fiscal Year: 10/1/2014 - 9/30/2015

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	5,118,030.00	283,625.00	426,387.00	0.00	Total Bed Days	9,490
2. Routine	5,762,643.00		250,549.00		Total Inpatient Days	6,808
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	296
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,051
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(132,589.80)	(3,456.20)	(8,249.01)	0.00	Medicaid Paid Claims	0
9. Total Cost	10,748,083.20	280,168.80	668,686.99	0.00	Property Rate Allowance	0.80
10. Charges	22,997,428.00	562,213.00	3,089,990.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	971,982.00		130,597.85		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,833.98		0.00	County Ceiling Base	1,030.24	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	729.52	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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 (1.0323) 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)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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102474 - 2016/07
Outpatient Rate: 12.52

Type of Control: Government

County: Out of State (69)

Fiscal Year: 10/1/1994 - 9/30/1995

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

South Baldwin Hospital

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	2.0278293135
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,157.48		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.0780
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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	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)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		12.52



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102521 - 2016/07
Outpatient Rate: 137.75

Type of Control: Government

County: Broward (6)

Fiscal Year: 5/1/2014 - 4/30/2015

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: General

Memorial Hospital West

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	115,814,235.00	128,696,839.00	7,361,847.00	5,935,065.00	Total Bed Days	140,160
2. Routine	79,622,667.00		4,311,421.00		Total Inpatient Days	92,997
3. Special Care	15,008,583.00		1,203,608.00		Total Newborn Days	13,192
4. Newborn Routine	6,587,410.00		1,176,150.00		Medicaid Inpatient Days	6,138
5. Intern-Resident	1,051,689.00		56,946.00		Medicaid Newborn IP Days	2,175
6. Home Health					Medicare Inpatient Days	21,250
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	30,711
9. Total Cost	218,084,584.00	128,696,839.00	14,109,972.00	5,935,065.00	Property Rate Allowance	0.80
10. Charges	1,344,870,941.00	1,197,773,420.00	92,367,642.00	44,427,950.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		35,438,065.00		2,433,936.52	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,414.30		194.60	County Ceiling Base	1,030.24	220.99
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,086.15	134.27	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	5,935,065.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,935,065.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,169,306.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		30,711
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		200.88
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)		200.88
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) 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)		200.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		200.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	44,427,950.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,446.65	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,503.74	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	200.88	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(68.72)	
AV	Buy Back of Medicaid Trend Adjustment	5.59	
AW			
AX			
AY	Final Prospective Rates		137.75



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102539 - 2016/07
Outpatient Rate: 46.40

Type of Control: Proprietary

Englewood Community Hospital

County: Sarasota (58)

Fiscal Year: 1/1/2014 - 12/31/2014

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	11,802,095.00	14,530,216.00	446,288.00	391,386.00	Total Bed Days	36,500
2. Routine	12,203,204.00		246,448.00		Total Inpatient Days	12,441
3. Special Care	2,655,344.00		252,712.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	382
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,196
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(352,615.41)	(192,177.59)	(12,504.56)	(5,176.50)	Medicaid Paid Claims	2,722
9. Total Cost	26,308,027.59	14,338,038.41	932,943.44	386,209.50	Property Rate Allowance	0.80
10. Charges	197,317,845.00	161,871,441.00	6,053,682.00	5,233,869.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		3,285,903.00		100,811.01	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,234.61		145.55	1,001.35	198.78	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	855.60	67.93	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,751.65	229.82	FPLI	1.0162

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	386,209.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		386,209.50
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		402,600.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,722
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		147.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		70.52
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		70.52
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0162) for Sarasota (58)		229.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		206.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		206.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		70.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		70.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	5,233,869.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,922.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,004.41	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	70.52	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(24.13)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		46.40



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, 2016 through June 30, 2017

102555 - 2016/07
Outpatient Rate: 52.32

Type of Control: Government

County: Out of State (69)

Fiscal Year: 5/1/2009 - 4/30/2010

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Southeast Georgia Medical Center

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	1.1880434783
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,422.53		79.53	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	792.38	78.54	Cost Report DRI Index	1.8400
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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))		8,986.36
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)		79.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		81.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		79.53
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		79.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		79.53
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)		278.73
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	79.53	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(27.21)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		52.32



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, 2016 through June 30, 2017

102598 - 2016/07
Outpatient Rate: 78.60

Type of Control: Proprietary

County: Pinellas (52)

Fiscal Year: 1/1/2014 - 11/23/2014

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Edward White Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,393,634.00	12,926,311.00	595,870.00	327,775.00	Total Bed Days	24,198
2. Routine	8,018,257.00		435,632.00		Total Inpatient Days	9,514
3. Special Care	3,303,594.00		190,591.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	552
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,819
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0434367542
8. Adjustments	(364,478.76)	(183,211.24)	(17,321.35)	(4,645.72)	Medicaid Paid Claims	2,822
9. Total Cost	25,351,006.24	12,743,099.76	1,204,771.65	323,129.28	Property Rate Allowance	0.80
10. Charges	177,319,938.00	122,047,053.00	7,050,551.00	5,004,248.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,056,161.00		161,280.06		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,956.65		118.52	County Ceiling Base	986.27	193.25
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,062.09	128.36	Cost Report DRI Index	2.0950
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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	323,129.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		323,129.28
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		337,164.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,822
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		133.26
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.48
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		119.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		119.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	5,004,248.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,773.30	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,850.32	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	119.48	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.87)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		78.60



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, 2016 through June 30, 2017

102601 - 2016/07
Outpatient Rate: 100.93

Type of Control: Nonprofit (Church)

County: Hardee (25)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Rural Hospital

Florida Hospital Wauchula

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,265,242.00	9,418,046.00	20,285.00	958,770.00	Total Bed Days	9,125
2. Routine	717,098.00		18,932.00		Total Inpatient Days	1,170
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	834
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(55,554.45)	(175,437.55)	(730.53)	(17,859.78)	Medicaid Paid Claims	9,517
9. Total Cost	2,926,785.55	9,242,608.45	38,486.47	940,910.22	Property Rate Allowance	1.00
10. Charges	19,997,922.00	52,488,944.00	171,255.00	6,954,046.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	758,217.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,014.33		107.45	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	791.00	111.64	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,653.40	216.93	FPLI	0.9592

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	940,910.22
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		940,910.22
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		980,843.94
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		9,517
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.06
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)		103.06
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9592) 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)		103.06
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.06
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		6,954,046.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		730.70
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		761.71
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		103.06
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 15.4533 %)		(15.93)
AV	Buy Back of Medicaid Trend Adjustment		13.79
AW			
AX			
AY	Final Prospective Rates		100.93



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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102679 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Clay (10)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

Kindred Hosp. - North Fla

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,103,150.00	4,532.00	160,786.00	0.00	Total Bed Days	29,200
2. Routine	13,186,381.00		137,923.00		Total Inpatient Days	20,866
3. Special Care	2,429,154.00		12,592.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	207
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,098
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(528,059.09)	(77.91)	(5,351.31)	0.00	Medicaid Paid Claims	0
9. Total Cost	30,190,625.91	4,454.09	305,949.69	0.00	Property Rate Allowance	0.80
10. Charges	141,350,790.00	40,640.00	1,528,047.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,697,172.00		50,777.92		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,295.47		0.00	County Ceiling Base	925.56	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	632.45	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,708.21	224.12	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	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 (0.9910) 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 = (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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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102687 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Out of State (69)

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

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

HealthSouth Rehab - Dothan

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	1.0843253968
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	743.49		0.00	County Ceiling Base	998.96	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	584.84	Exempt	Cost Report DRI Index	2.0160
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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102709 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

HealthSouth Rehabilitation Hospital of Miami

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,281,767.00	0.00	194,116.00	0.00	Total Bed Days	21,900
2. Routine	10,270,847.00		293,131.00		Total Inpatient Days	15,530
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	452
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,216
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	16,552,614.00	0.00	487,247.00	0.00	Property Rate Allowance	0.80
10. Charges	30,076,913.00	0.00	919,236.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	2,039,798.00		62,342.03		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	954.84		0.00	County Ceiling Base	1,067.98	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	488.76	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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 (1.0263) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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102717 - 2016/07
Outpatient Rate: 39.33

Type of Control: Nonprofit (Other)

County: Duval (16)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

Brooks Rehabilitation Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	33,245,062.00	9,387,744.00	1,135,348.00	1,123,928.00	Total Bed Days	57,305
2. Routine	31,958,104.00		1,563,778.00		Total Inpatient Days	47,290
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,314
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	26,180
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,025,701.73)	(147,677.27)	(42,459.57)	(17,680.35)	Medicaid Paid Claims	19,291
9. Total Cost	64,177,464.27	9,240,066.73	2,656,666.43	1,106,247.65	Property Rate Allowance	0.80
10. Charges	158,183,196.00	44,675,757.00	7,182,028.00	2,746,140.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		8,274,516.00		375,689.75	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)		OP (F)		County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,012.78	58.92			933.84	197.45		Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07			Variable Cost Base	739.17	61.78	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158			County Ceiling	1,748.89	229.46	FPLI	1.0146

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	1,106,247.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,106,247.65
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,153,198.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,291
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		59.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		64.14
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		59.78
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		229.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.98
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.98
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		59.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		59.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,746,140.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	142.35	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	148.40	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	59.78	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(20.45)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		39.33



Florida Agency for Health Care Administration
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102750 - 2016/07
Outpatient Rate: 12.52

HealthSouth Emerald Coast Rehabilitation Hospital

Type of Control: Proprietary

County: Bay (3)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,915,618.00	892.00	129,902.00	0.00	Total Bed Days	27,375
2. Routine	9,630,220.00		143,052.00		Total Inpatient Days	19,446
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	289
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,921
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	18,545,838.00	892.00	272,954.00	0.00	Property Rate Allowance	0.80
10. Charges	33,493,575.00	2,620.00	480,543.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,118,259.00		16,044.02		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)		OP (F)		County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	975.26	0.00			973.76	178.21		Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07			527.57	50.77		Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01			1,723.73	226.15		FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158			1,637.89	214.89		FPLI	0.9502

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)		52.70
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 (0.9502) for Bay (3)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.00
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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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102768 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

Kindred Hospital-Bay Area-St Petersburg

County: Pinellas (52)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,297,405.00	0.00	31,245.00	0.00	Total Bed Days	29,930
2. Routine	11,524,844.00		18,387.00		Total Inpatient Days	18,628
3. Special Care	3,136,663.00		9,750.00		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	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(449,668.00)	0.00	(955.05)	0.00	Medicaid Paid Claims	0
9. Total Cost	27,509,244.00	0.00	58,426.95	0.00	Property Rate Allowance	0.80
10. Charges	145,636,891.00	0.00	313,766.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,599,744.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,270.53		0.00	County Ceiling Base	986.27	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	651.43	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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 (1.0081) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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102776 - 2016/07
Outpatient Rate: 12.52

Type of Control: Nonprofit (Other)

County: Dade (13)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

Douglas Gardens Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,290,207.00	4,823,382.00	113.00	0.00	Total Bed Days	11,680
2. Routine	3,788,024.00		1,727.00		Total Inpatient Days	2,194
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	478
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(55,426.29)	(29,448.71)	(11.23)	0.00	Medicaid Paid Claims	0
9. Total Cost	9,022,804.71	4,793,933.29	1,828.77	0.00	Property Rate Allowance	0.80
10. Charges	24,925,323.00	4,936,612.00	2,184.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	2,596,873.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,970.68		0.00	County Ceiling Base	1,067.98	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,270.69	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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 (1.0263) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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103144 - 2016/07
Outpatient Rate: 72.71

Type of Control: Proprietary

Physicians Regional Medical Center - Pine Ridge

County: Collier (11)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Amended 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	57,354,354.00	67,227,194.00	1,800,687.00	1,373,917.00	Total Bed Days	73,365
2. Routine	35,387,467.00		1,295,317.00		Total Inpatient Days	35,850
3. Special Care	10,156,664.00		473,702.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,530
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,866
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,506,811.88)	(984,453.12)	(52,273.61)	(20,119.19)	Medicaid Paid Claims	10,544
9. Total Cost	101,391,673.12	66,242,740.88	3,517,432.39	1,353,797.81	Property Rate Allowance	0.80
10. Charges	706,275,150.00	692,280,983.00	25,131,484.00	16,229,702.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	14,624,695.00		520,392.50		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,952.75		128.00	County Ceiling Base	1,048.91	193.83
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	809.39	106.45	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,800.78	236.26	FPLI	1.0447

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	1,353,797.81
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,353,797.81
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,409,910.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,544
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		133.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.52
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.52
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0447) for Collier (11)		236.26
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,229,702.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,539.24	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,603.03	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	110.52	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.81)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		72.71



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103179 - 2016/07
Outpatient Rate: 51.33

Type of Control: Nonprofit (Other)

County: Sumter (60)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Rural Hospital

The Villages Regional Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,470,532.00	41,113,099.00	648,412.00	519,186.00	Total Bed Days	89,559
2. Routine	49,580,552.00		641,613.00		Total Inpatient Days	59,660
3. Special Care	5,668,735.00		70,569.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	852
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	37,248
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(1,375,539.69)	(561,485.31)	(18,581.76)	(7,090.57)	Medicaid Paid Claims	5,691
9. Total Cost	99,344,279.31	40,551,613.69	1,342,012.24	512,095.43	Property Rate Allowance	0.80
10. Charges	440,826,158.00	274,378,525.00	6,352,661.00	4,468,921.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		14,075,030.00		202,832.55	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,467.70		98.78	County Ceiling Base	1,432.35	176.87
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,130.57	75.15	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,634.61	214.46	FPLI	0.9483

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	512,095.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		512,095.43
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		533,066.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,691
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		78.02
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		78.02
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9483) for Sumter (60)		214.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		183.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		78.02
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		78.02
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,468,921.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	785.26	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	817.42	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	78.02	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(26.69)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		51.33



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, 2016 through June 30, 2017

103209 - 2016/07
Outpatient Rate: 38.04

Type of Control: Proprietary

Wuesthoff Medical Center Melbourne

County: Brevard (5)

