

Type of Control: Nonprofit (Other)

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

Florida Agency for Health Care Administration

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

Shriners Hospital for Children-Tampa

Type of Action: Unaudited Cost Report

		Tota	al		Medi	icaid								
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (E	3 <u>)</u>	Inpatient (C)	<u>Outpa</u>	atient (D)	1			Statist	ics (E)		
1. Ancillary	4,68	33,616.00	5,820,989	.00	956,178.00	1,0	030,289.0	0	Total Bed Days				21,900	
2. Routine	4,70	09,231.00			1,129,255.00				Total Inpatient Days				58	
3. Special Care		0.00			0.00				Total Newborn Days				C	
4. Newborn Routine		0.00			0.00				Medicaid	d Inp	atient Days		141	
5. Intern-Resident		0.00			0.00				Medicaio	d Ne	wborn IP Days	3	C	
6. Home Health									Medicare	e Inp	atient Days		(
7. Malpractice		0.00	0	.00	0.00		0.0	0	Prospec	tive	Inflation Facto	r 1	.0485672657	
3. Adjustments		0.00	0	.00	0.00		0.0	0	Medicaid	d Pa	id Claims		2,622	
9. Total Cost	9,39	92,847.00	5,820,989	_	2,085,433.00		030,289.0	- 1			e Allowance		0.80	
10. Charges	14,86	67,112.00	14,765,882	.00	3,098,879.00	2,6	609,780.0	0	First Rat	te Se	emester in Effe	ect	2015/07	
1. Fixed Costs		1,500,2	24.00		0.0	00			Last Rat	e Se	emester in Effe	ect	2015/07	
				С	eiling and Target	Inform	nation							
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	0	P (G)		Inflat	ion / FPLI Dat	a (H)	
1. Normalized Rate		15,054.8	1 440.71		County Ceiling Base	e 32	2,767.00		. ,		Semester DR	I Index	2.1590	
2. Base Rate Semester		2014/0	7 2014/07		Variable Cost Base	12	2,038.64		345.64		Cost Report I	DRI Index	2.0590	
3. Ultimate Base Rate Se	mester	1991/0	1 1993/01		State Ceiling		1,653.98		204.24		FPLI Year Us	ed	2008	
4. Rate of Increase (Year	/Sem.)	1.01595	5 1.035233		County Ceiling		1,546.31		190.95 FPLI			0.9349		
				-	Rate Calcula	ations								
npatient Rate based on Total C	osts, Charg	jes and Days	due to Medicaid d	ays be						Inpa	tient	Outp	patient	
AA Inpatient based on	Total Cos	st (A9 :Outp	patient based of	on M	edicaid Cost(D9)						rsed by		1,030,289.0	
AB Total Fixed Costs									Diagnosis Related Groups					
AD Total Variable Inpat	ient/Med	icaid Outpa	atient Operatin	g Co	st = (AA-AB)				Rela	tea	Groups		1,030,289.0	
AE Variable Operating	Cost Infla	ated = (AD	x Inflation Fa	ctor (E7))								1,080,327.3	
AF Total Days (Inpatier	nt E2+E3) or Medica	aid Paid Claim	s (Ou	utpatient)								2,62	
AG Variable Cost Rate:	Cost Div	vided by Da	ays (IP) or Med	licaid	d Paid Claims (OP)								412.02	
AH Variable Cost Targe	et = Base	Rate Sem	ester x Rate o	f Inci	ease (G2 x F4)								0.0	
AI Lesser of Inflated V	ariable C	ost Rate (A	G) or Target I	Rate	(AH)								412.02	
AJ County Rate Ceiling	g = State	Ceiling (70	% IP & 80% C)P) x	FPLI (0.9349) for Hil	llsborou	ugh (29)						190.9	
AK County Ceiling Tar	get Rate =	= County C	eiling Base x I	Rate	of Increase (G1 x F4	4)							191.2	
AL Lesser of County R	ate Ceilin	ng (AJ) or C	County Ceiling	Targ	et Rate (AK)								190.9	
AM Lesser of Variable	Cost (AI)	or County	Ceiling (AL)										190.9	
AN Plus Rate for Fixed	costs an	d Property	Allowance =	(A11/	/AF) x E9									
AP Total Rate Based o	n Medica	id Cost Da	ta = (AM + AN)									190.9	
AQ Inpatient: Total Cha	rges (A1	0) Outpatie	ent Medicaid C	Charg	jes (D10)								2,609,780.0	
AR Charges Divided by	Total Da	ays (Inpatie	nt) or Medicai	d Pai	d Claims (Outpatient	t)							995.3	
AS Rate Based on Cha	irges Adji	usted for In	flation (AR x E	7)									1,043.6	
AT Prospective Rate =	Lesser o	f rate base	d on Cost (AP) or (Charges (AS)								190.9	
AU Medicaid Trend Adj	ustment	(IP%: 11.7	458 %, OP%	7.40)57 %)								(14.14	
AV														
AW														
AX														
AY Final Prospective	Rates												176.8	

Batch ID: XX920

025766 - 2015/07

Outpatient Rate: 176.81

County Billing ONLY

County: Hillsborough (29) District: 6



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

UF Health Shands Hospital

100030 - 2015/07

Outpatient Rate: 129.45

County Billing ONLY

County: Alachua (1) District: 3

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

Type of Action: Unaudited Cost Report

Fiscal Year: 7/1/2013 - 6/30/2014	٦
Hospital Classification: Specialized: Statutory Teaching	

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

Rate Calculations

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	2,257.72	246.94
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

	<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H)
County Ceiling Base	32,767.00	169.62	Semester DRI Index 2.1590
Variable Cost Base	1,541.70	245.94	Cost Report DRI Index 2.0810
State Ceiling	1,653.98	204.24	FPLI Year Used 2008
County Ceiling	1,458.32	180.08	FPLI 0.8817

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	32,097,378.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	32,097,378.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		33,300,451.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		152,947
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		217.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		254.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		217.73
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8817) for Alachua (1)]	180.08
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		175.60
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		175.60
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		175.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		175.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)]	116,898,841.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		764.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		792.96
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		175.60
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(46.14)
AV			
AW]	
AX]	



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

100064 - 2015/07

Outpatient Rate: 92.90

County Billing ONLY

County: Bay (3)

District: 2

Cost Report DRI Index

FPLI Year Used

FPLI

2.0590

0.8959

2008

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

Type of Action: Unaudited Cost Report

Bay Medical Center Sacred Heart Health System

	Т	otal		Medi	icaid		٦					
Type of Cost / Charges	Inpatient (A)	Outpatient (E	5)	Inpatient (C)	<u>Ou</u>	tpatient (D)		Statistics (E)				
1. Ancillary	64,103,785.0	73,353,478	.00	10,118,910.00		5,328,229.0	0	Total Bed Days 117,				117,895
2. Routine	38,626,723.0			3,843,281.00				Total Inpati	en	t Days		68,955
3. Special Care	23,470,497.0			2,003,743.00				Total Newb	or	n Days		771
4. Newborn Routine	218,707.0			138,431.00				Medicaid Ir	npa	atient Days		7,506
5. Intern-Resident	0.0			0.00				Medicaid Newborn IP Days				8
6. Home Health								Medicare Inpatient Days			35,816	
7. Malpractice	0.0	0 0	.00	0.00		0.0	0	Prospective Inflation Factor 1.04856726			0485672657	
8. Adjustments	(1,700,784.04) (986,858.	96)	(216,659.62)		(71,683.18	5)	Medicaid P	aic	d Claims		42,709
9. Total Cost	124,718,927.9	72,366,619	.04	15,887,705.38		5,256,545.8	2	Property R	ate	e Allowance		0.80
10. Charges	512,994,026.0	479,983,701	.00	60,945,983.00	3	6,392,285.0	0	First Rate S	Sei	mester in Effect		2015/07
11. Fixed Costs	16,44	,693.00		1,954,2	297.0)5		Last Rate Semester in Effect 2015/07				
				eiling and Target	Info	rmation	_				-	
	<u>IP (</u> F	<u>OP (F)</u>				<u>IP (G)</u>	(OP (G) Inflation / FPLI Data (H)				
1. Normalized Rate	2,170	.32 144.05		County Ceiling Bas	е	958.47		172.14 Semester DRI Index 2.15			2.1590	

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	2,170.32	144.05
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

Rate Calculations

832.66

1,653.98

1,481.80

122.91

204.24

182.98

Variable Cost Base

State Ceiling

County Ceiling

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	5,256,545.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	5,256,545.82
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))]	5,511,841.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		42,709
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		129.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.24
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.24
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8959) for Bay (3)		182.98
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		178.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		178.21
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		127.24
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		127.24
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,392,285.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		852.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		893.48
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		127.24
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(34.34)
AV			
AW			
AX			
AY	Final Prospective Rates		92.90