Fiscal Year: 10/1/2014 - 6/6/2015

Type of Action: Amended 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	20,981,202.00	28,713,507.00	411,205.00	326,301.00	Total Bed Days	41,245
2. Routine	13,864,955.00		356,101.00		Total Inpatient Days	16,847
3. Special Care	3,100,676.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	434
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,330
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(391,378.09)	(296,146.91)	(7,913.88)	(3,365.42)	Medicaid Paid Claims	5,814
9. Total Cost	37,555,454.91	28,417,360.09	759,392.12	322,935.58	Property Rate Allowance	0.80
10. Charges	274,099,431.00	317,237,205.00	9,711,524.00	4,397,535.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		3,393,537.00		120,235.26	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,554.95		58.65	County Ceiling Base	1,014.52	190.35
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,206.23	99.82	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,699.42	222.97	FPLI	0.9859

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	322,935.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		322,935.58
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		336,160.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,814
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		57.82
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		103.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		57.82
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		57.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		57.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,397,535.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		756.37
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		787.35
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		57.82
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(19.78)
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		38.04



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, 2016 through June 30, 2017

103233 - 2016/07
Outpatient Rate: 92.39

Type of Control: Nonprofit (Church)

County: Walton (66)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Rural Hospital

Sacred Heart Hospital on the Emerald Coast

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,091,189.00	38,135,854.00	1,851,210.00	798,362.00	Total Bed Days	18,250
2. Routine	11,348,914.00		668,072.00		Total Inpatient Days	15,218
3. Special Care	5,912,919.00		429,629.00		Total Newborn Days	2,274
4. Newborn Routine	1,907,382.00		983,889.00		Medicaid Inpatient Days	1,137
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	910
6. Home Health					Medicare Inpatient Days	6,057
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	8,796
9. Total Cost	39,260,404.00	38,135,854.00	3,932,800.00	798,362.00	Property Rate Allowance	1.00
10. Charges	214,253,163.00	346,955,577.00	11,079,657.00	7,414,558.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	5,514,404.00		285,165.94		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,952.13		99.43	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	2,133.96	110.78	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,637.89	214.89	FPLI	0.9502

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	798,362.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		798,362.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		831,056.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,796
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		94.48
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)		94.48
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9502) 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)		94.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		94.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,414,558.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	842.95	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	877.47	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	94.48	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 15.4533 %)	(14.60)	
AV	Buy Back of Medicaid Trend Adjustment	12.51	
AW			
AX			
AY	Final Prospective Rates		92.39



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, 2016 through June 30, 2017

103284 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

Sister Emmanuel Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,928,530.00	0.00	28,383.00	0.00	Total Bed Days	10,585
2. Routine	8,376,094.00		73,817.00		Total Inpatient Days	9,681
3. Special Care	42,118.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	85
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,382
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(208,082.00)	0.00	(1,593.35)	0.00	Medicaid Paid Claims	0
9. Total Cost	13,138,660.00	0.00	100,606.65	0.00	Property Rate Allowance	0.80
10. Charges	106,730,872.00	0.00	697,864.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,057,794.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,266.31		0.00	County Ceiling Base	1,067.98	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	880.49	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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 (1.0263) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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, 2016 through June 30, 2017

103373 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

Select Specialty Hospital-Miami

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,455,223.00	0.00	0.00	0.00	Total Bed Days	17,155
2. Routine	9,495,003.00		0.00		Total Inpatient Days	15,650
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	10,725
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(340,044.00)	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	18,610,182.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	69,327,465.00	0.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,753,175.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,093.02		0.00	County Ceiling Base	1,067.98	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,104.84	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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 (1.0263) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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, 2016 through June 30, 2017

103390 - 2016/07
Outpatient Rate: 12.52

Select Specialty Hospital - Orlando (South Campus)

Type of Control: Government

County: Orange (48)

Fiscal Year: 1/1/2014 - 12/31/2014

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	14,513,720.00	0.00	312,971.00	0.00	Total Bed Days	27,375
2. Routine	17,682,537.00		510,159.00		Total Inpatient Days	20,705
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	595
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,018
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(538,141.00)	0.00	(13,758.12)	0.00	Medicaid Paid Claims	0
9. Total Cost	31,658,116.00	0.00	809,371.88	0.00	Property Rate Allowance	0.80
10. Charges	113,759,403.00	0.00	2,873,917.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,046,081.00		102,216.61		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,233.26		0.00	County Ceiling Base	1,545.51	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,050.08	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,731.66	227.20	FPLI	1.0046

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 (1.0046) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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, 2016 through June 30, 2017

103411 - 2016/07
Outpatient Rate: 139.50

Type of Control: Government

County: Out of State (69)

Fiscal Year: 7/1/2011 - 6/30/2012

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Charlton Memorial Hospital

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	1.0870213824
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,979.30		1,121.65	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	217.14	835.33	Cost Report DRI Index	2.0110
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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))		280,413.47
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)		1,121.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		867.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		867.20
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		212.04
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		212.04
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)	2,365.42	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	212.04	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(72.54)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		139.50



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, 2016 through June 30, 2017

103420 - 2016/07
Outpatient Rate: 76.58

Type of Control: Proprietary

Lakewood Ranch Medical Center

County: Manatee (41)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,923,840.00	24,482,731.00	426,257.00	643,031.00	Total Bed Days	43,800
2. Routine	15,629,668.00		369,660.00		Total Inpatient Days	15,986
3. Special Care	4,537,590.00		68,717.00		Total Newborn Days	1,128
4. Newborn Routine	681,415.00		87,593.00		Medicaid Inpatient Days	413
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	34
6. Home Health					Medicare Inpatient Days	6,334
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	5,759
9. Total Cost	39,772,513.00	24,482,731.00	952,227.00	643,031.00	Property Rate Allowance	0.80
10. Charges	230,770,376.00	237,321,578.00	4,752,330.00	6,532,704.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		8,649,886.00		178,129.94	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,818.35		117.24	County Ceiling Base	1,009.66	192.06
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,661.90	123.46	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,711.32	224.53	FPLI	0.9928

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	643,031.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		643,031.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		670,322.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,759
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		116.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		128.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.40
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9928) for Manatee (41)		224.53
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		116.40
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		116.40
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	6,532,704.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,134.35	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,182.49	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	116.40	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.82)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		76.58



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, 2016 through June 30, 2017

103438 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Bay (3)

Fiscal Year: 8/1/2014 - 7/31/2015

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: General

Select Specialty Hospital-Panama City

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,679,179.00	0.00	15,444.00	0.00	Total Bed Days	10,950
2. Routine	6,266,263.00		20,996.00		Total Inpatient Days	10,745
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	36
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,126
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(258,012.00)	0.00	(787.07)	0.00	Medicaid Paid Claims	0
9. Total Cost	11,687,430.00	0.00	35,652.93	0.00	Property Rate Allowance	0.80
10. Charges	47,655,327.00	0.00	144,630.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	966,374.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,093.07		0.00	County Ceiling Base	973.76	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	895.42	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,637.89	214.89	FPLI	0.9502

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 (0.9502) 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)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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103454 - 2016/07
Outpatient Rate: 88.88

Type of Control: Government

County: Broward (6)

Fiscal Year: 5/1/2014 - 4/30/2015

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: General

Memorial Hospital Miramar

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	33,027,013.00	56,534,713.00	2,384,862.00	2,434,559.00	Total Bed Days	64,970
2. Routine	32,404,836.00		1,680,729.00		Total Inpatient Days	28,150
3. Special Care	6,709,364.00		451,591.00		Total Newborn Days	9,186
4. Newborn Routine	5,680,760.00		914,682.00		Medicaid Inpatient Days	1,947
5. Intern-Resident	461,786.00		23,955.00		Medicaid Newborn IP Days	1,291
6. Home Health					Medicare Inpatient Days	4,681
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	15,239
9. Total Cost	78,283,759.00	56,534,713.00	5,455,819.00	2,434,559.00	Property Rate Allowance	0.80
10. Charges	368,353,056.00	476,078,350.00	23,575,452.00	15,753,492.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		22,720,836.00		1,454,186.33	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,244.42		160.87	County Ceiling Base	1,030.24	220.99
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,315.55	123.14	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	2,434,559.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,434,559.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,530,644.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,239
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		166.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.84
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.84
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		127.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		127.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,753,492.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,033.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,074.56	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	127.84	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(43.73)	
AV	Buy Back of Medicaid Trend Adjustment	4.77	
AW			
AX			
AY	Final Prospective Rates		88.88



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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103462 - 2016/07
Outpatient Rate: 55.91

Type of Control: Proprietary

County: Osceola (49)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Amended Cost Report

District: 7

Hospital Classification: General

St Cloud Regional Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,136,587.00	19,162,505.00	839,039.00	1,381,258.00	Total Bed Days	30,660
2. Routine	10,527,911.00		356,434.00		Total Inpatient Days	17,149
3. Special Care	2,552,914.00		114,004.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	576
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,056
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(274,800.92)	(200,854.08)	(13,725.44)	(14,477.82)	Medicaid Paid Claims	12,081
9. Total Cost	25,942,611.08	18,961,650.92	1,295,751.56	1,366,780.18	Property Rate Allowance	0.80
10. Charges	155,809,063.00	171,121,399.00	9,240,874.00	13,118,478.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		3,275,472.00		194,264.85	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,031.45		120.18	County Ceiling Base	951.22	194.17
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,111.61	81.86	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,691.49	221.93	FPLI	0.9813

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	1,366,780.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,366,780.18
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,424,788.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,081
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		84.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		84.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9813) for Osceola (49)		221.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		84.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		84.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,118,478.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,085.88	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,131.96	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	84.99	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.07)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		55.91



Florida Agency for Health Care Administration
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103535 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Marion (42)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

Kindred Hospital Ocala

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,635,684.00	0.00	9,181.00	0.00	Total Bed Days	11,315
2. Routine	4,315,315.00		8,073.00		Total Inpatient Days	6,419
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	12
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,544
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(148,935.00)	0.00	(323.20)	0.00	Medicaid Paid Claims	0
9. Total Cost	7,802,064.00	0.00	16,930.80	0.00	Property Rate Allowance	0.80
10. Charges	35,147,512.00	869,953.00	98,696.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	0.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,340.79		0.00	County Ceiling Base	952.20	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,083.90	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,627.37	213.51	FPLI	0.9441

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 (0.9441) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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103543 - 2016/07
Outpatient Rate: 152.70

Type of Control: Nonprofit (Other)

County: Dade (13)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

Doctors Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	59,819,375.00	55,447,237.00	1,164,658.00	487,775.00	Total Bed Days	102,565
2. Routine	53,065,248.00		1,044,436.00		Total Inpatient Days	30,579
3. Special Care	7,870,067.00		181,933.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	696
5. Intern-Resident	1,388,957.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,690
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,710,477.80)	(776,473.20)	(33,483.51)	(6,830.71)	Medicaid Paid Claims	1,324
9. Total Cost	120,433,169.20	54,670,763.80	2,357,543.49	480,944.29	Property Rate Allowance	0.80
10. Charges	397,953,303.00	305,277,591.00	8,559,242.00	2,230,616.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		22,242,888.00		478,403.52	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,739.76		368.61	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,979.45	249.93	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	480,944.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		480,944.29
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		500,878.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,324
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		378.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		259.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		259.46
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		232.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		232.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,230,616.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,684.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,754.59	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	232.10	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(79.40)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		152.70



Florida Agency for Health Care Administration
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103551 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

HealthSouth Rehabilitation Hospital of Spring Hill

County: Hernando (27)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,806,935.00	244,244.00	0.00	0.00	Total Bed Days	29,200
2. Routine	11,854,132.00		0.00		Total Inpatient Days	24,370
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	20,552
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	21,661,067.00	244,244.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	42,320,218.00	1,051,921.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,328,524.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	902.68		0.00	County Ceiling Base	931.13	185.23
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	653.20	41.29	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,660.81	217.90	FPLI	0.9635

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)		42.87
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 (0.9635) for Hernando (27)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.30
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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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103560 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Sarasota (58)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Healthsouth Ridgeland Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,050,785.00	2,821.00	70,369.00	0.00	Total Bed Days	103,560
2. Routine	11,839,846.00		110,831.00		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	116
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,425
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(165,739.25)	(24.75)	(1,589.78)	0.00	Medicaid Paid Claims	0
9. Total Cost	18,724,891.75	2,796.25	179,610.22	0.00	Property Rate Allowance	0.80
10. Charges	51,881,738.00	22,558.00	484,472.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,312,292.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,080.86		0.00	County Ceiling Base	1,001.35	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,134.31	Exempt	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,751.65	229.82	FPLI	1.0162

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 (1.0162) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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103683 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

Select Specialty Hospital Pensacola Inc

County: Escambia (17)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,759,756.00	0.00	131,736.00	0.00	Total Bed Days	27,375
2. Routine	17,814,529.00		286,149.00		Total Inpatient Days	25,624
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	407
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,159
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(531,646.00)	0.00	(7,266.46)	0.00	Medicaid Paid Claims	0
9. Total Cost	30,042,639.00	0.00	410,618.54	0.00	Property Rate Allowance	0.80
10. Charges	104,327,209.00	0.00	1,196,270.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,154,395.00		36,169.93		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	998.49		0.00	County Ceiling Base	1,555.74	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,018.47	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,654.09	217.02	FPLI	0.9596

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 (0.9596) 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)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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103721 - 2016/07
Outpatient Rate: 12.52

Type of Control: Nonprofit (Other)

County: Pinellas (52)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

BayCare Alliant Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,955,261.00	0.00	303,638.00	0.00	Total Bed Days	17,520
2. Routine	9,496,935.00		382,948.00		Total Inpatient Days	9,895
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	399
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,043
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(261,948.00)	0.00	(10,931.66)	0.00	Medicaid Paid Claims	0
9. Total Cost	16,190,248.00	0.00	675,654.34	0.00	Property Rate Allowance	0.80
10. Charges	63,648,244.00	0.00	2,959,823.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,964,105.00		91,336.43		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,514.34		0.00	County Ceiling Base	974.76	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,030.95	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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 (1.0081) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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103730 - 2016/07
Outpatient Rate: 68.62

Type of Control: Nonprofit (Church)

County: Duval (16)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

St. Vincent's Medical Center Southside

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	60,688,959.00	50,769,909.00	910,935.00	805,116.00	Total Bed Days	99,981
2. Routine	32,990,007.00		1,355,513.00		Total Inpatient Days	39,261
3. Special Care	4,773,995.00		374,339.00		Total Newborn Days	4,357
4. Newborn Routine	4,221,147.00		731,979.00		Medicaid Inpatient Days	1,862
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	474
6. Home Health					Medicare Inpatient Days	14,449
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(1,568,105.87)	(775,391.13)	(51,511.08)	(12,296.26)	Medicaid Paid Claims	5,524
9. Total Cost	101,106,002.13	49,994,517.87	3,321,254.92	792,819.74	Property Rate Allowance	0.80
10. Charges	520,119,030.00	376,499,403.00	9,820,793.00	83,989,376.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		11,037,564.00		208,409.28	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,367.16		147.25	County Ceiling Base	933.84	197.45
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,317.15	100.47	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,748.89	229.46	FPLI	1.0146

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	792,819.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		792,819.74
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		825,287.60
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)		149.40
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)		104.30
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		229.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.98
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.98
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		104.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	83,989,376.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	15,204.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	15,827.11	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	104.30	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.68)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		68.62



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103748 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Leon (37)

Fiscal Year: 3/1/2014 - 2/28/2015

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: General

Select Specialty Hospital - Tallahassee

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,438,944.00	0.00	94,100.00	0.00	Total Bed Days	10,585
2. Routine	9,233,711.00		184,745.00		Total Inpatient Days	9,751
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	195
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,257
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0399619410
8. Adjustments	(258,578.00)	0.00	(4,600.57)	0.00	Medicaid Paid Claims	0
9. Total Cost	15,414,077.00	0.00	274,244.43	0.00	Property Rate Allowance	0.80
10. Charges	39,146,930.00	0.00	683,001.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,756,989.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,297.62		0.00	County Ceiling Base	1,002.98	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,124.35	Exempt	Cost Report DRI Index	2.1020
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,651.50	216.68	FPLI	0.9581

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 (0.9581) 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 = (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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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103764 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Palm Beach (50)

Fiscal Year: 12/1/2013 - 11/30/2014

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

Select Specialty Hospital-Palm Beach

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,829,418.00	0.00	63,018.00	0.00	Total Bed Days	21,900
2. Routine	14,628,935.00		114,590.00		Total Inpatient Days	16,397
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	127
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,907
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0434367542
8. Adjustments	(359,134.00)	0.00	(2,505.47)	0.00	Medicaid Paid Claims	0
9. Total Cost	25,099,219.00	0.00	175,102.53	0.00	Property Rate Allowance	0.80
10. Charges	73,178,799.00	0.00	445,737.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	2,121,206.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,387.05		0.00	County Ceiling Base	1,071.17	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,406.66	Exempt	Cost Report DRI Index	2.0950
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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 (1.0542) 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)		19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)	
AV	Buy Back of Medicaid Trend Adjustment		0.00	
AW				
AX				
AY	Final Prospective Rates		12.52	



Florida Agency for Health Care Administration
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103772 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

Select Speciality Hospital Gainesville Inc.

County: Alachua (1)

Fiscal Year: 8/1/2014 - 7/31/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,042,855.00	0.00	62,638.00	0.00	Total Bed Days	16,060
2. Routine	12,332,664.00		101,322.00		Total Inpatient Days	12,479
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	101
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,327
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(266,434.00)	0.00	(2,143.97)	0.00	Medicaid Paid Claims	0
9. Total Cost	20,109,085.00	0.00	161,816.03	0.00	Property Rate Allowance	0.80
10. Charges	52,661,709.00	0.00	458,709.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,436,248.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,451.31		0.00	County Ceiling Base	952.40	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,285.92	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,651.85	216.72	FPLI	0.9583

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 (0.9583) 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 = (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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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104591 - 2016/07
Outpatient Rate: 44.18

Type of Control: Proprietary

Northwest Medical Center

County: Broward (6)

Fiscal Year: 1/1/2014 - 12/31/2014

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	55,782,778.00	34,863,385.00	3,800,754.00	1,411,774.00	Total Bed Days	81,395
2. Routine	37,284,250.00		3,499,424.00		Total Inpatient Days	55,668
3. Special Care	14,163,330.00		1,673,505.00		Total Newborn Days	3,558
4. Newborn Routine	950,485.00		320,301.00		Medicaid Inpatient Days	6,658
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	66
6. Home Health					Medicare Inpatient Days	15,626
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,904,372.76)	(613,721.24)	(163,607.62)	(24,852.31)	Medicaid Paid Claims	21,531
9. Total Cost	106,276,470.24	34,249,663.76	9,130,376.38	1,386,921.69	Property Rate Allowance	0.80
10. Charges	999,407,813.00	448,747,489.00	60,014,970.00	18,869,409.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	12,597,917.00		756,511.61		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,257.60		65.05	County Ceiling Base	1,030.24	220.99
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	940.08	69.17	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	1,386,921.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,386,921.69
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,445,784.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,531
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		67.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		71.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		67.15
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		67.15
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		67.15
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	18,869,409.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	876.38	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	913.58	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	67.15	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(22.97)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		44.18



Florida Agency for Health Care Administration
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104604 - 2016/07
Outpatient Rate: 72.88

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: CHEP

Palmetto General Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	97,043,043.00	48,584,555.00	12,724,500.00	5,161,671.00	Total Bed Days	130,866
2. Routine	55,857,096.00		7,620,401.00		Total Inpatient Days	100,843
3. Special Care	28,325,568.00		4,128,484.00		Total Newborn Days	3,483
4. Newborn Routine	1,077,219.00		579,591.00		Medicaid Inpatient Days	15,284
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	77
6. Home Health					Medicare Inpatient Days	21,227
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	48,575
9. Total Cost	182,302,926.00	48,584,555.00	25,052,976.00	5,161,671.00	Property Rate Allowance	0.80
10. Charges	1,246,568,917.00	447,911,592.00	164,175,131.00	51,647,821.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		13,868,498.00		1,826,503.49	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,535.82		107.93	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	814.02	106.81	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	5,161,671.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,161,671.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,380,740.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		48,575
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.77
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)		110.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		110.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	51,647,821.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,063.26	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,108.39	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	110.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.90)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		72.88



Florida Agency for Health Care Administration
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105520 - 2016/07
Outpatient Rate: 37.87

Type of Control: Proprietary

County: Pasco (51)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: Special IP

Medical Center of Trinity

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	54,006,311.00	38,928,706.00	2,330,467.00	1,249,867.00	Total Bed Days	102,840
2. Routine	57,125,410.00		1,603,062.00		Total Inpatient Days	71,486
3. Special Care	11,428,998.00		420,495.00		Total Newborn Days	2,168
4. Newborn Routine	1,423,634.00		296,154.00		Medicaid Inpatient Days	3,375
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	81
6. Home Health					Medicare Inpatient Days	26,309
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(1,867,080.56)	(586,227.44)	(70,027.04)	(18,821.75)	Medicaid Paid Claims	11,650
9. Total Cost	122,117,272.44	38,342,478.56	4,580,150.96	1,231,045.25	Property Rate Allowance	0.80
10. Charges	1,122,241,394.00	570,534,774.00	38,371,744.00	22,720,817.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		23,612,364.00		807,355.34	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,156.38		111.93	County Ceiling Base	893.96	190.71
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	729.78	55.45	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,693.91	222.24	FPLI	0.9827

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	1,231,045.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,231,045.25
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,281,459.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,650
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		57.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		57.56
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9827) for Pasco (51)		222.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.99
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		57.56
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		57.56
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	22,720,817.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,950.28	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,030.15	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	57.56	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(19.69)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		37.87



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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106470 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

Specialty Hospital Jacksonville

County: Duval (16)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,304,194.00	0.00	0.00	0.00	Total Bed Days	39,055
2. Routine	15,426,597.00		0.00		Total Inpatient Days	17,839
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	14,901
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(787,607.00)	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	25,943,184.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	114,972,428.00	0.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,886,365.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,385.56		0.00	County Ceiling Base	933.84	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	809.08	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,748.89	229.46	FPLI	1.0146

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 (1.0146) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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108219 - 2016/07
Outpatient Rate: 86.55

Type of Control: Government

County: Broward (6)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: Special

Broward Health Imperial Point

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,729,325.00	42,658,856.00	1,360,327.00	502,455.00	Total Bed Days	67,525
2. Routine	30,688,227.00		1,059,949.00		Total Inpatient Days	37,857
3. Special Care	4,476,453.00		364,993.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,847
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,870
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(670,797.68)	(447,858.32)	(29,241.43)	(5,275.07)	Medicaid Paid Claims	4,166
9. Total Cost	63,223,207.32	42,210,997.68	2,756,027.57	497,179.93	Property Rate Allowance	0.80
10. Charges	207,305,288.00	244,891,935.00	16,256,992.00	2,660,505.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		8,112,002.00		636,147.55	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,157.36		120.34	1,030.24	220.99	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	737.73	135.99	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	497,179.93
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		497,179.93
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		517,540.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,166
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.23
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)		124.23
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) 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)		124.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		124.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,660,505.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	638.62	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	664.78	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	124.23	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(42.50)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	4.82	
AX			
AY	Final Prospective Rates		86.55



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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108227 - 2016/07
Outpatient Rate: 105.44

Type of Control: Proprietary

County: Union (63)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Rural Hospital

Lake Butler Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	648,145.00	3,697,080.00	37,770.00	411,987.00	Total Bed Days	9,125
2. Routine	449,558.00		42,145.00		Total Inpatient Days	249
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	36
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	127
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(23,022.82)	(77,541.18)	(1,676.11)	(8,640.86)	Medicaid Paid Claims	3,731
9. Total Cost	1,074,680.18	3,619,538.82	78,238.89	403,346.14	Property Rate Allowance	1.00
10. Charges	2,982,155.00	11,215,128.00	176,974.00	1,404,193.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		219,980.00		0.00	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	Inflation / FPLI Data (H)		
			IP (G)	OP (G)	
1. Normalized Rate	3,750.35	118.12	County Ceiling Base	Exempt	
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	3,224.96	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,644.61	
				215.77	
				Semester DRI Index	2.1860
				Cost Report DRI Index	2.0970
				FPLI Year Used	2015
				FPLI	0.9541

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	403,346.14
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		403,346.14
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		420,464.79
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,731
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.69
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)		112.69
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9541) 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)		112.69
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		112.69
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,404,193.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		376.36
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		392.33
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		112.69
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 15.4533 %)		(17.42)
AV	Buy Back of Medicaid Trend Adjustment		10.16
AW			
AX			
AY	Final Prospective Rates		105.44



Florida Agency for Health Care Administration
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108626 - 2016/07
Outpatient Rate: 86.10

North Florida Regional Medical Center

Type of Control: Proprietary

County: Alachua (1)

Fiscal Year: 3/1/2014 - 2/28/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	101,939,707.00	81,940,678.00	4,729,304.00	2,877,769.00	Total Bed Days	151,110
2. Routine	63,320,952.00		1,983,200.00		Total Inpatient Days	98,849
3. Special Care	21,323,649.00		1,821,939.00		Total Newborn Days	5,044
4. Newborn Routine	1,672,763.00		331,630.00		Medicaid Inpatient Days	5,819
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	51,939
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0399619410
8. Adjustments	(3,525,272.62)	(1,534,408.38)	(166,024.70)	(53,888.65)	Medicaid Paid Claims	22,441
9. Total Cost	184,731,798.38	80,406,269.62	8,700,048.30	2,823,880.35	Property Rate Allowance	0.80
10. Charges	1,175,565,034.00	1,115,765,177.00	75,933,184.00	51,559,013.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		24,752,596.00		1,598,842.58	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,324.34		136.56	County Ceiling Base	952.40	175.60
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	879.00	131.50	Cost Report DRI Index	2.1020
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,651.85	216.72	FPLI	0.9583

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	2,823,880.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,823,880.35
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,936,728.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,441
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		130.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		136.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		130.86
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9583) for Alachua (1)		216.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		182.30
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		182.30
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		130.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		130.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	51,559,013.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,297.54	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,389.35	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	130.86	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(44.77)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		86.10



Florida Agency for Health Care Administration
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109592 - 2016/07
Outpatient Rate: 59.26

Type of Control: Proprietary

County: Pasco (51)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Bayfront Health Dade City

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,939,960.00	18,973,180.00	446,694.00	1,077,780.00	Total Bed Days	43,800
2. Routine	9,498,591.00		386,792.00		Total Inpatient Days	9,712
3. Special Care	4,038,469.00		182,644.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	465
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,423
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(232,568.36)	(180,273.64)	(9,654.76)	(10,240.52)	Medicaid Paid Claims	6,287
9. Total Cost	24,244,451.64	18,792,906.36	1,006,475.24	1,067,539.48	Property Rate Allowance	0.80
10. Charges	182,388,027.00	225,753,750.00	6,575,908.00	11,465,623.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	5,151,150.00		185,722.11		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,870.58		179.95	893.96	190.71	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	808.75	86.76	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,693.91	222.24	FPLI	0.9827

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	1,067,539.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,067,539.48
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,111,787.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,287
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		176.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		90.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		90.07
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9827) for Pasco (51)		222.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.99
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		90.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		90.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,465,623.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,823.70	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,899.29	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	90.07	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.81)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		59.26



Florida Agency for Health Care Administration
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109606 - 2016/07
Outpatient Rate: 75.23

Type of Control: Proprietary

Coral Gables Hospital

County: Dade (13)

Fiscal Year: 1/1/2014 - 12/31/2014

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	33,884,731.00	22,447,572.00	1,530,149.00	1,085,371.00	Total Bed Days	89,425
2. Routine	21,038,830.00		1,314,222.00		Total Inpatient Days	32,835
3. Special Care	7,092,066.00		545,333.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,283
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,493
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	9,894
9. Total Cost	62,015,627.00	22,447,572.00	3,389,704.00	1,085,371.00	Property Rate Allowance	0.80
10. Charges	491,478,788.00	254,829,216.00	31,783,489.00	12,382,966.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		5,100,251.00		329,828.62	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,361.37		111.43	1,067.98	238.84	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	854.88	139.88	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	1,085,371.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,085,371.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,131,435.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,894
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.36
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)		114.36
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		114.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		114.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	12,382,966.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,251.56	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,304.68	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	114.36	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.12)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		75.23