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

Holmes Regional Medical Center

Type of Action: Unaudited Cost Report

100081	- 2015/07
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Outpatient Rate: 77.83

County Billing ONLY

County: Brevard (5) District: 7

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

		Tota	al	1	Medi	icaid]						
Type of Cost / Charges	Inpati	ent (A)	Outpatient (B)	1	Inpatient (C)	Out	tpatient (D)	1	Statistics (E)					
1. Ancillary	160,00	04,871.00	96,209,107.00	1	12,427,901.00	4	4,094,097.00		Total Bed	Da	ays			187,610
2. Routine	103,01	12,970.00		1	11,489,145.00			1	Total Inpat	ie	nt Days			129,471
3. Special Care	23,25	59,227.00		1	1,381,921.00			1	Total New	00	rn Days			8,895
4. Newborn Routine	5,22	29,529.00		1	2,097,111.00			1	Medicaid I	np	atient Days			15,028
5. Intern-Resident		0.00		1	0.00			1	Medicaid N	١e	wborn IP Days	3		130
6. Home Health				1				1	Medicare I	np	atient Days			51,922
7. Malpractice		0.00	0.00	1	0.00		0.00		Prospectiv	e	Inflation Factor	r	1.032026768	
8. Adjustments	(4,12	0,654.41)	(1,359,984.59)	1	(387,263.17)		(57,872.99)		Medicaid F	Medicaid Paid Claims				39,456
9. Total Cost	287,38	35,942.59	94,849,122.41	1	27,008,814.83	4	4,036,224.01	1	Property Rate Allowance					0.80
10. Charges	1,256,9	59,413.00	603,665,168.00	1	100,574,551.00	29	9,979,106.00		First Rate Semester in Effect			ect		2015/07
11. Fixed Costs		36,112,3	91.00]	2,889,	502.61	1		Last Rate	Se	emester in Effe	ect		2015/07
			(Ce	eiling and Target	Infor	mation							
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	C)P (<u>G)</u>		Inflati	ion / F	PLI Dat	:a (H)
1. Normalized Rate		1,761.9	7 113.28		County Ceiling Bas	e	998.59		184.13		Semester DR	I Inde	x	2.1590
2. Base Rate Semester		2014/0	7 2014/07	Ī	Variable Cost Base	;	1,023.03		108.45		Cost Report D	DRI In	dex	2.0920
3. Ultimate Base Rate Se	emester	1991/0	1 1993/01	1	State Ceiling		1,653.98		204.24 FPLI Year Used		sed		2008	
4. Rate of Increase (Yea	r/Sem.)	1.01595	5 1.035233	I	County Ceiling		1,541.51		190.35 FPLI				0.9320	
Rate Calculations														
Rates are based on Medicaid C				_				Inpatient					Outpatient	
AA Inpatient based on	Medicaid	Cost (C9)	:Outpatient based	l o	on Medicaid Cost(D9	3)			Reimbursed by					4,036,224.01
AB Apportioned Medicaid Eived Costs - Total Eived Costs x (Me					Andicaid Charges/Total Charges)				Diagnosis					

			11.00
AY	Final Prospective Rates	┫ ┣	77.83
AX		┨ ┞	
AW		1 [
AV		ז ר	
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)	ך ר	(27.74)
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)] [105.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)] [784.15
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)] [759.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)] [29,979,106.00
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)] [105.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	1 1	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	┓ ┍	105.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1 1	190.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1 1	190.62
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9320) for Brevard (5)	ז ר	190.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)] [105.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	┨ 「	112.27
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1 [105.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	ך ר	39,456
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	1 [4,165,491.22
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	4,036,224.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	4,036,224.01



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

Broward Health Medical Center

Type of Action: Unaudited Cost Report

100129 -	2015/07
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Outpatient Rate: 105.70

County Billing ONLY

County: Broward (6) District: 10

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

3. Ultimate Base Rate Semester

4. Rate of Increase (Year/Sem.)

1991/01

1.015955

1993/01

1.035233

	Total				Medicaid								
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)		Inpatient (C)	0	Outpatient (D)		Statistics (E)				
1. Ancillary	146,24	45,663.00	132,524,542.0	00	40,850,988.00		18,075,844.0	0	Total B	ed Da	iys		239,440
2. Routine	94,68	36,153.00			24,943,893.00				Total In	patie	nt Days		147,157
3. Special Care	57,92	27,980.00			25,699,710.00				Total N	ewbo	rn Days		6,191
4. Newborn Routine	2,92	28,626.00			1,975,930.00				Medica	id Inp	atient Days		49,164
5. Intern-Resident		0.00			0.00				Medica	id Ne	wborn IP Days		174
6. Home Health									Medicare Inpatient Days				27,610
7. Malpractice		0.00	0.0	00	0.00		0.0	0	Prospective Inflation Factor			1.0	0374819798
8. Adjustments	(3,47	6,922.02)	(1,526,822.9	B)	(1,076,879.33)		(208,252.85	5)	Medica	id Pa	d Claims		105,524
9. Total Cost	298,31	11,499.98	130,997,719.0)2	92,393,641.67		17,867,591.1	5	Propert	y Rat	e Allowance		0.80
10. Charges	1,081,93	39,696.00	629,639,292.0	00	301,546,604.00		70,594,821.0	0	First Ra	te Se	mester in Effect		2015/07
11. Fixed Costs		34,946,4	70.00		9,739,	904	.53		Last Ra	ite Se	mester in Effect		2015/07
				С	eiling and Target	Inf	ormation						
		IP (F) OP (F) IP (G) OP (G) Inflation / FPLI Data (H)				<u>(H)</u>							
1. Normalized Rate		1,606.33	3 162.36		County Ceiling Base	е	1,014.06		207.82 Semester DRI Inde		lex	2.1590	
2. Base Rate Semester		2014/07	7 2014/07		Variable Cost Base	•	1,159.14		138.50		Cost Report DRI	Index	2.0810

Rate Calculations

1,653.98

1,789.61

204.24

220.99

FPLI Year Used

FPLI

2008

1.0820

State Ceiling

County Ceiling

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	17,867,591.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	17,867,591.15
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))] [18,537,303.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)] [105,524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1 [175.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)] [143.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)] [143.38
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)	1 [220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)] [215.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)] [215.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1	143.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9] [
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		143.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)] [70,594,821.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)] [668.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)] [694.07
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)] [143.38
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)	1	(37.68)
AV] [
AW] [
AX] [
AY	Final Prospective Rates		105.70



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

Memorial Regional Hospital

Type of Action: Unaudited Cost Report

Outpatient Rate: 110.36

County Billing ONLY

County: Broward (6) District: 10

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

	To	tal	Medicaid				
Type of Cost / Charges	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	Statistics (E)		
1. Ancillary	220,506,648.00	246,189,267.00	44,835,159.00	34,943,775.00	Total Bed Days	378,505	
2. Routine	152,842,041.00		22,583,954.00		Total Inpatient Days	167,066	
3. Special Care	43,691,034.00		11,041,838.00		Total Newborn Days	30,670	
4. Newborn Routine	24,818,130.00		16,886,625.00		Medicaid Inpatient Days	30,724	
5. Intern-Resident	1,673,515.00		277,089.00		Medicaid Newborn IP Days	19,283	
6. Home Health					Medicare Inpatient Days	39,965	
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0419884170	
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	155,240	
9. Total Cost	443,531,368.00	246,189,267.00	95,624,665.00	34,943,775.00	Property Rate Allowance	0.80	
10. Charges	2,197,172,835.00	1,802,982,209.00	482,069,458.00	192,661,543.00	First Rate Semester in Effect	2015/07	
11. Fixed Costs	119,270	,112.00	26,168	,391.19	Last Rate Semester in Effect 2015/0		
		C	eiling and Target	Information			
	IP (F)	OP (F)		IP (G)	OP (G) Inflation /	(FPLLData (H)	

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,337.57	216.77
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

Rate Calculations

	<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H)			
County Ceiling Base	1,014.06	207.82	Semester DRI Index	2.1590		
Variable Cost Base	977.32	144.60	Cost Report DRI Index	2.0720		
State Ceiling	1,653.98	204.24	FPLI Year Used	2008		
County Ceiling	1,789.61	220.99	FPLI	1.0820		

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	34,943,775.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	34,943,775.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		36,411,008.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1	155,240
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1	234.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1	149.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		149.69
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)	1	220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		215.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		149.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		149.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		192,661,543.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,241.06
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,293.17
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		149.69
AU	Medicaid Trend Adjustment (IP%: 29.8253 %, OP%: 26.2788 %)	1 [(39.34)
AV		1	
AW] [
AX] [
AY	Final Prospective Rates	7 -	110.36



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

Broward Health North

Type of Action: Unaudited Cost Report

100218 ·	- 2015/07
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Outpatient Rate: 93.99

County Billing ONLY

County: Broward (6) District: 10

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

	Total				Medicaid							
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	<u>.</u>	Statistics (E)				
1. Ancillary	79,11	2,419.00	52,466,781	00	8,861,271.00	4,538,516.	00	Total Be	ed Da	ays		121,910
2. Routine	52,75	56,195.00			6,413,317.00			Total In	patie	nt Days		76,438
3. Special Care	19,17	71,852.00			2,474,787.00			Total Ne	ewbo	rn Days		0
4. Newborn Routine		0.00			0.00			Medicai	id Inp	atient Days		11,760
5. Intern-Resident		0.00			0.00			Medicai	id Ne	wborn IP Days		0
6. Home Health								Medicare Inpatient Days				18,082
7. Malpractice		0.00	0	00	0.00	0.	00	Prospec	ctive	Inflation Factor	1.(0374819798
8. Adjustments	(1,75	5,198.42)	(609,701.	58)	(206,260.45)	(52,740.8	1)	Medicai	id Pa	id Claims	34,843	
9. Total Cost	149,28	35,267.58	51,857,079	42	17,543,114.55	4,485,775.	19	Propert	y Rat	e Allowance		0.80
10. Charges	586,98	33,536.00	284,501,875	00	69,608,582.00	22,136,668.	00	First Ra	te Se	emester in Effect		2015/07
11. Fixed Costs		13,603,94	44.00		1,613,2	250.11		Last Ra	ite Se	emester in Effect		2015/07
					eiling and Target	Information						
		<u>IP (F)</u>	<u>OP (F)</u>			<u>IP (G)</u>	(OP (G) Inflation / FPLI Data (H)			<u>ı (H)</u>	
1. Normalized Rate		1,298.85	5 123.45		County Ceiling Base	e 1,014.06		207.82	Semester DRI Index		2.1590	
2. Base Rate Semester		2014/07	2014/07		Variable Cost Base	841.08		123.16	Cost Report DRI Index		2.0810	
3. Ultimate Base Rate Se	emester	1991/01	1993/01		State Ceiling	1,653.98		204.24 FPLI Year Used			2008	
4. Rate of Increase (Year	r/Sem.)	1.015955	5 1.035233		County Ceiling	1,789.61		220.99		FPLI		1.0820

Rate Calculations

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	4,485,775.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	4,485,775.19
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,653,910.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		34,843
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		133.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.50
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		215.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		127.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		127.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		22,136,668.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		635.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		659.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		127.50
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(33.51)
AV			
AW			
AX			
AY	Final Prospective Rates		93.99



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

Naples Community Hospital

Type of Action: Unaudited Cost Report

100315 - 2015/07

Outpatient Rate: 74.27

County Billing ONLY

County: Collier (11) District: 8

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

		Tota	al		Media	caid							
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)		Inpatient (C)	Outpatient ())			Statist	ics (E)		
1. Ancillary	119,22	9,760.00	98,407,470.00		11,987,226.00	4,592,743	.00	Total Bed	Da	ys			260,245
2. Routine	95,68	32,715.00			7,039,692.00			Total Inpa	tier	nt Days	118,246		118,246
3. Special Care	13,84	6,867.00			1,267,171.00			Total New	boi	n Days			10,763
4. Newborn Routine	7,58	35,178.00			4,385,231.00			Medicaid	Inpa	atient Days			10,345
5. Intern-Resident		0.00		0.00				Medicaid	Nev	vborn IP Days	3		2,170
6. Home Health								Medicare Inpatient Days				67,366	
7. Malpractice		0.00	0.00		0.00	C	.00	Prospectiv	/e l	nflation Facto	r	1.0	0320267686
8. Adjustments	Adjustments (3,796,740) Total Cost 232,547,779 . Charges 958,296,307				(396,459.29)	6,459.29) (73,779.81			Medicaid Paid Claims			42,290	
9. Total Cost	al Cost 232,547,779.				24,282,860.71	4,518,963	5.19	Property F	Rate	e Allowance			0.80
10. Charges	958,29	6,307.00	631,105,079.00		79,466,889.00	28,709,805	.00	First Rate	Se	mester in Effe	ect		2015/07
11. Fixed Costs	27,472,091.00				2,278,12	27.95		Last Rate	Se	mester in Effe	ect		2015/07
			C	;ei	iling and Target I	nformation							
		<u>IP (F)</u>	<u>OP (F)</u>			<u>IP (G)</u>		<u>OP (G)</u>		Inflat	ion / FPl	LI Data	<u>(H)</u>
1. Normalized Rate		1,813.31	1 110.20	0	County Ceiling Base	1,044.6	4	192.11		Semester DR	I Index		2.1590
2. Base Rate Semester		2014/07	7 2014/07		Variable Cost Base	9 1,107.82		98.27	Ī	Cost Report I	DRI Inde	Index 2.09	
3. Ultimate Base Rate Se	emester	1991/01	1 1993/01	5	State Ceiling	1,653.9	8	204.24	Ī	FPLI Year Us	ed		2008
4. Rate of Increase (Year	r/Sem.)	1.015955	5 1.035233	(County Ceiling	1,655.1	4	204.39	ĺ	FPLI			1.0007
				_	Rate Calculat	tions							
Rates are based on Medicaid C	osts							Ir	npat	ient		Outpa	itient
AA Inpatient based on	Medicaid	Cost (C9) :	Outpatient based	on	n Medicaid Cost(D9)			Reimbursed by				4	1,518,963.19
AB Apportioned Medic	aid Fixed	Costs = To	tal Fixed Costs x	(M	edicaid Charges/Tot	al Charges)		Diagnosis					
AD Total Medicaid Var	iable Ope	rating Cost	= (AA-AB)					Related Groups 4,				1,518,963.19	
AE Variable Operating	Cost Infla	ated = (AD	x Inflation Factor	(E	7))							4	1,663,690.97

Final Prospective Rates

AF

AG

AH

AI AJ

AK AL

AM

AN AP

AQ

AR

AS

AT

AU

AV AW AX

AY

Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)

Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)

County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0007) for Collier (11)

County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)

Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)

Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)

Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)

Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9

Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)

Lesser of Variable Cost (AI) or County Ceiling (AL)

Total Rate Based on Medicaid Cost Data = (AM + AN)

Total Medicaid Charges, Inpatient (C10): Outpatient (D10)

Rate based on Medicaid Charges adjusted for Inflation (AR x E7) Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)

Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)

42,290

110.28

101.73

101.73

204.39

198.88

198.88

101.73

101.73

678.88

700.62

101.73

(27.46)

74.27

28,709,805.00



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

Baptist Of Miami

Type of Action: Unaudited Cost Report

100358 -	2015/07
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Outpatient Rate: 141.90

County Billing ONLY

County: Dade (13) District: 11

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

		Tot	al		Med	icaid							
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	Inpatient (C)	Out	patient (D)	1			Statistics	(E)	
1. Ancillary	260,49	99,925.00	249,343,808	00	26,332,039.00	11	1,992,024.00	2	Total Bed	Da	iys		248,200
2. Routine	204,47	12,387.00			17,799,267.00			1	Total Inpat	tie	nt Days		182,001
3. Special Care	41,96	60,427.00			9,415,613.00			1	Total New	bo	rn Days		9,333
4. Newborn Routine	6,57	76,658.00			1,922,340.00			1	Medicaid I	np	atient Days		20,471
5. Intern-Resident	3,36	60,011.00			291,696.00			1	Medicaid N	٧e	wborn IP Days		2,556
6. Home Health								1	Medicare	Inp	atient Days		41,815
7. Malpractice		0.00	0	00	0.00		0.00	5	Prospectiv	/e	nflation Factor	1.032026768	
8. Adjustments	(8,04	4,401.64)	(3,881,163.3	6)	(867,947.66)	((186,661.96))	Medicaid Paid Claims				55,836
9. Total Cost	508,76	65,006.36	245,462,644	64	54,893,007.34	11	1,805,362.04	1	Property Rate Allowance				0.80
10. Charges	2,247,54	10,118.00	1,222,295,894	00	214,437,696.00	58	58,416,745.00		First Rate	Se	mester in Effect		2015/07
11. Fixed Costs		50,931,4	443.00		4,859,	,366.56	6		Last Rate	Se	mester in Effect		2015/07
				С	eiling and Target	Infor	rmation						
		<u>IP (F)</u>	<u>OP (F)</u>			Г	<u>IP (G)</u>	C	<u>)P (G)</u>		Inflation /	FPLI Data	<u>a (H)</u>
1. Normalized Rate		1,861.3	9 181.12		County Ceiling Bas	se	1,051.21		230.71		Semester DRI Inc	lex	2.1590
2. Base Rate Semester		2014/0	7 2014/07		Variable Cost Base	;	1,123.48		187.74		Cost Report DRI	Index	2.0920
3. Ultimate Base Rate Se	emester	1991/0	1 1993/01		State Ceiling		1,653.98		204.24		FPLI Year Used		2008
4. Rate of Increase (Yea	r/Sem.)	1.01595	5 1.035233		County Ceiling		1,992.55		246.05		FPLI		1.2047
					Rate Calcula	ations	2						