Florida Agency for Health Care Administration
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109886 - 2016/07
Outpatient Rate: 41.85

Type of Control: Proprietary

County: Marion (42)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

Ocala Regional Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	94,917,851.00	69,081,856.00	4,342,120.00	1,870,109.00	Total Bed Days	101,502
2. Routine	45,644,144.00		1,910,767.00		Total Inpatient Days	83,848
3. Special Care	16,645,791.00		1,114,175.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,074
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	34,545
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(2,851,008.59)	(1,252,819.41)	(133,603.80)	(33,914.97)	Medicaid Paid Claims	18,695
9. Total Cost	154,356,777.41	67,829,036.59	7,233,458.20	1,836,194.03	Property Rate Allowance	0.80
10. Charges	1,433,790,949.00	757,049,205.00	62,194,592.00	22,891,122.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	16,684,753.00		723,746.66		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,762.63		108.35	County Ceiling Base	952.20	174.89
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	804.43	61.28	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,627.37	213.51	FPLI	0.9441

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	1,836,194.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,836,194.03
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,912,301.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,695
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		63.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		63.61
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9441) for Marion (42)		213.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		181.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		63.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		63.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	22,891,122.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,224.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,275.20	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	63.61	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(21.76)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		41.85



Florida Agency for Health Care Administration
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110213 - 2016/07
Outpatient Rate: 62.97

Type of Control: Proprietary

Blake Memorial Hospital

County: Manatee (41)

Fiscal Year: 5/1/2014 - 4/30/2015

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,303,556.00	38,060,547.00	2,423,032.00	919,416.00	Total Bed Days	139,795
2. Routine	45,252,118.00		1,436,869.00		Total Inpatient Days	75,772
3. Special Care	11,018,190.00		438,209.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,647
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	37,392
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(2,300,007.59)	(650,494.41)	(73,459.18)	(15,713.78)	Medicaid Paid Claims	8,204
9. Total Cost	132,273,856.41	37,410,052.59	4,224,650.82	903,702.22	Property Rate Allowance	0.80
10. Charges	1,041,690,167.00	376,380,695.00	33,250,211.00	10,918,452.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		13,909,308.00		443,977.91	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,495.42		115.33	County Ceiling Base	1,009.66	192.06
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	789.04	92.20	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,711.32	224.53	FPLI	0.9928

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	903,702.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		903,702.22
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		939,369.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,204
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		95.72
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		95.72
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9928) for Manatee (41)		224.53
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		95.72
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		95.72
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,918,452.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,330.87	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,383.40	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	95.72	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(32.74)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		62.97



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111325 - 2016/07
Outpatient Rate: 40.11

Type of Control: Proprietary

County: Okaloosa (46)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Special

Ft. Walton Beach Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,082,548.00	48,001,583.00	4,251,349.00	3,225,093.00	Total Bed Days	93,805
2. Routine	31,603,648.00		1,838,895.00		Total Inpatient Days	58,960
3. Special Care	11,311,777.00		2,053,550.00		Total Newborn Days	2,192
4. Newborn Routine	786,527.00		261,221.00		Medicaid Inpatient Days	6,571
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	54
6. Home Health					Medicare Inpatient Days	26,721
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(1,731,420.94)	(915,475.06)	(160,298.50)	(61,508.23)	Medicaid Paid Claims	18,052
9. Total Cost	89,053,079.06	47,086,107.94	8,244,716.50	3,163,584.77	Property Rate Allowance	0.80
10. Charges	978,275,092.00	733,415,716.00	84,135,620.00	51,304,094.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	11,198,589.00		963,124.01		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,166.08		185.93	County Ceiling Base	976.00	180.34
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	751.80	58.73	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,690.46	221.79	FPLI	0.9807

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	3,163,584.77
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,163,584.77
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,291,573.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,052
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		182.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		60.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		60.97
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9807) for Okaloosa (46)		221.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		187.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		60.97
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		60.97
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	51,304,094.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,842.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,957.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	60.97	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(20.86)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		40.11



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111341 - 2016/07
Outpatient Rate: 77.69

Gulf Coast Medical Center Lee Memorial Health System

Type of Control: Proprietary

County: Lee (36)

Fiscal Year: 10/1/2014 - 9/30/2015

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	123,564,060.00	65,375,305.00	3,793,771.00	1,452,161.00	Total Bed Days	127,385
2. Routine	91,450,817.00		4,549,651.00		Total Inpatient Days	106,701
3. Special Care	19,659,473.00		926,703.00		Total Newborn Days	3,298
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	5,787
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	62
6. Home Health					Medicare Inpatient Days	50,908
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(3,389,218.49)	(944,164.51)	(133,881.18)	(20,972.43)	Medicaid Paid Claims	10,828
9. Total Cost	231,285,131.51	64,431,140.49	9,136,243.82	1,431,188.57	Property Rate Allowance	0.80
10. Charges	1,105,712,556.00	435,684,865.00	35,971,796.00	13,875,772.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		38,966,235.00		1,267,676.17	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,390.75		136.64	County Ceiling Base	1,032.95	193.58
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	988.04	113.74	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,736.48	227.83	FPLI	1.0074

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	1,431,188.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,431,188.57
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,490,508.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,828
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		137.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.08
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0074) for Lee (36)		227.83
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		118.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,875,772.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,281.47	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,334.59	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	118.08	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.40)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		77.69



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111741 - 2016/07
Outpatient Rate: 72.71

Type of Control: Proprietary

County: Clay (10)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

Orange Park Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	61,772,111.00	47,590,686.00	4,116,241.00	2,314,944.00	Total Bed Days	108,405
2. Routine	51,712,463.00		2,243,081.00		Total Inpatient Days	74,809
3. Special Care	13,470,407.00		2,070,964.00		Total Newborn Days	3,967
4. Newborn Routine	1,664,102.00		207,228.00		Medicaid Inpatient Days	5,394
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	65
6. Home Health					Medicare Inpatient Days	28,023
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(2,145,434.23)	(793,837.77)	(144,078.29)	(38,614.49)	Medicaid Paid Claims	16,836
9. Total Cost	126,473,648.77	46,796,848.23	8,493,435.71	2,276,329.51	Property Rate Allowance	0.80
10. Charges	1,405,507,989.00	755,234,602.00	90,420,813.00	41,524,651.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		19,702,104.00		1,267,499.21	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,390.40		142.02	County Ceiling Base	925.56	186.45
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	874.31	106.46	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,708.21	224.12	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	2,276,329.51
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,276,329.51
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,369,550.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,836
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		140.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.53
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Clay (10)		224.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	41,524,651.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,466.42	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,567.43	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	110.53	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.81)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		72.71



Florida Agency for Health Care Administration
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112305 - 2016/07
Outpatient Rate: 43.90

Type of Control: Proprietary

County: Broward (6)

Fiscal Year: 2/1/2014 - 1/31/2015

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: General

Westside Regional Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	63,087,922.00	28,500,734.00	2,911,536.00	625,966.00	Total Bed Days	81,760
2. Routine	36,971,492.00		1,161,327.00		Total Inpatient Days	62,969
3. Special Care	17,209,471.00		797,005.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,222
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,876
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(2,048,071.80)	(497,758.20)	(85,051.03)	(10,932.34)	Medicaid Paid Claims	7,705
9. Total Cost	115,220,813.20	28,002,975.80	4,784,816.97	615,033.66	Property Rate Allowance	0.80
10. Charges	1,028,241,061.00	314,710,672.00	35,880,004.00	8,071,853.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		9,830,439.00		343,028.70	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,016.72		80.53	County Ceiling Base	1,030.24	215.14
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	967.09	64.28	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	615,033.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		615,033.66
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		640,525.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,705
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		83.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		66.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		66.73
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.35
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		66.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		66.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	8,071,853.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,047.61	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,091.03	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	66.73	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(22.83)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		43.90



Florida Agency for Health Care Administration
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112798 - 2016/07
Outpatient Rate: 114.12

Type of Control: Proprietary

County: Hillsborough (29)

Fiscal Year: 11/1/2014 - 10/31/2015

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

Memorial Hospital Of Tampa

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,270,893.00	23,889,481.00	310,340.00	280,054.00	Total Bed Days	66,795
2. Routine	20,309,414.00		543,333.00		Total Inpatient Days	27,355
3. Special Care	3,160,977.00		26,735.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	777
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,983
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(644,670.84)	(344,220.16)	(12,685.67)	(4,035.26)	Medicaid Paid Claims	1,654
9. Total Cost	44,096,613.16	23,545,260.84	867,722.33	276,018.74	Property Rate Allowance	0.80
10. Charges	303,476,542.00	281,769,448.00	5,623,723.00	3,101,889.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	6,910,062.00		128,050.34		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	980.02		171.80	988.33	190.95	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	732.03	171.72	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

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	276,018.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		276,018.74
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		286,912.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,654
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		173.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		178.28
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		173.47
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		173.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		173.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,101,889.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,875.39	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,949.40	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	173.47	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(59.34)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		114.12



Florida Agency for Health Care Administration
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112801 - 2016/07
Outpatient Rate: 54.77

Type of Control: Proprietary

University Hospital and Medical Center

County: Broward (6)

Fiscal Year: 5/1/2014 - 4/30/2015

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	28,288,132.00	20,588,127.00	909,015.00	709,451.00	Total Bed Days	115,705
2. Routine	41,057,329.00		1,382,796.00		Total Inpatient Days	54,034
3. Special Care	5,801,398.00		277,643.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,173
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,632
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(1,074,650.09)	(294,423.92)	(36,744.90)	(10,145.62)	Medicaid Paid Claims	7,284
9. Total Cost	74,072,208.92	20,293,703.09	2,532,709.10	699,305.38	Property Rate Allowance	0.80
10. Charges	610,164,604.00	280,347,694.00	20,409,386.00	11,196,567.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	6,601,953.00		220,828.62		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,071.30		96.67	County Ceiling Base	1,030.24	215.14
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	559.44	80.19	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	699,305.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		699,305.38
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		726,905.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,284
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		83.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		83.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.35
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		83.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		83.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,196,567.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,537.15	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,597.81	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	83.25	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(28.48)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		54.77



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113212 - 2016/07
Outpatient Rate: 58.66

Type of Control: Proprietary

West Florida Hospital

County: Escambia (17)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,189,176.00	54,177,738.00	3,290,590.00	2,075,489.00	Total Bed Days	187,975
2. Routine	44,366,128.00		1,510,025.00		Total Inpatient Days	75,243
3. Special Care	10,852,911.00		612,427.00		Total Newborn Days	1,299
4. Newborn Routine	576,714.00		88,350.00		Medicaid Inpatient Days	4,923
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	6
6. Home Health					Medicare Inpatient Days	36,669
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(2,064,040.07)	(909,257.93)	(92,329.15)	(34,832.66)	Medicaid Paid Claims	12,287
9. Total Cost	120,920,888.93	53,268,480.07	5,409,062.85	2,040,656.34	Property Rate Allowance	0.80
10. Charges	898,564,646.00	602,227,893.00	47,951,233.00	24,293,768.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	14,927,477.00		796,593.69		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,014.63		180.08	County Ceiling Base	977.70	191.62
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	749.62	85.88	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,654.09	217.02	FPLI	0.9596

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	2,040,656.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,040,656.34
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,123,215.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,287
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		172.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		89.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.16
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9596) for Escambia (17)		217.02
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.93
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.93
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		89.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		89.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	24,293,768.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,977.19	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,057.18	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	89.16	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.50)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		58.66



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113514 - 2016/07
Outpatient Rate: 94.88

Type of Control: Proprietary

County: Putnam (54)

Fiscal Year: 5/1/2015 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Rural Hospital

Putnam Community Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,396,549.00	8,039,413.00	330,649.00	280,343.00	Total Bed Days	12,177
2. Routine	3,998,443.00		121,935.00		Total Inpatient Days	6,478
3. Special Care	962,272.00		29,400.00		Total Newborn Days	167
4. Newborn Routine	18,252.00		4,262.00		Medicaid Inpatient Days	214
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,451
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0350378788
8. Adjustments	(151,014.91)	(117,013.09)	(7,077.28)	(4,080.37)	Medicaid Paid Claims	2,853
9. Total Cost	10,224,501.09	7,922,399.91	479,168.72	276,262.63	Property Rate Allowance	1.00
10. Charges	53,695,079.00	61,515,367.00	1,767,830.00	2,821,032.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,695,189.00		55,811.56		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,147.93		105.13	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,582.48	107.61	Cost Report DRI Index	2.1120
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,643.23	215.59	FPLI	0.9533

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	276,262.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		276,262.63
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		285,942.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,853
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.23
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)		100.23
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9533) 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)		100.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		100.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,821,032.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	988.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,023.44	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	100.23	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 15.4533 %)	(15.49)	
AV	Buy Back of Medicaid Trend Adjustment	10.14	
AW			
AX			
AY	Final Prospective Rates		94.88



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115193 - 2016/07
Outpatient Rate: 64.31

Type of Control: Proprietary

County: Pinellas (52)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: CHEP

Northside Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	51,988,338.00	32,472,545.00	2,829,940.00	609,476.00	Total Bed Days	77,551
2. Routine	33,342,593.00		1,588,371.00		Total Inpatient Days	49,643
3. Special Care	16,066,010.00		1,216,774.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,845
5. Intern-Resident	0.00		235,360.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,670
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,526,872.46)	(488,983.54)	(88,399.32)	(9,177.71)	Medicaid Paid Claims	6,396
9. Total Cost	99,870,068.54	31,983,561.46	5,782,045.68	600,298.29	Property Rate Allowance	0.80
10. Charges	992,383,875.00	466,984,311.00	45,738,047.00	13,281,671.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	8,798,007.00		405,491.93		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,952.34		96.96	County Ceiling Base	986.27	193.25
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	649.41	100.44	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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	600,298.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		600,298.29
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		625,179.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,396
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		97.75
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)		97.75
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) 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)		97.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		97.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,281,671.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,076.56	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,162.63	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	97.75	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.44)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		64.31



Florida Agency for Health Care Administration
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116483 - 2016/07
Outpatient Rate: 270.95

Anne Bates Leach Eye Hospital

Type of Control: Nonprofit (Other)

County: Dade (13)

Fiscal Year: 6/1/2014 - 5/31/2015

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	493,512.00	99,923,188.00	2,706.00	3,644,053.00	Total Bed Days	20,440
2. Routine	4,618,329.00		16,036.00		Total Inpatient Days	215
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	55
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(52,539.84)	(1,027,017.16)	(192.63)	(37,453.82)	Medicaid Paid Claims	7,368
9. Total Cost	5,059,301.16	98,896,170.84	18,549.37	3,606,599.18	Property Rate Allowance	0.80
10. Charges	2,906,542.00	393,514,692.00	17,344.00	16,369,287.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,921,284.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	5,366.12	496.25	County Ceiling Base	Exempt	238.84	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,592.49	213.00	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	3,606,599.18
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		3,606,599.18
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,752,511.10
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		7,368
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		509.30
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)		509.30
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		509.30
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		509.30
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		16,369,287.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,221.67
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		2,311.56
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		509.30
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(174.23)
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)		(64.12)
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX			
AY	Final Prospective Rates		270.95



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117463 - 2016/07
Outpatient Rate: 72.66

Type of Control: Proprietary

County: Charlotte (8)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Fawcett Memorial Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	53,079,470.00	29,236,461.00	1,519,275.00	759,105.00	Total Bed Days	86,505
2. Routine	35,276,123.00		1,217,669.00		Total Inpatient Days	57,436
3. Special Care	8,431,269.00		255,448.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,053
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	33,192
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,581,180.06)	(477,627.94)	(48,885.88)	(12,401.29)	Medicaid Paid Claims	6,091
9. Total Cost	95,205,681.94	28,758,833.06	2,943,506.12	746,703.71	Property Rate Allowance	0.80
10. Charges	982,954,453.00	394,149,426.00	28,330,533.00	13,065,293.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		8,486,263.00		244,589.52	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,396.96	130.27	County Ceiling Base	1,000.32	194.21	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	746.45	106.38	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,690.98	221.86	FPLI	0.9810

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	746,703.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		746,703.71
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		778,395.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,091
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		127.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9810) for Charlotte (8)		221.86
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,065,293.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,145.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,236.05	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	110.44	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.78)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		72.66



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117617 - 2016/07
Outpatient Rate: 59.58

Gulf Coast Regional Medical Center

Type of Control: Proprietary

County: Bay (3)

Fiscal Year: 2/1/2014 - 1/31/2015

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,498,544.00	41,843,542.00	4,165,069.00	2,217,614.00	Total Bed Days	79,570
2. Routine	25,861,699.00		2,232,234.00		Total Inpatient Days	50,152
3. Special Care	15,072,286.00		3,806,098.00		Total Newborn Days	3,762
4. Newborn Routine	1,479,011.00		339,280.00		Medicaid Inpatient Days	6,866
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	40
6. Home Health					Medicare Inpatient Days	18,284
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,759,336.08)	(837,396.92)	(210,986.17)	(44,380.16)	Medicaid Paid Claims	24,991
9. Total Cost	86,152,203.92	41,006,145.08	10,331,694.83	2,173,233.84	Property Rate Allowance	0.80
10. Charges	821,855,912.00	598,712,202.00	75,334,109.00	37,484,310.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	10,850,609.00		994,603.74		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,481.86		95.31	County Ceiling Base	973.76	178.21
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	727.89	95.07	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,637.89	214.89	FPLI	0.9502

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	2,173,233.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,173,233.84
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,263,310.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,991
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		90.57
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)		90.57
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9502) 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)		90.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		90.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	37,484,310.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,499.91	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,562.08	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	90.57	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.98)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		59.58



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118079 - 2016/07
Outpatient Rate: 65.11

Type of Control: Proprietary

Brandon Regional Hospital

County: Hillsborough (29)

Fiscal Year: 1/1/2014 - 12/31/2014

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	79,208,039.00	74,891,108.00	6,947,166.00	4,127,004.00	Total Bed Days	148,823
2. Routine	66,412,508.00		4,591,684.00		Total Inpatient Days	105,097
3. Special Care	26,724,175.00		3,830,362.00		Total Newborn Days	6,172
4. Newborn Routine	2,218,015.00		688,553.00		Medicaid Inpatient Days	10,250
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	61
6. Home Health					Medicare Inpatient Days	30,008
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(3,378,763.12)	(1,449,560.88)	(310,807.36)	(79,880.56)	Medicaid Paid Claims	42,630
9. Total Cost	171,183,973.88	73,441,547.12	15,746,957.64	4,047,123.44	Property Rate Allowance	0.80
10. Charges	1,677,174,949.00	1,104,629,807.00	113,376,161.00	71,278,239.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		17,452,275.00		1,179,764.78	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,458.59		98.01	988.33	190.95	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	919.71	103.70	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

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	4,047,123.44
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,047,123.44
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,218,889.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		42,630
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		98.97
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)		98.97
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) 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)		98.97
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		98.97
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	71,278,239.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,672.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,742.98	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	98.97	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.86)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		65.11



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119695 - 2016/07
Outpatient Rate: 72.19

Lawnwood Regional Medical Center & Heart Institute

Type of Control: Proprietary

County: St Lucie (56)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	81,346,127.00	43,269,630.00	7,898,171.00	1,770,183.00	Total Bed Days	135,050
2. Routine	65,459,738.00		4,720,604.00		Total Inpatient Days	104,595
3. Special Care	22,835,338.00		3,195,203.00		Total Newborn Days	2,062
4. Newborn Routine	1,454,307.00		366,046.00		Medicaid Inpatient Days	9,465
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	16
6. Home Health					Medicare Inpatient Days	36,993
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(3,317,066.99)	(838,878.01)	(313,685.75)	(34,318.93)	Medicaid Paid Claims	17,305
9. Total Cost	167,778,443.01	42,430,751.99	15,866,338.25	1,735,864.07	Property Rate Allowance	0.80
10. Charges	1,691,572,010.00	571,349,498.00	145,842,783.00	26,870,463.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	16,887,014.00		1,455,952.87		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,606.54		106.03	County Ceiling Base	1,037.38	199.76
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	903.31	111.09	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,698.39	222.83	FPLI	0.9853

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	1,735,864.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,735,864.07
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,807,812.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,305
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.47
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)		104.47
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9853) 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)		104.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	26,870,463.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,552.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,617.12	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	104.47	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.74)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	3.46	
AX			
AY	Final Prospective Rates		72.19



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119717 - 2016/07
Outpatient Rate: 56.04

Type of Control: Government

County: Lee (36)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Cape Coral Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	61,350,427.00	53,927,462.00	2,075,138.00	1,487,272.00	Total Bed Days	106,215
2. Routine	49,330,192.00		2,594,113.00		Total Inpatient Days	67,016
3. Special Care	9,113,947.00		529,086.00		Total Newborn Days	7,742
4. Newborn Routine	6,721,935.00		1,165,178.00		Medicaid Inpatient Days	3,873
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,342
6. Home Health					Medicare Inpatient Days	31,848
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,883,504.24)	(802,840.76)	(94,736.32)	(22,141.64)	Medicaid Paid Claims	13,254
9. Total Cost	124,632,996.76	53,124,621.24	6,268,778.68	1,465,130.36	Property Rate Allowance	0.80
10. Charges	616,412,654.00	390,973,843.00	19,957,548.00	13,232,936.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		13,418,582.00		434,452.46	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,156.57	114.28	County Ceiling Base	1,032.95	193.58	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,024.27	82.04	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,736.48	227.83	FPLI	1.0074

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	1,465,130.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,465,130.36
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,525,857.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,254
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		115.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		85.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		85.17
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0074) for Lee (36)		227.83
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		85.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		85.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		13,232,936.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		998.41
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,039.79
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		85.17
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(29.14)
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		56.04



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119733 - 2016/07
Outpatient Rate: 50.59

Type of Control: Proprietary

County: Sarasota (58)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Venice Regional Bayfront Health

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	53,805,175.00	55,444,390.00	1,160,334.00	552,228.00	Total Bed Days	113,880
2. Routine	27,977,414.00		2,004,976.00		Total Inpatient Days	45,936
3. Special Care	8,114,654.00		376,274.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	941
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,257
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,092,974.66)	(674,095.35)	(43,058.73)	(6,714.01)	Medicaid Paid Claims	5,011
9. Total Cost	88,804,268.35	54,770,294.66	3,498,525.27	545,513.99	Property Rate Allowance	0.80
10. Charges	674,968,608.00	556,341,058.00	14,681,492.00	7,742,900.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	6,337,124.00		137,841.13		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	3,663.62	111.67	County Ceiling Base	1,001.35	198.78	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	665.11	74.07	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,751.65	229.82	FPLI	1.0162

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	545,513.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		545,513.99
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		568,666.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,011
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		76.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		76.90
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0162) for Sarasota (58)		229.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		206.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		206.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		76.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		76.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,742,900.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,545.18	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,610.76	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	76.90	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(26.31)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		50.59



Florida Agency for Health Care Administration
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119741 - 2016/07
Outpatient Rate: 77.58

Type of Control: Proprietary

Largo Medical Center

County: Pinellas (52)

Fiscal Year: 3/1/2014 - 2/28/2015

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: Statutory Teaching Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	83,166,068.00	43,961,053.00	2,814,172.00	1,159,471.00	Total Bed Days	127,312
2. Routine	58,310,278.00		2,614,797.00		Total Inpatient Days	95,503
3. Special Care	13,774,579.00		671,464.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,491
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,604
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0399619410
8. Adjustments	(2,409,916.05)	(682,394.95)	(94,695.29)	(17,998.14)	Medicaid Paid Claims	10,414
9. Total Cost	152,841,008.95	43,278,658.05	6,005,737.71	1,141,472.86	Property Rate Allowance	0.80
10. Charges	1,385,227,283.00	531,854,499.00	50,502,666.00	16,058,585.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	16,343,858.00		595,864.96		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,242.68		113.07	986.27	193.25	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,175.33	110.41	Cost Report DRI Index	2.1020
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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	1,141,472.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,141,472.86
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,187,088.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,414
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.99
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)		113.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) 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)		113.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		113.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,058,585.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,542.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,603.64	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	113.99	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.00)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	2.59	
AX			
AY	Final Prospective Rates		77.58



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119750 - 2016/07
Outpatient Rate: 95.92

Type of Control: Proprietary

Raulerson Hospital

County: Okeechobee (47)

Fiscal Year: 5/1/2014 - 4/30/2015

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,919,524.00	18,060,799.00	1,171,764.00	1,251,456.00	Total Bed Days	36,500
2. Routine	14,933,181.00		865,219.00		Total Inpatient Days	21,572
3. Special Care	4,458,422.00		258,996.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,336
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,872
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(646,969.64)	(321,796.36)	(40,908.36)	(22,297.68)	Medicaid Paid Claims	13,231
9. Total Cost	35,664,157.36	17,739,002.64	2,255,070.64	1,229,158.32	Property Rate Allowance	1.00
10. Charges	267,107,646.00	198,128,630.00	17,368,723.00	14,244,248.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,267,108.00		277,469.47		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,585.43		99.50	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,431.35	97.44	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,672.88	219.48	FPLI	0.9705

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	1,229,158.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,229,158.32
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,277,670.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,231
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		96.57
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)		96.57
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9705) 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)		96.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		96.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	14,244,248.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,076.58	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,119.07	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	96.57	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 15.4533 %)	(14.92)	
AV	Buy Back of Medicaid Trend Adjustment	14.28	
AW			
AX			
AY	Final Prospective Rates		95.92



Florida Agency for Health Care Administration
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119768 - 2016/07
Outpatient Rate: 75.53

Type of Control: Proprietary

Lake City Medical Center

County: Columbia (12)

Fiscal Year: 11/1/2014 - 10/31/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,320,034.00	21,131,880.00	377,626.00	753,970.00	Total Bed Days	24,455
2. Routine	12,802,554.00		362,184.00		Total Inpatient Days	18,026
3. Special Care	2,743,325.00		61,837.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	563
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,561
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(491,027.36)	(386,226.64)	(14,651.67)	(13,780.28)	Medicaid Paid Claims	5,456
9. Total Cost	26,374,885.64	20,745,653.36	786,995.33	740,189.72	Property Rate Allowance	0.80
10. Charges	186,252,325.00	252,458,484.00	5,827,373.00	10,924,102.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,799,706.00		150,170.89		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,257.91		150.87	County Ceiling Base	945.24	179.71
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	543.80	110.58	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,611.17	211.39	FPLI	0.9347

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	740,189.72
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		740,189.72
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		769,403.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,456
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		141.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		114.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.80
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9347) for Columbia (12)		211.39
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.56
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		186.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		114.80
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		114.80
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,924,102.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,002.22	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,081.24	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	114.80	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.27)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		75.53



Florida Agency for Health Care Administration
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119784 - 2016/07
Outpatient Rate: 12.52

Type of Control: Government

County: Gadsden (20)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: General

Florida State Hospital-Med

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,360,063.00	0.00	0.00	0.00	Total Bed Days	8,760
2. Routine	2,488,473.00		0.00		Total Inpatient Days	2,325
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	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	12,848,536.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	12,848,536.00	0.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	50,545.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	6,142.07		0.00	County Ceiling Base	962.61	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	680.87	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,608.07	210.98	FPLI	0.9329

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 (0.9329) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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119806 - 2016/07
Outpatient Rate: 71.27

Type of Control: Proprietary

County: Leon (37)

Fiscal Year: 5/1/2014 - 4/30/2015

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: General

Capital Regional Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,077,320.00	47,599,467.00	2,563,254.00	2,092,350.00	Total Bed Days	88,330
2. Routine	32,710,267.00		1,671,246.00		Total Inpatient Days	47,477
3. Special Care	4,578,061.00		325,905.00		Total Newborn Days	1,989
4. Newborn Routine	835,818.00		97,911.00		Medicaid Inpatient Days	2,947
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	37
6. Home Health					Medicare Inpatient Days	16,939
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(1,465,314.60)	(858,952.40)	(84,061.27)	(37,757.34)	Medicaid Paid Claims	19,384
9. Total Cost	79,736,151.40	46,740,514.60	4,574,254.73	2,054,592.66	Property Rate Allowance	0.80
10. Charges	605,512,205.00	478,613,927.00	31,133,809.00	24,446,337.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	12,915,736.00		664,092.41		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,421.66		115.00	County Ceiling Base	1,002.98	192.97
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	975.93	104.35	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,651.50	216.68	FPLI	0.9581