Rate	Calculations	

Rates a	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	11,805,362.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	11,805,362.04
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		12,183,449.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		55,836
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		218.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		194.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		194.35
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		194.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		194.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		58,416,745.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,046.22
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,079.73
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		194.35
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(52.46)
AV			
AW			
AX			
AY	Final Prospective Rates		141.90



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

University of Miami Hospital

Type of Action: Unaudited Cost Report

100366 -	2015/07
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Outpatient Rate: 117.98

County Billing ONLY

County: Dade (13) District: 11

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

Hospital Classification	n: Specia	1											
		Tot	tal		Med	licaid							
Type of Cost / Charges	<u>Inpati</u>	ent (A)	Outpatient	<u>(B)</u>	Inpatient (C)	Outpa	atient (D)			Statist	ics (E)		
1. Ancillary	163,2	50,034.00	69,112,9	58.00	15,842,977.00	5,4	484,107.00	Total Be	d Da	ays			187,610
2. Routine	81,9	64,868.00			8,734,282.00			Total Inp	atie	nt Days			118,963
3. Special Care	24,24	46,852.00			2,551,254.00			Total Ne	wbc	orn Days			0
4. Newborn Routine		0.00			0.00			Medicaid	l Inp	oatient Days			13,094
5. Intern-Resident		0.00			0.00			Medicaid	l Ne	wborn IP Days	;		0
6. Home Health								Medicare	e Inj	patient Days			49,732
7. Malpractice		0.00		0.00	0.00		0.00	Prospect	ive	Inflation Factor	r	1.0394	4800193
8. Adjustments	(3,63	31,104.38)	(931,32	4.62)	(365,567.51)	(73,900.52)	Medicaid	l Pa	id Claims			28,657
9. Total Cost		30,649.62	68,181,63		26,762,945.49		410,206.48	Property	Ra	te Allowance			0.80
10. Charges	1,598,6	34,382.00		59.00	178,713,362.00		212,750.00	First Rat	e S	emester in Effe	ct		2015/07
11. Fixed Costs		34,027,	100.00		3,803,	,932.60		Last Rate	e Se	emester in Effe	ct		2015/07
				С	eiling and Target	Inform	nation						
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	<u> OP (G)</u>		Inflati	on / FPLI Da	ata (H)	
1. Normalized Rate		1,512.9	93 162.9	0	County Ceiling Bas	se	1,051.21	230.71		Semester DR	I Index		2.1590
2. Base Rate Semester		2014/0	07 2014/0	7	Variable Cost Base	;	806.09	156.10		Cost Report I	ORI Index		2.0770
3. Ultimate Base Rate S	emester	1991/0	01 1993/0	1	State Ceiling		1,653.98	204.24		FPLI Year Us	ed		2008
4. Rate of Increase (Yea	ar/Sem.)	1.01595	55 1.03523	3	County Ceiling		1,992.55	246.05		FPLI			1.2047
					Rate Calcula	ations							
Rates are based on Medicaid									- ·	tient	Οι	utpatient	
·		. ,			on Medicaid Cost(D9	,				rsed by		5,41	0,206.48
				sts x (Medicaid Charges/To	otal Cha	arges)			nosis Groups			
AD Total Medicaid Va		-	, ,						lou	Cloups			0,206.48
AE Variable Operating	<i>,</i>	,			,,							5,62	3,801.53
		,			laims (Outpatient)			1					28,657
			• • •		I Paid Claims (OP)			1					196.25
AH Variable Cost Tar													161.60
AI Lesser of Inflated													161.60
	-				FPLI (1.2047) for Da								246.05
	-	-	-		of Increase (G1 x F4	4)							238.84
AL Lesser of County			-	g Targ	et Rate (AK)								238.84
AM Lesser of Variable AN Plus Rate for Fixe	()	,	0()	(011									161.60
					AF) X E9								161.60
			,	,)			1				27.21	
AQ Total Medicaid Ch	-		, ,	,) Paid Claims (Outpat	tiont)		1					2,750.00 1,298.56
								1					1,349.82
		• •		,	,			{		ł			1,349.82
AT Prospective Rate			,	,	Q ()			1					(43.62)
AU Medicald Hend A	ajaounont	, /0. 20.		5. 20.0				1					(10.02)
AW								1					
								1					

Batch ID: XX920

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

Hialeah Hospital

Type of Action: Unaudited Cost Report

100412 - 2015/07

Outpatient Rate: 67.57

County Billing ONLY

1.2047

County: Dade (13) District: 11

FPLI

246.05

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

4. Rate of Increase (Year/Sem.)

		Tota	al		Medi	icaic	ł						
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	Inpatient (C)	Ou	utpatient (D)				Statistics	(E)	
1. Ancillary	38,56	6,868.00	21,183,731	00	10,208,934.00		3,886,114.0	0	Total B	ed Da	ays		124,830
2. Routine	30,15	53,864.00			6,882,912.00				Total Inpatient Days				51,986
3. Special Care	13,47	7,943.00			3,795,938.00				Total N	ewbo	orn Days		2,666
4. Newborn Routine	1,02	27,284.00			831,927.00				Medica	id Inp	atient Days		13,079
5. Intern-Resident		0.00			0.00				Medica	id Ne	wborn IP Days		105
6. Home Health									Medica	re Inp	oatient Days		15,395
7. Malpractice		0.00	0	00	0.00		0.0	0	Prospe	ctive	Inflation Factor	1.0	394800193
8. Adjustments		0.00	0	00	0.00		0.0	0	Medica	id Pa	id Claims		43,649
9. Total Cost	83,22	25,959.00	21,183,731	00	21,719,711.00		3,886,114.0	0	Propert	y Rat	e Allowance		0.80
10. Charges	638,47	78,607.00	249,046,558	00	127,190,132.00		42,267,251.00		First Ra	ate Se	emester in Effect	2015/07	
11. Fixed Costs		7,855,18	32.00		1,564,8	816.1	15		Last Ra	te Se	emester in Effect		2015/07
				С	eiling and Target	Info	ormation						
		<u>IP (F)</u>	<u>OP (F)</u>			Γ	<u>IP (G)</u>	0	<u>DP (G)</u>		Inflation /	FPLI Data	<u>(H)</u>
1. Normalized Rate	1,319.08 76.82				County Ceiling Base		1,051.21		230.71		Semester DRI Inc	dex	2.1590
2. Base Rate Semester	er 2014/07 2014/07				Variable Cost Base	;	800.45		96.02		Cost Report DRI	Index	2.0770
3. Ultimate Base Rate Se	emester	1991/0 [.]	1 1993/01		State Ceiling		1,653.98		204.24		FPLI Year Used		2008

1,992.55

County Ceiling

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	3,886,114.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	3,886,114.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,039,537.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		43,649
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)]	92.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.40
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)]	92.55
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1	238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)]	238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9]	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		42,267,251.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)]	968.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)]	1,006.57
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)]	92.55
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(24.98)
AV]	
AW		1	
AX]	
AY	Final Prospective Rates]	67.57

1.015955



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

Jackson Memorial Hospital

100421 - 2015/07

Outpatient Rate: 172.43

County Billing ONLY

County: Dade (13) District: 11

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

Type of Action: Unaudited Cost Report

Hospital Classification	: Special	lized/Stat	utory Teachin	g									
		Tot	al		Medi	cai	d						
Type of Cost / Charges	<u>Inpatie</u>	ent (A)	Outpatient (B)	Inpatient (C)	<u>0</u>	utpatient (D)			Statist	ics (E)		
1. Ancillary	417,43	33,883.00	328,191,259.	00	137,878,823.00	į	59,818,593.00	Total B	ed D	ays		632,180	
2. Routine	288,05	52,433.00			91,297,345.00			Total Ir	npatie	ent Days		378,006	
3. Special Care	123,85	54,610.00			12,807,632.00			Total N	lewbo	orn Days		30,154	
4. Newborn Routine	34,38	33,056.00			15,478,374.00			Medica	id In	patient Days		113,223	
5. Intern-Resident		0.00			0.00			Medica	id Ne	wborn IP Days	5	5,205	
6. Home Health							Medica	re In	patient Days		60,460		
7. Malpractice		0.00	0.	00	0.00			Prospe	ctive	Inflation Factor	r 1.	0531707317	
9. Total Cost 863,723,982.00 328,191,2					0.00 0.00			Medica	id Pa	id Claims		255,538	
9. Total Cost	863,72	23,982.00	328,191,259.	00	257,462,174.00 59,818,593.00			Proper	ty Ra	te Allowance		0.80	
10. Charges	2,855,26	61,306.00	1,123,620,228.					First R	ate S	emester in Effe	ect	2014/07	
11. Fixed Costs	11. Fixed Costs 92,805,098.				28,139,	228	.62	Last R	ate S	emester in Effe	ect 2015/07		
			С	eiling and Target	Info	ormation							
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	<u>OP (G)</u>		<u>Inflati</u>	ion / FPLI Dat	<u>a (H)</u>	
1. Normalized Rate	Normalized Rate 1,692.83 204.64				County Ceiling Base	е	32,767.00	230.71		Semester DR	l Index	2.1590	
2. Base Rate Semester		2014/0	07 2014/07		Variable Cost Base		1,411.35	225.94		Cost Report D	ORI Index	2.0500	
3. Ultimate Base Rate S					State Ceiling		1,653.98	204.24		FPLI Year Us	ed	2008	
4. Rate of Increase (Yea	r/Sem.)	1.01595	1.035233		County Ceiling		1,992.55	246.05		FPLI		1.2047	
I. Ancillary 417.433.883.00 328.191.259.00 137.878.823.00 59.818.593.00 Total Bed Days 632 2. Routine 288.052.433.00 11.287.632.00 59.818.593.00 11.2807.632.00 Total Inpatient Days 378 3. Special Care 123.854.610.00 12.807.632.00 11.2807.632.00 Total Newborn Days 378 4. Newborn Routine 34.383.056.00 11.2807.632.00 Medicaid Inpatient Days 103 5. Intern-Resident 0.00 0.00 0.00 Medicaid Newborn IP Days 58 6. Home Health 0.00 0.00 0.00 0.00 Medicaid Newborn IP Days 58 6. Home Health 0.00 0.00 0.00 0.00 0.00 10.53170 10. Charges 2.855.261.036.00 1.123.620.228.00 85.737.469.00 198.683.680.00 12.87 Res 28.62 11. Fixed Costs 92.805.098.00 285.737.469.00 198.683.680.00 230.71 Ensets re Effect 201 11. Fixed Costs 1.992.65 246.05 State Celling 1.653.98 204.24 FPLI													
		Coat (CO)		and c	n Madiaaid Coat(D0			Dai					
			-								59,818,593.		
				5 X (I	viedicald Charges/TC		charges)				50 818 502 (
		-	, ,	tor (-					
					, ,			-				255,538	
		,			, , ,			-				235,556	
		-						-				233.90	
								-				233.90	
						ade ((13)	-				246.05	
	0	0 (,	, ,		\ ` <i>1</i>	1				238.84	
	-		-		,	,		1				238.84	
								1				233.90	
	()	,	3 ()	C11/	AF) x E9			1					
AP Total Rate Based								1				233.90	
AQ Total Medicaid Ch	arges, Inp	oatient (C1	0): Outpatient (D10))			1			19	8,683,683.00	
			,	,				-1		ł			

AY Final Prospective Rates Batch ID: XX920

AR

AS

AT

AU

AV AW AX Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)

Rate based on Medicaid Charges adjusted for Inflation (AR x E7)

Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)

Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)

777.51

818.85

233.90

(61.47)



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

Mount Sinai Medical Center

100463 - 2015/07

Outpatient Rate: 115.44

County Billing ONLY

County: Dade (13) District: 11

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

Type of Action: Unaudited Cost Report

		Tot	al		Med	icai	d							
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (E	<u>3)</u>	Inpatient (C)	0	utpatient (D)				Statistic	:s (E)		
1. Ancillary	131,69	95,889.00	89,720,239	.00	9,469,534.00		5,832,567.0	0	Total Bed	Da	ys			215,456
2. Routine	78,22	28,808.00			5,224,113.00				Total Inpat	ier	nt Days			137,099
3. Special Care	21,82	24,012.00			1,770,317.00				Total New	201	n Days			5,539
4. Newborn Routine	6,35	59,830.00			4,932,624.00				Medicaid I	np	atient Days	10		10,107
5. Intern-Resident		0.00			0.00				Medicaid N	۱e	vborn IP Days			2,761
6. Home Health									Medicare I	np	atient Days			56,290
7. Malpractice		0.00	0	.00	0.00		0.0	0	Prospectiv	e l	nflation Factor		1.0485	5672657
8. Adjustments		0.00	0	.00	0.00		0.0	0	Medicaid F	Pai	d Claims			39,056
9. Total Cost	238,10	08,539.00	89,720,239	.00	21,396,588.00		5,832,567.0	0	Property R	ate	e Allowance			0.80
10. Charges	1,315,45	56,782.00	774,825,578	.00	101,503,606.00	4	43,192,380.0	0	First Rate	Se	mester in Effect	t		2015/07
11. Fixed Costs		27,009,8	809.00		2,084,	137.	65		Last Rate	Se	mester in Effect	t		2015/07
				C	eiling and Target	Info	ormation							
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	0	<u> DP (G)</u>		Inflatio	n / FPLI I	Data (H)	
1. Normalized Rate		1,306.3	129.98		County Ceiling Bas	е	32,767.00		230.71		Semester DRI	Index		2.1590
2. Base Rate Semester		2014/0	07 2014/07		Variable Cost Base	•	1,168.95		195.44		Cost Report DF	RI Index		2.0590
3. Ultimate Base Rate Se	emester	1991/0	1 1993/01		State Ceiling		1,653.98		204.24		FPLI Year Use	d		2008
4. Rate of Increase (Yea	r/Sem.)	1.01595	5 1.035233		County Ceiling		1,992.55		246.05	ľ	FPLI			1.2047
					Rate Calcula	atio	ns			-				
Rates are based on Medicaid C	osts								In	oat	ient	C	Dutpatien	
		()	•		on Medicaid Cost(D9			_			sed by		5,83	2,567.00
				s x (I	Medicaid Charges/Te	otal	Charges)				osis Groups 🗖			
AD Total Medicaid Var	iable Ope	rating Cos	t = (AA-AB)						Relate	u			5,83	2,567.00
AE Variable Operating		,		`	, ,						L		6,11	5,838.83
AF Total Medicaid Day		,			,						Ļ			39,056
AG Variable Cost Rate					. ,						Ļ			156.59
AH Variable Cost Targ											Ļ			202.33
AI Lesser of Inflated \								_						156.59
	-			,	FPLI (1.2047) for Da		(13)				Ļ			246.05
					of Increase (G1 x F4	4)					Ļ			238.84
AL Lesser of County F	Rate Ceilir	ng (AJ) or (County Ceiling	Targ	et Rate (AK)			_			_			238.84
AM Lesser of Variable	()	,	3 ()								Ļ			156.59
AN Plus Rate for Fixed					AF) x E9			_			-			
AP Total Rate Based of			,	,				_						156.59
AQ Total Medicaid Cha	• •	,	, ,	, ,				_						2,380.00
			-		Paid Claims (Outpa	tient)	_						1,105.91
AS Rate based on Me											Ļ			1,159.62
AT Prospective Rate =					,			_			-			156.59
AU Medicaid Trend Ac	ljustment	(IP%: 30.4	1045 %, OP%:	26.2	(788 %)									(41.15)
AV											F			
AW											F			
AX	_										L L			
AY Final Prospective	Rates													115.44