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	2,054,592.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,054,592.66
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,135,682.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,384
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		108.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		108.33
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9581) for Leon (37)		216.68
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		108.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		108.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	24,446,337.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,261.16	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,310.94	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	108.33	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.06)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		71.27



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119849 - 2016/07
Outpatient Rate: 69.07

Type of Control: Proprietary

County: Hillsborough (29)

Fiscal Year: 11/1/2014 - 10/31/2015

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

Tampa Community Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,715,177.00	18,144,428.00	868,442.00	478,175.00	Total Bed Days	67,890
2. Routine	18,917,354.00		799,834.00		Total Inpatient Days	22,795
3. Special Care	3,564,295.00		183,548.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,037
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,996
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(596,890.21)	(276,303.79)	(28,199.62)	(7,281.66)	Medicaid Paid Claims	4,281
9. Total Cost	38,599,935.79	17,868,124.21	1,823,624.38	470,893.34	Property Rate Allowance	0.80
10. Charges	300,726,849.00	246,241,700.00	12,948,134.00	7,615,784.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	5,505,348.00		237,038.97		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,575.08		113.24	County Ceiling Base	976.78	189.88
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	672.02	101.12	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

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	470,893.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		470,893.34
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		489,478.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,281
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		104.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.98
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		104.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,615,784.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,778.97	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,849.18	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	104.98	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.91)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		69.07



Florida Agency for Health Care Administration
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119881 - 2016/07
Outpatient Rate: 67.39

Type of Control: Proprietary

Regional Medical Center Bayonet Point

County: Pasco (51)

Fiscal Year: 3/1/2014 - 2/28/2015

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	65,116,064.00	34,702,175.00	3,134,636.00	1,025,108.00	Total Bed Days	99,787
2. Routine	37,802,592.00		1,982,575.00		Total Inpatient Days	65,640
3. Special Care	18,838,045.00		1,098,992.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,770
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,567
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0399619410
8. Adjustments	(2,069,888.13)	(589,943.87)	(105,676.69)	(17,427.04)	Medicaid Paid Claims	10,230
9. Total Cost	119,686,812.87	34,112,231.13	6,110,526.31	1,007,680.96	Property Rate Allowance	0.80
10. Charges	1,223,766,875.00	462,320,334.00	57,100,970.00	19,300,146.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		11,589,249.00		540,754.43	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,563.48		104.24	County Ceiling Base	893.96	190.71
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	869.89	103.22	Cost Report DRI Index	2.1020
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,693.91	222.24	FPLI	0.9827

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	1,007,680.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,007,680.96
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,047,949.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,230
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		107.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9827) for Pasco (51)		222.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.99
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		102.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		102.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	19,300,146.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,886.62	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,962.02	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	102.44	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.04)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		67.39



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119938 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

Kindred Hospital-South Florida-Coral Gables

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,925,011.00	0.00	0.00	0.00	Total Bed Days	20,075
2. Routine	10,260,149.00		0.00		Total Inpatient Days	16,619
3. Special Care	1,802,082.00		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	1.0414483087
8. Adjustments	(384,402.00)	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	22,602,840.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	122,301,824.00	0.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,450,464.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,169.45		0.00	County Ceiling Base	1,067.98	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	896.04	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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 (1.0263) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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119946 - 2016/07
Outpatient Rate: 65.31

Type of Control: Proprietary

County: Hillsborough (29)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

South Bay Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,124,780.00	18,479,705.00	414,132.00	298,991.00	Total Bed Days	40,880
2. Routine	23,282,388.00		330,016.00		Total Inpatient Days	32,406
3. Special Care	3,942,214.00		87,190.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	511
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,017
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(774,594.74)	(263,375.26)	(11,848.34)	(4,261.26)	Medicaid Paid Claims	3,092
9. Total Cost	53,574,787.26	18,216,329.74	819,489.66	294,729.74	Property Rate Allowance	0.80
10. Charges	497,714,638.00	234,892,964.00	7,409,808.00	5,189,030.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	5,349,113.00		79,635.79		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,493.38		98.32	County Ceiling Base	988.33	190.95
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	884.78	101.12	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

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	294,729.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		294,729.74
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		306,945.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,092
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)		104.98
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 (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.23
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)	5,189,030.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,678.21	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,747.77	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	99.27	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.96)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		65.31



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119954 - 2016/07
Outpatient Rate: 67.85

Type of Control: Proprietary

County: Sarasota (58)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Doctors Hospital Of Sarasota

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,543,775.00	26,372,511.00	440,968.00	351,996.00	Total Bed Days	56,575
2. Routine	23,966,272.00		340,286.00		Total Inpatient Days	31,578
3. Special Care	4,259,569.00		143,453.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	527
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,172
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,041,887.58)	(417,779.42)	(14,648.72)	(5,576.14)	Medicaid Paid Claims	3,202
9. Total Cost	64,727,728.42	25,954,731.58	910,058.28	346,419.86	Property Rate Allowance	0.80
10. Charges	469,172,257.00	250,913,551.00	6,368,841.00	4,296,437.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		8,074,949.00		109,614.47	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,558.09		110.98	1,001.35	198.78	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,042.52	99.34	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,751.65	229.82	FPLI	1.0162

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	346,419.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		346,419.86
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		361,122.47
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,202
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		103.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.13
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0162) for Sarasota (58)		229.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		206.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		206.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,296,437.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,341.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,398.75	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	103.13	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.28)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		67.85



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119971 - 2016/07
Outpatient Rate: 75.09

Type of Control: Proprietary

County: St Lucie (56)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: CHEP

St. Lucie Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,004,891.00	31,261,241.00	2,154,157.00	894,737.00	Total Bed Days	83,585
2. Routine	40,313,844.00		1,300,711.00		Total Inpatient Days	57,573
3. Special Care	7,357,782.00		196,530.00		Total Newborn Days	1,569
4. Newborn Routine	570,189.00		178,434.00		Medicaid Inpatient Days	2,103
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	98
6. Home Health					Medicare Inpatient Days	27,457
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,870,593.13)	(566,381.87)	(69,387.76)	(16,210.58)	Medicaid Paid Claims	7,980
9. Total Cost	101,376,112.87	30,694,859.13	3,760,444.24	878,526.42	Property Rate Allowance	0.80
10. Charges	977,599,171.00	347,045,266.00	31,613,572.00	11,161,577.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	11,414,852.00		369,133.13		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,628.61		116.36	County Ceiling Base	1,037.38	199.76
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	839.04	108.98	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,698.39	222.83	FPLI	0.9853

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	878,526.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		878,526.42
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		914,939.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,980
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.65
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)		114.65
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9853) 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)		114.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		114.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,161,577.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,398.69	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,456.67	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	114.65	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.22)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(0.34)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		75.09



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119989 - 2016/07
Outpatient Rate: 53.02

Seven Rivers Regional Medical Center

Type of Control: Proprietary

County: Citrus (9)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,297,386.00	20,921,575.00	563,752.00	609,116.00	Total Bed Days	46,720
2. Routine	14,606,199.00		317,944.00		Total Inpatient Days	28,119
3. Special Care	4,859,442.00		0.00		Total Newborn Days	471
4. Newborn Routine	223,671.00		209,901.00		Medicaid Inpatient Days	711
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,389
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(744,683.03)	(331,581.97)	(17,300.51)	(9,653.76)	Medicaid Paid Claims	7,740
9. Total Cost	46,242,014.97	20,589,993.03	1,074,296.49	599,462.24	Property Rate Allowance	0.80
10. Charges	376,197,681.00	239,140,659.00	7,377,215.00	10,816,107.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,623,428.00		90,665.16		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,536.36		86.01	County Ceiling Base	891.95	180.67
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	760.09	86.09	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,614.96	211.88	FPLI	0.9369

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	599,462.24
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		599,462.24
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		623,714.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,740
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		80.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		89.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		80.58
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9369) for Citrus (9)		211.88
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.56
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		187.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		80.58
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		80.58
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,816,107.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,397.43	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,453.97	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	80.58	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(27.57)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		53.02



Florida Agency for Health Care Administration
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120006 - 2016/07
Outpatient Rate: 85.62

Type of Control: Proprietary

County: Broward (6)

Fiscal Year: 9/1/2014 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: Special

Plantation General Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	106,765,391.00	81,623,749.00	7,360,065.00	3,510,696.00	Total Bed Days	239,075
2. Routine	88,584,656.00		4,619,591.00		Total Inpatient Days	126,490
3. Special Care	30,197,599.00		5,189,332.00		Total Newborn Days	8,996
4. Newborn Routine	903,709.00		126,781.00		Medicaid Inpatient Days	11,050
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	92
6. Home Health					Medicare Inpatient Days	25,021
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(3,720,203.28)	(1,340,936.73)	(284,139.51)	(57,674.65)	Medicaid Paid Claims	24,455
9. Total Cost	222,731,151.73	80,282,812.28	17,011,629.49	3,453,021.35	Property Rate Allowance	0.80
10. Charges	1,854,153,954.00	1,033,777,049.00	140,604,891.00	49,317,487.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		24,856,601.00		1,884,935.00	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,369.66		142.45	County Ceiling Base	1,030.24	220.99
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,026.40	93.48	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	3,453,021.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,453,021.35
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,596,143.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,455
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		147.05
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)		147.05
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) 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)		147.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		147.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	49,317,487.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,016.66	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,100.25	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	147.05	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(50.31)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(11.13)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		85.62



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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120014 - 2016/07
Outpatient Rate: 63.68

Type of Control: Proprietary

County: Indian River (31)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Amended Cost Report

District: 9

Hospital Classification: General

Sebastian Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,052,031.00	112,234,185.00	254,645.00	364,156.00	Total Bed Days	44,165
2. Routine	19,521,266.00		1,091,944.00		Total Inpatient Days	24,328
3. Special Care	5,226,432.00		69,706.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,303
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,509
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(362,988.07)	(834,833.93)	(10,534.86)	(2,708.71)	Medicaid Paid Claims	3,798
9. Total Cost	48,436,740.93	111,399,351.07	1,405,760.14	361,447.29	Property Rate Allowance	0.80
10. Charges	414,301,979.00	464,601,132.00	4,821,465.00	7,443,700.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		7,328,390.00		85,284.59	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,062.86		99.81	County Ceiling Base	982.17	182.81
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	795.60	93.23	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,711.66	224.57	FPLI	0.9930

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	361,447.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		361,447.29
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		376,428.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,798
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.11
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.79
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.79
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9930) for Indian River (31)		224.57
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		189.79
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		189.79
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		96.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		96.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,443,700.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,959.90	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,041.13	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	96.79	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.11)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		63.68



Florida Agency for Health Care Administration
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120022 - 2016/07
Outpatient Rate: 12.52

Type of Control: Nonprofit (Other)

County: Dade (13)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

St. Catherine's Rehabilitation Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,837,772.00	826,546.00	567,154.00	0.00	Total Bed Days	21,900
2. Routine	11,851,381.00		60,769.00		Total Inpatient Days	16,772
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	86
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	1.0414483087
8. Adjustments	(350,980.58)	(13,375.42)	(10,161.24)	0.00	Medicaid Paid Claims	0
9. Total Cost	21,338,172.42	813,170.58	617,761.76	0.00	Property Rate Allowance	0.80
10. Charges	46,694,078.00	1,803,203.00	2,586,261.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	2,110,538.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,163.33		0.00	County Ceiling Base	1,067.98	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	636.11	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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 (1.0263) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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120057 - 2016/07
Outpatient Rate: 135.49

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

Healthsouth Larkin Hospital-Miami

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	26,711,415.00	17,670,327.00	561,681.00	636,505.00	Total Bed Days	46,720
2. Routine	20,673,396.00		707,071.00		Total Inpatient Days	32,815
3. Special Care	1,997,010.00		105,964.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,212
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,918
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,619,098.87)	(579,363.13)	(45,073.29)	(20,869.31)	Medicaid Paid Claims	2,765
9. Total Cost	47,762,722.13	17,090,963.87	1,329,642.71	615,635.69	Property Rate Allowance	0.80
10. Charges	226,993,020.00	127,580,817.00	7,209,237.00	3,347,424.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		10,785,086.00		342,531.42	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	827.26	226.15	County Ceiling Base	1,067.98	238.84	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	684.60	149.05	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	615,635.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		615,635.69
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		641,764.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,765
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		232.10
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)		232.10
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		232.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		232.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,347,424.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,210.64	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,262.02	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	232.10	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(79.40)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(17.21)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		135.49



Florida Agency for Health Care Administration
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120073 - 2016/07
Outpatient Rate: 56.59

Type of Control: Proprietary

County: Hernando (27)

Fiscal Year: 3/1/2014 - 2/28/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

Oak Hill Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	61,812,207.00	34,340,860.00	1,528,946.00	982,839.00	Total Bed Days	95,630
2. Routine	43,127,665.00		1,354,776.00		Total Inpatient Days	67,522
3. Special Care	14,776,520.00		497,575.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,306
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	34,097
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0399619410
8. Adjustments	(2,111,846.17)	(605,786.83)	(59,647.46)	(17,337.68)	Medicaid Paid Claims	11,673
9. Total Cost	117,604,545.83	33,735,073.17	3,321,649.54	965,501.32	Property Rate Allowance	0.80
10. Charges	1,348,041,578.00	567,255,122.00	35,279,854.00	24,231,344.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	15,081,856.00		394,710.14		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,370.00		89.28	County Ceiling Base	931.13	185.23
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	674.83	87.72	Cost Report DRI Index	2.1020
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,660.81	217.90	FPLI	0.9635

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	965,501.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		965,501.32
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,004,084.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,673
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		86.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		91.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.02
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9635) for Hernando (27)		217.90
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.30
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.30
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		86.02
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		86.02
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		24,231,344.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,075.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,158.80
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	86.02	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.43)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		56.59



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120081 - 2016/07
Outpatient Rate: 68.71

Type of Control: Nonprofit (Other)

County: Pinellas (52)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Mease Countryside Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,506,593.00	74,247,803.00	4,608,527.00	2,212,453.00	Total Bed Days	110,595
2. Routine	48,811,849.00		2,108,495.00		Total Inpatient Days	70,573
3. Special Care	11,248,826.00		684,533.00		Total Newborn Days	7,391
4. Newborn Routine	5,539,679.00		1,807,413.00		Medicaid Inpatient Days	3,928
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	851
6. Home Health					Medicare Inpatient Days	28,748
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(2,180,549.33)	(1,216,322.67)	(150,860.71)	(36,244.26)	Medicaid Paid Claims	16,328
9. Total Cost	130,926,397.67	73,031,480.33	9,058,107.29	2,176,208.74	Property Rate Allowance	0.80
10. Charges	660,114,516.00	563,444,718.00	39,976,194.00	16,670,793.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	13,774,989.00		834,206.22		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,779.46		137.82	County Ceiling Base	974.76	189.48
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	855.70	100.59	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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	2,176,208.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,176,208.74
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,268,570.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,328
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		138.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		104.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.43
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		104.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,670,793.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,020.99	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,064.33	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	104.43	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.73)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		68.71



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, 2016 through June 30, 2017

120090 - 2016/07
Outpatient Rate: 81.74

Type of Control: Proprietary

County: Palm Beach (50)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

Delray Comm. Hosp.