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

University of Miami Hospital and Clinics

100471 - 2015/07

Outpatient Rate: 123.62

County Billing ONLY

County: Dade (13) District: 11

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

Type of Action: Unaudited Cost Report

Hospital Classification	: Statuto	ry Teachi	ng Hospita	I											
		Tot	al		1	Med	icai	d]						
Type of Cost / Charges	Inpatie	ent (A)	Outpatien	<u>(B)</u>		Inpatient (C)	0	utpatient (D)				Statist	ics (E	E)	
1. Ancillary	30,05	54,860.00	264,352,1	08.00		3,720,535.00		18,985,643.00	Total I	Bed D	ay	'S			14,600
2. Routine	9,61	14,824.00				965,979.00			Total I	npatie	ent	Days			10,953
3. Special Care	10,65	56,423.00			1	1,945,771.00			Total I	Total Newborn Days			0		
4. Newborn Routine		0.00			1	0.00			Medicaid Inpatient Days				1,522		
5. Intern-Resident		0.00			1	0.00			Medic	aid Ne	ew	born IP Days	3		0
6. Home Health					1				Medic	are In	ра	tient Days		1,777	
7. Malpractice		0.00		0.00		0.00		0.00	Prosp	ective	In	flation Facto	r	1.0394800193	
8. Adjustments	(48	0,481.75)	(2,523,80	6.25)		(63,320.85)		(181,262.88)	Medic	aid Pa	aid	Claims			70,187
9. Total Cost	49,84	45,625.25	261,828,2	41.75		6,568,964.15		18,804,380.12	Prope	rty Ra	te	Allowance			0.80
10. Charges	198,97	70,984.00	1,448,468,2	06.00		24,479,781.00	:	95,421,644.00	First F	Rate S	en	nester in Effe	ect		2015/07
11. Fixed Costs		20,460,	752.00			2,517,	325.	48	Last R	ate S	en	nester in Effe	ect		2015/07
				C	Ce	iling and Target	Infe	ormation							
		<u>IP (F)</u>	<u>OP (F)</u>					<u>IP (G)</u>	<u>OP (G)</u>	7	Γ	Inflat	ion / F	PLI Data	<u>(H)</u>
1. Normalized Rate		2,296.9	6 231.	7		County Ceiling Bas	е	32,767.00	230.71		5	Semester DR	I Inde	x	2.1590
2. Base Rate Semester		2014/0)7 2014/)7	Ī	Variable Cost Base		775.61	163.56	5	C	Cost Report I	DRI In	dex	2.0770
3. Ultimate Base Rate Se	emester	1991/0)1 1993/)1	Ī	State Ceiling		1,653.98	204.24	ŧ	F	PLI Year Us	sed 200		2008
4. Rate of Increase (Year	r/Sem.)	1.01595	5 1.0352	33	Ī	County Ceiling		1,992.55	246.05	5	FPLI		1.2047		1.2047
		•				Rate Calcula	atio	ns							
Rates are based on Medicaid C	osts							-		Inpa	atie	ent		Outpa	atient
AA Inpatient based on	Medicaid	Cost (C9)	:Outpatient	based	0	n Medicaid Cost(D9))					sed by		18	3,804,380.12
AB Apportioned Medic	aid Fixed	Costs = T	otal Fixed C	osts x	(M	ledicaid Charges/To	otal	Charges)		Diag					
AD Total Medicaid Var	iable Ope	erating Cos	t = (AA-AB)						Related Groups				18,804,380.12		
AE Variable Operating	Cost Infla	ated = (AD	0 x Inflation	actor	(E	(E7))								19	9,546,777.41
AF Total Medicaid Day		,				· · ·									70,187
AG Variable Cost Rate	: Cost Div	vided by D	ays (IP) or N	ledicai	id I	d Paid Claims (OP)									278.50
AH Variable Cost Targ						rease (G2 x F4)									169.32
AI Lesser of Inflated \	/ariable C	ost Rate (AG) or Targe	et Rate	e (/	(AH)									169.32
AJ County Rate Ceilin	g = State	Ceiling (70	0% IP & 80%	5 OP) >	хF	FPLI (1.2047) for Da	ade	(13)							246.05
AK County Ceiling Tar	get Rate :	= County C	Ceiling Base	x Rate	e o	f Increase (G1 x F4)								238.84
AL Lesser of County F	Rate Ceilir	ng (AJ) or (County Ceili	ng Tar	ge	t Rate (AK)									238.84
AM Lesser of Variable	Cost (AI)	or County	Ceiling (AL)												169.32
AN Plus Rate for Fixed	d costs an	d Property	Allowance	= (C11	1/A	AF) x E9									
AP Total Rate Based of	on Medica	aid Cost Da	ata = (AM + .	AN)											169.32
AQ Total Medicaid Cha	arges, Inp	patient (C1	0): Outpatie	nt (D10	0)									95	5,421,644.00
AR Charges divided by Medicaid Days (Inpatient) or Medicaid				d F	Paid Claims (Outpat	tient)							1,359.53	
AS Rate based on Medicaid Charges adjusted for Inflation (AF			١R	x E7)									1,413.21		
AT Prospective Rate =	Lesser o	of rate base	ed on Cost (AP) or	C	harges (AS)			1						169.32
AU Medicaid Trend Ad	ljustment	(IP%: 31.4	4582 %, OF	%: 26.	.99	907 %)									(45.70)
AV									1						
AW									1						
AX									4						

AY Final Prospective Rates



AG

AH

AI AJ

Florida Agency for Health Care Administration

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

Northshore Medical Center

Type of Action: Unaudited Cost Report

100498 - 2015/07

Outpatient Rate: 43.74

County Billing ONLY

County: Dade (13) District: 11

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

Hospital Classification	. Specia													
		Tota	al		Medi	icaid	I							
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)		Inpatient (C)	<u>Ou</u>	tpatient (D)				Statist	ics (E)	
1. Ancillary	81,70	07,754.00	63,163,846.00)	15,004,712.00		6,099,354.00)	Total Bed	Bed Days				281,415
2. Routine	64,05	53,721.00			12,070,279.00			1	Total Inpa	atie	nt Days		120,920	
3. Special Care	34,26	69,607.00			7,754,647.00			1	Total Nev	vbo	rn Days		4,746	
4. Newborn Routine	1,63	31,316.00			1,091,655.00			1	Medicaid	Inp	atient Days		26,516	
5. Intern-Resident		0.00			0.00			1	Medicaid	Ne	wborn IP Days	3		3,003
6. Home Health								1	Medicare	Inp	atient Days		39,267	
7. Malpractice		0.00	0.00)	0.00		0.00	5	Prospecti	ve l	nflation Facto	r	1.(0394800193
8. Adjustments		0.00	0.00)	0.00		0.00	5	Medicaid	d Paid Claims			68,091	
9. Total Cost	181,66	62,398.00	63,163,846.00)	35,921,293.00		6,099,354.00	5	Property	Rate Allowance			0.80	
10. Charges	1,348,33	35,223.00	692,294,400.00)	225,659,421.00	7	3,496,798.00	ס	First Rate	e Semester in Effect			2015/07	
11. Fixed Costs		16,617,0	74.00		2,781,0	058.6	62		Last Rate Semester in Effect		ect		2015/07	
				Ce	eiling and Target	Info	rmation							
		<u>IP (F)</u>	<u>OP (F)</u>			Γ	<u>IP (G)</u>	C)P (<u>G)</u>		Inflat	ion / F	PLI Data	a (H)
1. Normalized Rate		968.70) 77.29	[County Ceiling Base	е	1,051.21		230.71		Semester DR	l Inde	ex	2.1590
2. Base Rate Semester		2014/07	7 2014/07	İ	Variable Cost Base		814.61		57.87		Cost Report [DRI In	Idex	2.0770
3. Ultimate Base Rate Se	emester	1991/01	1993/01	İ	State Ceiling		1,653.98		204.24		FPLI Year Us	sed		2008
4. Rate of Increase (Yea	r/Sem.)	1.015955	5 1.035233	Ī	County Ceiling		1,992.55		246.05		FPLI			1.2047
					Rate Calcula	ation	S							
Rates are based on Medicaid C	osts									npat	ient		Outpa	atient
AA Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)								Reim	bui	sed by		6	6,099,354.00	
AB Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medica					ledicaid Charges/To	otal C	harges)				osis			
AD Total Medicaid Variable Operating Cost = (AA-AB)								Related Groups 6,099,3			6,099,354.00			
AE Variable Operating Cost Inflated = (AD x Inflation Factor (I			r (E	E7))						Ì		(6,340,156.61	
AF Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)													68,091	

AK	County Ceiling Target Rate = County Ceiling Base x Rate of	Increase (G1 x F4)	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target	Rate (AK)	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/A	F) x E9	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid P	aid Claims (Outpatient)	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR	x E7)	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Ch	arges (AS)	
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.99	07 %)	
AV			
AW			
AX			
AY	Final Prospective Rates		
Batch	ID: XX920 Created On: 6/29/2015	Published: 6/29/2015	Re

Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)

County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)

Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)

Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)

93.11

59.91

59.91

246.05 238.84 238.84 59.91

59.91

43.74

73,496,798.00 1,079.39 1,122.01 59.91 (16.17)



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

Nicklaus Children's Hospital

Type of Action: Unaudited Cost Report

100609 - 2015/07

Outpatient Rate: 150.10

County Billing ONLY

County: Dade (13) District: 11

Type of Control: Nonprofit (Other) Fiscal Year: 1/1/2013 - 12/31/2013 Hospital Classification: Specialized: Children's

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

Rate Calculations

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	2,337.88	193.31
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

	<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H)
County Ceiling Base	32,767.00	230.71	Semester DRI Index 2.1590
Variable Cost Base	1,686.36	155.08	Cost Report DRI Index 2.0590
State Ceiling	1,653.98	204.24	FPLI Year Used 2008
County Ceiling	1,992.55	246.05	FPLI 1.2047

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	54,950,331.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	54,950,331.57
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		57,619,118.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		247,413
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		232.89
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		160.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)]	160.54
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		160.54
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		160.54
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)]	230,575,385.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)]	931.95
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		977.21
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)]	160.54
AU	Medicaid Trend Adjustment (IP%: 10.3891 %, OP%: 6.5029 %)		(10.44)
AV		1	
AW]	
AX]	



Type of Cost / Charges

Ancillary
 Routine

3. Special Care

4. Newborn Routine

Florida Agency for Health Care Administration

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

Westchester General Hospital

Type of Action: Unaudited Cost Report

100625 - 2015/07

Outpatient Rate: 97.93

County Billing ONLY

71,905

50,544

5,253

0

County: Dade (13) District: 11

Medicaid Inpatient Days

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

0.00

n	: CHEP					
	Tot	tal	Med	icaid		
5	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	Statistics	; (E)
	17,720,099.00	7,421,605.00	1,987,986.00	677,560.00	Total Bed Days	
	27,598,056.00		2,512,321.00		Total Inpatient Days	
	2,190,771.00		209,848.00		Total Newborn Days	T

											<i>,</i> , ,		,	
5. Intern-Resident		0.00			0.00				Medicaid Newborn IP Days				0	
6. Home Health									Medica	Medicare Inpatient Days			23,264	
7. Malpractice		0.00	0	.00	0.00		0.0	0	Prospe	Prospective Inflation Factor			0485672657	
8. Adjustments	(65	2,160.74)	(101,877.	26)	(64,656.86)		(9,300.95	5)	Medicaid Paid Claims				5,224	
9. Total Cost	46,85	56,765.26	7,319,727	.74	4,645,498.14		668,259.0	5	Property Rate Allowance			0.80		
10. Charges	146,37	78,703.00	26,549,590	.00	16,470,268.00		2,838,234.0	0	First Rate Semester in Effect				2015/07	
11. Fixed Costs		3,051,492	2.00		343,3	348.3	38		Last Rate Semester in Effect				2015/07	
				С	eiling and Target	Inf	ormation							
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	C)P <u>(G)</u>		Inflation /	FPLI Data	<u>(H)</u>	
1. Normalized Rate		712.85	111.34		County Ceiling Bas	e	1,051.21		230.71		Semester DRI Index		2.1590	
2. Base Rate Semester		2014/07	2014/07		Variable Cost Base		424.38		149.56		Cost Report DRI Index		2.0590	
3. Ultimate Base Rate Semester 19		1991/01	1993/01		State Ceiling		1,653.98		204.24		FPLI Year Used		2008	
4. Rate of Increase (Yea	ar/Sem.)	1.015955	1.035233		County Ceiling		1,992.55		246.05		FPLI		1.2047	

Rate	Calculations
naic	ouloulations

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	668,259.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	668,259.05
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		700,714.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,224
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)]	134.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		154.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)] [134.13
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)]	238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		134.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9]	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		134.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,838,234.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		543.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)]	569.69
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		134.13
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(36.20)
AV]	
AW			
AX] [
AY	Final Prospective Rates		97.93



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

Baptist Medical Center Jacksonville

Type of Action: Unaudited Cost Report

Outpatient Rate: 82.68

County Billing ONLY

County: Duval (16) District: 4

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

		Tot	al		Med	icai	d						
Type of Cost / Charges	Inpati	ent (A)	Outpatient (B)	Inpatient (C)	0	utpatient (D)			Statist	tics (E)		
1. Ancillary	252,29	93,100.00	229,673,302	00	25,534,904.00		18,359,684.00	Total Bed I	Da	iys		299,665	
2. Routine	152,88	38,066.00			14,733,185.00			Total Inpat	ieı	nt Days		203,342	
3. Special Care	42,5	79,724.00			5,498,410.00			Total New	00	rn Days		28,430	
4. Newborn Routine	26,91	11,761.00			9,485,369.00			Medicaid Ir	np	atient Days		22,689	
5. Intern-Resident		0.00			0.00			Medicaid N	١e	wborn IP Days	S	7,268	
6. Home Health								Medicare I	np	atient Days		66,630	
7. Malpractice		0.00	0	00	0.00		0.00	Prospectiv	e l	Inflation Facto	or 1	.0320267686	
8. Adjustments	(6,44	2,130.34)	(3,117,064.0	66)	(749,863.58)		(249,172.72)	Medicaid F	Pai	id Claims		165,038	
9. Total Cost	468,23	30,520.66	226,556,237	34	54,502,004.42		18,110,511.28	Property R	at	e Allowance		0.80	
10. Charges	1,973,54	44,897.00	1,461,634,419	00	235,850,138.00	1	10,925,560.00	First Rate	Se	emester in Effe	ect	2015/07	
11. Fixed Costs		57,933,4	93.00		6,923,	390.	67	Last Rate	Se	mester in Effe	ect	2015/07	
				С	eiling and Target	Infe	ormation						
		<u>IP (F)</u>	<u>OP (F)</u>				IP (G)	OP (G)		Inflat	ion / FPLI Da	ta (H)	
1. Normalized Rate		1,653.9			County Ceiling Bas	e	<u> (0,</u> 919.17	190.73 Semester DRI				2.159	
2. Base Rate Semester		2014/0			Variable Cost Base		883.65	117.82 Cost Report D				2.092	
3. Ultimate Base Rate S	emester	1991/0	-		State Ceiling	-	1,653.98	204.24 FPLI Year Use				2008	
4. Rate of Increase (Yea		1.01595			County Ceiling		1,639.10	202.40		FPLI		0.991	
, , , , , , , , , , , , , , , , , , ,	,					-41							
Rates are based on Medicaid (Costs				Rate Calcula	atio	115	In	pat	tient	Out	patient	
AA Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)							Reimb	u	rsed by		18,110,511.2		
AB Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid C				Medicaid Charges/T	otal	Charges)	Dia	gn	iosis				
AD Total Medicaid Va	riable Ope	erating Cost	t = (AA-AB)			Relate	d	Groups		18,110,511.2			
AE Variable Operating	Cost Infla	ated = (AD	x Inflation Fac	tor ((E7))	1				18,690,532.4			
AF Total Medicaid Da	ys (Inpatie	ent E4+E5)	or Medicaid Pa	aid (Claims (Outpatient)	1				165,03			
AG Variable Cost Rate	: Cost Div	vided by Da	ys (IP) or Med	icai	d Paid Claims (OP)	1				113.2			
AH Variable Cost Targ	jet = Base	Rate Sem	ester x Rate of	Inc	rease (G2 x F4)	1				121.9			
AI Lesser of Inflated	Variable C	Cost Rate (A	AG) or Target F	ate	(AH)			1				113.2	
AJ County Rate Ceilir	ng = State	Ceiling (70	% IP & 80% O	P) x	(FPLI (0.9910) for D	uval	(16)	1				202.4	
AK County Ceiling Tai	get Rate :	= County C	eiling Base x F	late	of Increase (G1 x F4	4)		1				197.4	
AL Lesser of County F	Rate Ceilir	ng (AJ) or C	County Ceiling	Targ	get Rate (AK)			1				197.4	
AM Lesser of Variable	Cost (AI)	or County	Ceiling (AL)					1				113.2	
AN Plus Rate for Fixed	d costs an	d Property	Allowance = (C11	/AF) x E9			1					
AP Total Rate Based	on Medica	aid Cost Da	ta = (AM + AN)					1				113.2	
AQ Total Medicaid Ch	arges, Inp	patient (C1): Outpatient (D10))			1			1	10,925,560.0	
AR Charges divided b	y Medicai	d Days (Inp	atient) or Medi	caid	l Paid Claims (Outpa	Paid Claims (Outpatient)						672.1	
AS Rate based on Me	dicaid Ch	arges adjus	ted for Inflation	ו (A	R x E7)			1				693.6	
AT Prospective Rate =	= Lesser o	of rate base	d on Cost (AP)	or	Charges (AS)			1				113.2	
AU Medicaid Trend Ad	ljustment	(IP%: 31.4	582 %, OP%:	26.9	9907 %)			1				(30.57	
AV								1					
AW								1					
AX								1					