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	102,716,723.00	47,647,992.00	4,354,914.00	831,484.00	Total Bed Days	168,265
2. Routine	71,623,138.00		2,825,175.00		Total Inpatient Days	108,865
3. Special Care	21,446,781.00		1,034,081.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,682
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	57,308
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	7,334
9. Total Cost	195,786,642.00	47,647,992.00	8,214,170.00	831,484.00	Property Rate Allowance	0.80
10. Charges	1,518,461,710.00	485,818,532.00	63,746,811.00	9,751,079.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		14,057,168.00		590,136.47	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,610.21		112.11	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	828.74	125.20	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	831,484.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		831,484.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		866,773.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,334
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.19
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		129.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.19
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		118.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,751,079.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,329.57	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,386.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	118.19	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 32.7597 %)	(38.72)	
AV	Buy Back of Medicaid Trend Adjustment	2.27	
AW			
AX			
AY	Final Prospective Rates		81.74



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, 2016 through June 30, 2017

120103 - 2016/07
Outpatient Rate: 75.56

Type of Control: Proprietary

St. Petersburg General Hospital

County: Pinellas (52)

Fiscal Year: 5/1/2014 - 4/30/2015

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: CHEP

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,077,852.00	30,629,582.00	1,711,183.00	1,313,252.00	Total Bed Days	58,035
2. Routine	17,782,280.00		987,775.00		Total Inpatient Days	24,455
3. Special Care	6,126,767.00		403,512.00		Total Newborn Days	1,301
4. Newborn Routine	1,951,307.00		355,464.00		Medicaid Inpatient Days	1,597
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	37
6. Home Health					Medicare Inpatient Days	8,804
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(738,032.20)	(452,671.80)	(51,104.49)	(19,408.43)	Medicaid Paid Claims	11,710
9. Total Cost	49,200,173.80	30,176,910.20	3,406,829.51	1,293,843.57	Property Rate Allowance	0.80
10. Charges	445,051,743.00	411,953,894.00	26,634,007.00	26,245,698.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	6,623,812.00		396,400.32		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,899.69	113.93	County Ceiling Base	986.27	193.25	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	921.76	120.90	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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	1,293,843.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,293,843.57
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,344,908.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,710
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.85
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)		114.85
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) 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)		114.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		114.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	26,245,698.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,241.31	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,329.76	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	114.85	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.29)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		75.56



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, 2016 through June 30, 2017

120111 - 2016/07
Outpatient Rate: 86.06

Type of Control: Proprietary

County: Pinellas (52)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Palms Of Pasadena Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,078,707.00	20,538,151.00	480,762.00	159,201.00	Total Bed Days	68,255
2. Routine	21,598,174.00		441,720.00		Total Inpatient Days	28,552
3. Special Care	4,032,221.00		92,067.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	623
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,281
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,015,926.58)	(381,385.42)	(18,839.78)	(2,956.30)	Medicaid Paid Claims	1,244
9. Total Cost	53,693,175.42	20,156,765.58	995,709.22	156,244.70	Property Rate Allowance	0.80
10. Charges	503,296,863.00	292,787,646.00	8,865,194.00	3,533,494.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	7,580,126.00		133,518.19		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)		OP (F)		County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,429.72	129.75			986.27	193.25		Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07			Variable Cost Base	943.06	145.90	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158			County Ceiling	1,737.69	227.99	FPLI	1.0081

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	156,244.70
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		156,244.70
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		162,720.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,244
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		130.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		151.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		130.80
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		130.80
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		130.80
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		3,533,494.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,840.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,958.16
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	130.80	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(44.75)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		86.06



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, 2016 through June 30, 2017

120138 - 2016/07
Outpatient Rate: 65.81

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

Kendall Regional Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	102,403,406.00	59,722,366.00	15,812,039.00	3,585,312.00	Total Bed Days	152,205
2. Routine	62,785,484.00		6,981,181.00		Total Inpatient Days	105,654
3. Special Care	26,861,996.00		5,588,657.00		Total Newborn Days	3,703
4. Newborn Routine	2,355,482.00		890,540.00		Medicaid Inpatient Days	15,574
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10
6. Home Health					Medicare Inpatient Days	18,926
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(3,935,354.37)	(1,208,955.63)	(592,559.47)	(72,577.22)	Medicaid Paid Claims	36,605
9. Total Cost	190,471,013.63	58,513,410.37	28,679,857.53	3,512,734.78	Property Rate Allowance	0.80
10. Charges	2,025,666,754.00	772,028,458.00	250,017,219.00	66,779,400.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		25,986,326.00		3,207,353.31	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,660.24		97.47	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,045.23	108.34	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	3,512,734.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,512,734.78
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,661,820.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,605
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.04
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)		100.04
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) 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)		100.04
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		100.04
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	66,779,400.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,824.32	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,901.75	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	100.04	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(34.22)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		65.81



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, 2016 through June 30, 2017

120227 - 2016/07
Outpatient Rate: 99.69

Type of Control: Nonprofit (Other)

St Anthonys Hospital

County: Pinellas (52)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	68,237,035.00	53,349,209.00	4,590,299.00	2,115,991.00	Total Bed Days	112,420
2. Routine	69,069,513.00		4,181,580.00		Total Inpatient Days	87,334
3. Special Care	12,120,717.00		917,877.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	5,995
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	36,122
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(2,185,811.52)	(780,388.48)	(141,741.07)	(30,952.57)	Medicaid Paid Claims	14,069
9. Total Cost	147,241,453.48	52,568,820.52	9,548,014.93	2,085,038.43	Property Rate Allowance	0.80
10. Charges	715,976,529.00	435,788,701.00	49,234,673.00	16,435,590.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		14,773,091.00		1,015,882.89	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,471.69	153.25	County Ceiling Base	986.27	193.25	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	761.71	140.39	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

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	2,085,038.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,085,038.43
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,173,530.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,069
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		154.49
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)		154.49
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) 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)		154.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		154.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,435,590.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,168.21	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,217.79	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	154.49	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(52.85)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(1.95)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		99.69



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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120243 - 2016/07
Outpatient Rate: 74.20

Type of Control: Proprietary

County: Palm Beach (50)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

W. Boca Med. Ctr.

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,523,502.00	37,328,251.00	4,133,607.00	1,973,843.00	Total Bed Days	71,175
2. Routine	24,069,370.00		3,167,046.00		Total Inpatient Days	40,508
3. Special Care	14,831,219.00		2,847,243.00		Total Newborn Days	4,129
4. Newborn Routine	2,030,582.00		563,591.00		Medicaid Inpatient Days	6,438
5. Intern-Resident	77,914.00		0.00		Medicaid Newborn IP Days	202
6. Home Health					Medicare Inpatient Days	9,239
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	18,243
9. Total Cost	81,532,587.00	37,328,251.00	10,711,487.00	1,973,843.00	Property Rate Allowance	0.80
10. Charges	352,251,342.00	213,893,230.00	38,115,069.00	9,750,071.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		9,007,176.00		974,614.13	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,450.04		106.99	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,279.40	113.55	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	1,973,843.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,973,843.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,057,616.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,243
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		117.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.79
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		112.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		112.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,750,071.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	534.46	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	557.14	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	112.79	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.59)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		74.20



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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120260 - 2016/07
Outpatient Rate: 72.65

Type of Control: Proprietary

County: Palm Beach (50)

Fiscal Year: 6/1/2014 - 5/31/2015

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: CHEP

Palms West Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,416,349.00	35,945,268.00	4,412,236.00	1,742,563.00	Total Bed Days	74,460
2. Routine	37,254,400.00		3,066,638.00		Total Inpatient Days	55,753
3. Special Care	6,990,526.00		734,770.00		Total Newborn Days	3,442
4. Newborn Routine	1,299,062.00		276,642.00		Medicaid Inpatient Days	4,885
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	54
6. Home Health					Medicare Inpatient Days	12,371
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(1,612,060.53)	(616,706.47)	(145,666.30)	(29,896.84)	Medicaid Paid Claims	15,524
9. Total Cost	92,348,276.47	35,328,561.53	8,344,619.70	1,712,666.16	Property Rate Allowance	0.80
10. Charges	778,254,375.00	393,121,794.00	63,172,765.00	20,198,091.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	12,194,358.00		989,845.14		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,469.71		108.89	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	919.92	98.17	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	1,712,666.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,712,666.16
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,781,955.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.79
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)		114.79
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) 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)		114.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		114.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	20,198,091.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,301.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,353.73	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	114.79	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.27)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(2.86)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		72.65



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, 2016 through June 30, 2017

120278 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Broward (6)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: General

HealthSouth Rehabilitation Hospital-Sunrise

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,337,628.00	2,231,918.00	134,870.00	0.00	Total Bed Days	45,990
2. Routine	17,486,690.00		207,331.00		Total Inpatient Days	31,544
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	374
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	21,007
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	159
9. Total Cost	31,824,318.00	2,231,918.00	342,201.00	0.00	Property Rate Allowance	0.80
10. Charges	61,074,971.00	9,506,107.00	667,126.00	1,504.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		3,198,493.00		34,937.35	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	829.63		0.00	County Ceiling Base	1,030.24	215.14
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	534.48	38.97	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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)		159
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)		40.45
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 (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.35
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.35
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)	1,504.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9.46	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9.86	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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120294 - 2016/07
Outpatient Rate: 68.06

Type of Control: Nonprofit (Other)

Jupiter Hospital

County: Palm Beach (50)

Fiscal Year: 10/1/2014 - 9/30/2015

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	50,179,539.00	64,192,937.00	379,528.00	387,411.00	Total Bed Days	71,175
2. Routine	28,908,875.00		312,545.00		Total Inpatient Days	44,560
3. Special Care	6,199,039.00		96,454.00		Total Newborn Days	2,874
4. Newborn Routine	677,650.00		45,036.00		Medicaid Inpatient Days	585
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	25
6. Home Health					Medicare Inpatient Days	20,970
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,130,289.84)	(844,024.16)	(10,959.89)	(5,093.77)	Medicaid Paid Claims	3,849
9. Total Cost	84,834,813.16	63,348,912.84	822,603.11	382,317.23	Property Rate Allowance	0.80
10. Charges	423,470,697.00	453,683,216.00	4,037,955.00	2,910,816.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	18,673,042.00		178,054.59		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,043.86		98.13	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	973.55	102.29	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	382,317.23
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		382,317.23
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		398,163.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,849
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.45
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,910,816.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	756.25	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	787.60	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	103.45	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.39)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		68.06



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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120308 - 2016/07
Outpatient Rate: 79.49

Type of Control: Proprietary

County: Palm Beach (50)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: CHEP

West Palm Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,804,232.00	23,448,772.00	1,406,401.00	817,260.00	Total Bed Days	83,585
2. Routine	28,969,172.00		1,166,256.00		Total Inpatient Days	41,096
3. Special Care	3,563,710.00		295,235.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,593
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,605
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(696,598.60)	(312,099.40)	(38,171.18)	(10,877.60)	Medicaid Paid Claims	5,876
9. Total Cost	51,640,515.40	23,136,672.60	2,829,720.82	806,382.40	Property Rate Allowance	0.80
10. Charges	399,841,815.00	265,573,106.00	30,171,852.00	9,552,263.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	6,365,377.00		480,327.98		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	645.66		135.51	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	616.73	74.85	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

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	806,382.40
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		806,382.40
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		839,405.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,876
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		142.85
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)		142.85
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) 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)		142.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		142.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,552,263.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,625.64	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,692.21	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	142.85	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(48.87)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(14.50)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		79.49



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
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120324 - 2016/07
Outpatient Rate: 283.26

Type of Control: Nonprofit (Other)

County: Hillsborough (29)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Special

H Lee Moffitt Cancer Center & Research Institute Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	89,131,378.00	412,209,613.00	5,869,007.00	13,514,020.00	Total Bed Days	75,190
2. Routine	61,230,133.00		2,811,329.00		Total Inpatient Days	57,527
3. Special Care	10,573,162.00		337,487.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,631
5. Intern-Resident	1,791,634.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,806
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	25,611
9. Total Cost	162,726,307.00	412,209,613.00	9,017,823.00	13,514,020.00	Property Rate Allowance	0.80
10. Charges	526,493,012.00	1,712,864,555.00	25,807,781.00	59,213,870.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	40,982,721.00		2,008,902.42		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,746.43		544.00	County Ceiling Base	Exempt	190.95
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,981.99	313.88	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

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	13,514,020.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		13,514,020.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		14,067,451.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,611
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		549.27
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)		549.27
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) 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)		549.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		549.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	59,213,870.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,312.05	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,406.73	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	549.27	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(187.91)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 66.1809 %)	(78.10)	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX			
AY	Final Prospective Rates		283.26



Florida Agency for Health Care Administration
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120332 - 2016/07
Outpatient Rate: 59.55

Type of Control: Proprietary

HealthSouth Rehabilitation Hospital of Tallahassee

County: Leon (37)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,092,235.00	302,811.00	102,342.00	6,089.00	Total Bed Days	27,740
2. Routine	9,492,813.00		172,449.00		Total Inpatient Days	16,514
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	300
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,313
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	67
9. Total Cost	15,585,048.00	302,811.00	274,791.00	6,089.00	Property Rate Allowance	0.80
10. Charges	24,055,247.00	11,442,967.00	431,722.00	16,568.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		1,452,064.00		26,060.34	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	902.09		98.88	County Ceiling Base	1,002.98	192.97
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	509.56	87.19	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,651.50	216.68	FPLI	0.9581

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	6,089.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,089.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,347.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		67
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		94.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		90.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		90.51
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9581) for Leon (37)		216.68
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		90.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		90.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,568.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		247.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		257.78
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		90.51
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(30.97)
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		59.55



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120341 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

HealthSouth Treasure Coast Rehabilitation Hospital

County: Indian River (31)

Fiscal Year: 1/1/2014 - 12/31/2014

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	8,037,429.00	0.00	123,233.00	0.00	Total Bed Days	29,200
2. Routine	12,063,785.00		181,181.00		Total Inpatient Days	20,508
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	308
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,261
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	20,101,214.00	0.00	304,414.00	0.00	Property Rate Allowance	0.80
10. Charges	36,944,849.00	0.00	530,875.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,155,943.00		45,348.98		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	883.00		0.00	County Ceiling Base	982.17	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	506.28	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,711.66	224.57	FPLI	0.9930

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 (0.9930) for Indian River (31)		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)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV	Buy Back of Medicaid Trend Adjustment		0.00
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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120375 - 2016/07
Outpatient Rate: 36.29

Type of Control: Proprietary

County: Dade (13)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

Aventura Hospital and Medical Center

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	114,447,130.00	51,051,934.00	5,190,961.00	1,249,790.00	Total Bed Days	148,555
2. Routine	76,257,401.00		4,205,459.00		Total Inpatient Days	113,514
3. Special Care	20,164,892.00		865,546.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	6,558
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	41,895
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(3,579,772.50)	(866,670.50)	(174,209.72)	(21,216.75)	Medicaid Paid Claims	13,844
9. Total Cost	207,289,650.50	50,185,263.50	10,087,756.28	1,228,573.25	Property Rate Allowance	0.80
10. Charges	1,696,954,132.00	546,604,812.00	82,341,982.00	16,163,601.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		19,643,861.00		953,186.90	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,414.80		90.14	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	678.31	53.13	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

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	1,228,573.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,228,573.25
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,280,715.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,844
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		55.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		55.16
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		55.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		55.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,163,601.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,167.55	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,217.11	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	55.16	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(18.87)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		36.29



Florida Agency for Health Care Administration
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120383 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Sarasota (58)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

HealthSouth Rehabilitation Hospital Sarasota

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,776,493.00	0.00	50,146.00	0.00	Total Bed Days	35,040
2. Routine	14,905,915.00		80,094.00		Total Inpatient Days	29,205
3. Special Care	0.00		0.00		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	23,948
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	24,682,408.00	0.00	130,240.00	0.00	Property Rate Allowance	0.80
10. Charges	53,014,680.00	72.00	286,254.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	2,180,674.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	790.37		0.00	County Ceiling Base	1,001.35	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	464.31	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,751.65	229.82	FPLI	1.0162

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 (1.0162) 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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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120405 - 2016/07
Outpatient Rate: 82.64

Type of Control: Government

County: Broward (6)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: Special

Broward Health Coral Springs

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,397,750.00	55,544,657.00	4,230,525.00	2,017,071.00	Total Bed Days	71,540
2. Routine	26,271,677.00		2,174,651.00		Total Inpatient Days	48,145
3. Special Care	17,732,389.00		2,329,410.00		Total Newborn Days	4,816
4. Newborn Routine	361,435.00		107,772.00		Medicaid Inpatient Days	5,020
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	9
6. Home Health					Medicare Inpatient Days	8,811
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(1,047,409.91)	(678,356.09)	(107,990.00)	(24,634.10)	Medicaid Paid Claims	17,292
9. Total Cost	84,715,841.09	54,866,300.91	8,734,368.00	1,992,436.90	Property Rate Allowance	0.80
10. Charges	320,750,671.00	313,006,924.00	41,164,578.00	9,927,189.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		9,383,486.00		1,204,260.12	Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,509.89		116.19	County Ceiling Base	1,030.24	220.99
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,159.04	116.99	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

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	1,992,436.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,992,436.90
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,074,031.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,292
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.94
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)		119.94
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) 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)		119.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		119.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,927,189.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	574.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	597.60	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	119.94	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(41.03)	
AV	Exemption Tier Adj (IP%: 0.0000 %, OP%: 70.7683 %)	0.00	
AW	Buy Back of Medicaid Trend Adjustment	3.73	
AX			
AY	Final Prospective Rates		82.64



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120413 - 2016/07
Outpatient Rate: 49.02

Type of Control: Proprietary

Bartow Regional Medical Center

County: Polk (53)

Fiscal Year: 10/1/2014 - 9/30/2015

Type of Action: Amended Cost Report

District: 6

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,660,141.00	19,991,012.00	451,314.00	665,481.00	Total Bed Days	26,280
2. Routine	8,618,848.00		317,388.00		Total Inpatient Days	13,918
3. Special Care	4,362,300.00		254,429.00		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	4,372
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(303,582.02)	(227,800.98)	(11,658.75)	(7,583.27)	Medicaid Paid Claims	6,806
9. Total Cost	26,337,706.98	19,763,211.02	1,011,472.25	657,897.73	Property Rate Allowance	0.80
10. Charges	169,642,588.00	185,080,592.00	4,600,811.00	7,316,565.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	6,481,683.00		175,787.22		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,461.79		104.50	County Ceiling Base	930.66	192.56
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	902.44	71.77	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,660.64	217.88	FPLI	0.9634

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	657,897.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		657,897.73
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		685,166.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,806
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		74.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		74.51
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9634) for Polk (53)		217.88
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.91
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.91
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		74.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		74.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,316,565.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,075.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,119.57	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	74.51	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(25.49)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		49.02



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, 2016 through June 30, 2017

120421 - 2016/07
Outpatient Rate: 12.52

Type of Control: Proprietary

County: Brevard (5)

Fiscal Year: 1/1/2014 - 12/31/2014

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

HealthSouth Rehabilitation Hospital-Sea Pines

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,697,494.00	221,183.00	129,518.00	0.00	Total Bed Days	32,850
2. Routine	11,161,433.00		167,296.00		Total Inpatient Days	20,949
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	314
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,961
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	11
9. Total Cost	19,858,927.00	221,183.00	296,814.00	0.00	Property Rate Allowance	0.80
10. Charges	38,224,722.00	972,254.00	584,161.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,619,109.00		24,743.68		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	916.16		0.00	County Ceiling Base	1,014.52	190.35
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	514.37	44.08	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,699.42	222.97	FPLI	0.9859

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)		11
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)		45.76
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 (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



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, 2016 through June 30, 2017

141144 - 2016/07
Outpatient Rate: 12.52

Kingsbay Community Hospital

Type of Control: Government

County: Out of State (69)

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

Type of Action: Interim Budget

District: 0

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,727,830.00	24,811,083.00	466,737.00	722,080.00	Total Bed Days	40
2. Routine	7,194,246.00		388,184.00		Total Inpatient Days	6,313
3. Special Care	1,422,776.00		83,953.00		Total Newborn Days	1,617
4. Newborn Routine	547,602.00		27,431.00		Medicaid Inpatient Days	370
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	81
6. Home Health					Medicare Inpatient Days	1,830
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	17,892,454.00	24,811,083.00	966,305.00	722,080.00	Property Rate Allowance	0.80
10. Charges	30,610,233.00	67,912,039.00	1,529,529.00	2,141,999.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	4,231,859.00		211,457.10		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,673.72		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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	722,080.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		722,080.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		722,080.00
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)	2,141,999.00	
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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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142355 - 2016/07
Outpatient Rate: 12.52

Healthsouth Rehabilitation of Altamonte Springs

Type of Control: Nonprofit (Other)

County: Seminole (59)

Fiscal Year: 1/1/2015 - 12/31/2015

Type of Action: Interim Budget

District: 7

Hospital Classification: General

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	18,250
2. Routine	13,911,180.00		20,867.00		Total Inpatient Days	12,649
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	194
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,372
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0000000000
8. Adjustments	(31,116.00)	0.00	(46.67)	0.00	Medicaid Paid Claims	0
9. Total Cost	13,880,064.00	0.00	20,820.33	0.00	Property Rate Allowance	0.80
10. Charges	23,654,379.00	0.00	362,399.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	1,369,914.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	998.71		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.1120
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,707.01	223.96	FPLI	0.9903

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 (0.9903) for Seminole (59)		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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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10281400 - 2016/07

Outpatient Rate: 12.52

University of South Alabama Medical Center

Type of Control: Government

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	1.0449330784
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,881.83		0.00	998.96	204.24	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,648.28	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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)		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)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
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)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.52



Florida Agency for Health Care Administration
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10281402 - 2016/07

Outpatient Rate: 12.85

Infirmiry West

Type of Control: Nonprofit (Other)

County: Out of State (69)

Fiscal Year: 4/1/1999 - 3/31/2000

Type of Action: Interim Budget

District: 0

Hospital Classification: General

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	9,776.51	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	2,772,564.51	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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,090.49		19.53	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,086.59	19.53	Cost Report DRI Index	1.2070
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
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	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.68)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		12.85



Florida Agency for Health Care Administration
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 Computation of Hospital Prospective Payment Rates
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10281401 - 2016/07

Outpatient Rate: 119.59

Type of Control: Government

County: Out of State (69)

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

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

U.S.A Children's & Women's Hospital

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	1.0449330784
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	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
1. Normalized Rate	1,230.00	296,453.46	County Ceiling Base	998.96	204.24	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,164.08	175.09	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	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))		9,486,510.64
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)		296,453.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		181.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		181.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		181.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		181.77
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)		627,361.40
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	181.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(62.18)	
AV	Buy Back of Medicaid Trend Adjustment	0.00	
AW			
AX			
AY	Final Prospective Rates		119.59



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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260011 - 2016/07
482.92 / 13.04

Type of Control: Government

County: Gadsden (20)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Special

Florida State Hospital

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	4,831,291.00		2,886,046.00		Total Inpatient Days	10,414
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	6,221
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	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	4,831,291.00	0.00	2,886,046.00	0.00	Property Rate Allowance	1.00
10. Charges	4,831,291.00	77,822.00	2,886,046.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	0.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	517.65		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	656.28	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,608.07	210.98	FPLI	0.9329

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	2,886,046.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	0.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,886,046.00	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	3,004,236.46	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,221	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	482.92	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)	482.92	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9329) 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)	482.92	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	0.00	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	482.92	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,886,046.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	463.92	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	482.92	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	482.92	19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 31.4582 %)	0.00	(5.99)
AV	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AW			
AX			
AY	Final Prospective Rates	482.92	13.04



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, 2016 through June 30, 2017

260029 - 2016/07
328.38 / 13.04

Type of Control: Government

Northeast Florida State Hospital

County: Baker (2)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,072,249.00	0.00	22,581.00	0.00	Total Bed Days	18,250
2. Routine	5,271,458.00		1,903,164.00		Total Inpatient Days	16,882
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	6,095
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	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	7,343,707.00	0.00	1,925,745.00	0.00	Property Rate Allowance	1.00
10. Charges	7,343,707.00	0.00	1,925,745.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	293,541.00		76,975.44		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	325.31		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	362.40	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,673.05	219.51	FPLI	0.9706

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	1,925,745.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	76,975.44	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,848,769.56	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	1,924,481.07	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,095	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	315.75	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)	315.75	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9706) 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)	315.75	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	12.63	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	328.38	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,925,745.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	315.95	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	328.89	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	328.38	19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 31.4582 %)	0.00	(5.99)
AV	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AW			
AX			
AY	Final Prospective Rates	328.38	13.04



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, 2016 through June 30, 2017

260045 - 2016/07
231.27 / 13.04

Type of Control: Government

So. Fla. State Hosp

County: Broward (6)

Fiscal Year: 7/1/2014 - 6/30/2015

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	370,799.00	0.00	14,908.00	0.00	Total Bed Days	17,673
2. Routine	3,874,600.00		1,015,958.00		Total Inpatient Days	17,673
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,634
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	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	4,245,399.00	0.00	1,030,866.00	0.00	Property Rate Allowance	1.00
10. Charges	4,245,399.00	0.00	1,030,866.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	140,191.00		34,041.12		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	216.91		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	269.84	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	1,030,866.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	34,041.12	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	996,824.88	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	1,037,647.23	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,634	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	223.92	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)	223.92	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) 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)	223.92	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	7.35	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	231.27	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,030,866.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	222.46	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	231.57	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	231.27	19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 31.4582 %)	0.00	(5.99)
AV	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AW			
AX			
AY	Final Prospective Rates	231.27	13.04



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, 2016 through June 30, 2017

260053 - 2016/07
263.25 / 13.04

Type of Control: Government

W. Fla. Comm. Care

County: Santa Rosa (57)

Fiscal Year: 7/1/2014 - 6/30/2015

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	0.00	0.00	Total Bed Days	36,500
2. Routine	7,178,885.00		0.00		Total Inpatient Days	28,359
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	973
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	7,178,885.00	0.00	0.00	0.00	Property Rate Allowance	1.00
10. Charges	17,579,673.00	0.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	183,374.00		0.00		Last Rate Semester in Effect	2016/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	268.93		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	260.64	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,645.82	215.93	FPLI	0.9548

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)	7,178,885.00	0.00
AB	Total Fixed Costs	183,374.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,995,511.00	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	7,281,993.83	0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	28,359	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	256.78	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)	256.78	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9548) 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)	256.78	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	6.47	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	263.25	0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	17,579,673.00	0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	619.90	0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	645.28	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	263.25	19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 31.4582 %)	0.00	(5.99)
AV	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AW			
AX			
AY	Final Prospective Rates	263.25	13.04