AY Final Prospective Rates



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

UF Health Jacksonville

100676 - 2015/07

Outpatient Rate: 104.81

County Billing ONLY

County: Duval (16) District: 4

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

Type of Action: Unaudited Cost Report

Hospital Classification	: Special	lized/Statu	utory Teachin	g								
		Tota	al		Med	icai	d					
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	Inpatient (C)	0	utpatient (D)]		Statist	ics (E)	
1. Ancillary	140,93	39,317.00	164,484,283	00	34,022,292.00	:	30,084,614.00	Total B	ed D	ays		182,809
2. Routine	85,53	35,121.00			23,300,669.00			Total Ir	patie	nt Days		130,582
3. Special Care	43,49	90,467.00			8,213,178.00			Total N	ewbo	orn Days		17,087
4. Newborn Routine	15,23	37,788.00			11,282,274.00			Medica	id In	atient Days		35,376
5. Intern-Resident		0.00			0.00			Medica	id Ne	wborn IP Days	3	8,468
6. Home Health								Medica	re In	patient Days		35,893
7. Malpractice		0.00	0	00	0.00		0.00	Prospective Inflation Facto			r 1	.0374819798
8. Adjustments		0.00	0	00	0.00		0.00	Medica	id Pa	id Claims		154,207
9. Total Cost	285,20	02,693.00	164,484,283	00	76,818,413.00	;	30,084,614.00	Propert	ty Ra	te Allowance		0.80
10. Charges	1,231,69	95,043.00	898,895,961	00	305,949,892.00	17	71,567,272.00	First Ra	ate S	emester in Effe	ect	2015/07
11. Fixed Costs		33,691,8	01.00		8,368	957.	02	Last Ra	Last Rate Semester in Effe			2015/07
					eiling and Target	: Info	ormation				•	
		<u>IP (F)</u>								ion / FPLI Dat	a (H)	
1. Normalized Rate		<u>1,634.4</u>			County Ceiling Bas	e	32,767.00	190.73		Semester DR		2.1590
2. Base Rate Semester		2014/0			Variable Cost Base		1,227.74	137.33		Cost Report I		2.0810
3. Ultimate Base Rate Se	emester	1991/0	-		State Ceiling		1,653.98	204.24		FPLI Year Us		2008
4. Rate of Increase (Yea		1.01595			County Ceiling		1,639.10	202.40		FPLI		0.9910
	, 00111)					- 11		202.10				0.0010
Rates are based on Medicaid C	osts				Rate Calcul	atio	ns		Inpa	tient	Out	atient
		Cost (C9)	:Outpatient ba	sed	on Medicaid Cost(D	9)		Rei		rsed by		30,084,614.00
AB Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)								nosis				
AD Total Medicaid Variable Operating Cost = (AA-AB)							Rela	ated	Groups		30,084,614.00	
AE Variable Operating		-		tor ((E7))	7))						31,212,244.89
AF Total Medicaid Day	/s (Inpatie	ent E4+E5)	or Medicaid Pa	aid C	Claims (Outpatient)			1				154,207
		,			d Paid Claims (OP)			1				202.40
AH Variable Cost Targ								1				142.17
AI Lesser of Inflated \					, ,			1				142.17
					FPLI (0.9910) for D	uval	(16)	1				202.40
	-				of Increase (G1 x F		()	1				197.45
AL Lesser of County F	-	-	-			,		1				197.45
AM Lesser of Variable					,,			-				142.17
AN Plus Rate for Fixed	()	,	8(),	C11	/AF) x E9			-				
AP Total Rate Based					,			1				142.17
AQ Total Medicaid Cha)			1			17	71,567,272.00
	•	,	, ,		Paid Claims (Outpa	tient)	1				1,112.58
AS Rate based on Me			,				/	1				1,154.28
AT Prospective Rate =		<u> </u>			,			1				142.17
AU Medicaid Trend Ad			, ,					-				(37.36)
AV	,			_0.1	/			1				(01.00)
AW								1				
AX								1				
AY Final Prospective	Rates							-				104.81
<u>,,, , , , , , , , , , , , , , , , , , </u>												104.01



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

100722 - 2015/07

Outpatient Rate: 100.24

County Billing ONLY

County: Duval (16) District: 4

Type of Control: Nonprofit (Other) Fiscal Year: 1/1/2013 - 12/31/2013 Mayo Clinic

Fiscal Year: 1/1/2013 - 12/31/2013	Type of Action: Unaudited Cost Report
Hospital Classification: Specialized: Statutory Teaching]

	Tot	al	Med	icaid		
Type of Cost / Charges	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	Statistics (E	<u>:</u>)
1. Ancillary	132,121,071.00	89,071,515.00	1,296,657.00	471,281.00	Total Bed Days	81,610
2. Routine	72,005,934.00		651,551.00		Total Inpatient Days	62,266
3. Special Care	71,548,793.00		354,298.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	618
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	29,337
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657
8. Adjustments	(4,753,545.11)	(1,535,881.89)	(39,702.67)	(8,126.41)	Medicaid Paid Claims	2,999
9. Total Cost	270,922,252.89	87,535,633.11	2,262,803.33	463,154.59	Property Rate Allowance	0.80
10. Charges	679,468,972.00	404,093,303.00	6,963,072.00	1,988,527.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	17,318,4	470.00	177,4	76.47	Last Rate Semester in Effect	2015/07
		C	eiling and Target	Information		
	IP (F)	OP (F)		IP (G)	OP (G) Inflation / F	PLI Data (H)

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	3,570.33	163.41
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

	<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H)
County Ceiling Base	32,767.00	190.73	Semester DRI Index 2.159
Variable Cost Base	1,253.21	131.35	Cost Report DRI Index 2.059
State Ceiling	1,653.98	204.24	FPLI Year Used 200
County Ceiling	1,639.10	202.40	FPLI 0.991

Rate Calculations

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	463,154.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	463,154.59
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		485,648.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,999	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)]	161.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)]	135.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)]	135.98
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Duval (16)		202.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1	197.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)]	197.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		135.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		135.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		1,988,527.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		663.06
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)]	695.27
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)]	135.98
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(35.73)
AV]	
AW			
AX] [
AY	Final Prospective Rates		100.24



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

St. Vincent's Medical Center Riverside

Type of Action: Unaudited Cost Report

Outpatient Rate: 60.32

County Billing ONLY

County: Duval (16) District: 4

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

		: CHEP		-1	Maria	la al d	_						
Turner		have a C	Tot			icaid				0 , , , , ,			
	Cost / Charges		<u>ent (A)</u>	Outpatient (B)	Inpatient (C)	Outpatient	-				ics (E)		
1. Ancilla	-		43,813.00	132,319,753.00	6,345,242.00	3,632,69	5.00	Total Bed					189,628
2. Routin			12,311.00		5,695,020.00			Total Inp		,			120,131
3. Specia		,	41,825.00		2,159,263.00			Total Nev				3,553	
	orn Routine	1,45	51,947.00		616,244.00					atient Days		9,553	
	-Resident		0.00		0.00			Medicaid Newborn IP Day			3	76	
6. Home								Medicare Inpatient Days					50,428
7. Malpra			0.00	0.00	0.00		0.00	· ·		nflation Facto	r	1.0	374819798
8. Adjust			1,788.08)	(1,766,302.92)	(197,771.95)	(48,49		Medicaid					31,541
9. Total (68,107.92	130,553,450.08	14,617,997.05	3,584,20				e Allowance			0.80
10. Char	-	1,150,51	16,274.00	951,679,877.00	54,357,390.00	27,948,64	2.00			mester in Effe			2015/07
11. Fixed	d Costs		22,337,8	338.00	1,055,	375.40		Last Rate	e Se	mester in Effe	ect		2015/07
				C	eiling and Target	Information							
			<u>IP (F)</u>	<u>OP (F)</u>		<u>IP (G)</u>		<u>OP (G)</u>		Inflat	ion / FPLI	/ FPLI Data (H)	
1. Norma	alized Rate		1,474.5	8 118.97	County Ceiling Bas	e 919.	17	190.73 Semester DR			I Index		2.1590
2. Base I	Rate Semester		2014/0	7 2014/07	Variable Cost Base	ble Cost Base 893.28				Cost Report I	DRI Index		2.0810
3. Ultima	ate Base Rate Se	emester	1991/0	1 1993/01	State Ceiling	1,653.	98	204.24		FPLI Year Us	sed		2008
4. Rate c	of Increase (Year	r/Sem.)	1.01595	5 1.035233	County Ceiling	1,639.	10	202.40		FPLI			0.9910
					Rate Calcula	ations							
Rates are b	based on Medicaid C	osts						r	Inpa	tient	(Dutpat	ient
AA Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)							sed by		3	,584,203.07			
AB Ap	AB Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)						osis						
AD To	otal Medicaid Var	iable Ope	erating Cost	t = (AA-AB)				Relat	.eu	Groups		3	,584,203.07
AE Va	ariable Operating	Cost Infla	ated = (AD	x Inflation Factor (E7))							3	,718,546.10
AF To	otal Medicaid Day	/s (Inpatie	ent E4+E5)	or Medicaid Paid C	Claims (Outpatient)								31,541
AG Va	ariable Cost Rate	: Cost Div	ided by Da	ays (IP) or Medicaid	l Paid Claims (OP)							117.9	
AH Va	ariable Cost Targ	et = Base	Rate Sem	ester x Rate of Inci	ease (G2 x F4)							82.6	
AI Le	esser of Inflated V	/ariable C	ost Rate (A	AG) or Target Rate	(AH)								82.62
AJ Co	ounty Rate Ceilin	g = State	Ceiling (70	% IP & 80% OP) x	FPLI (0.9910) for Du	uval (16)							202.40
AK Co	ounty Ceiling Tar	get Rate :	= County C	eiling Base x Rate	of Increase (G1 x F4	l)		1					197.45
AL Le	esser of County R	ate Ceilir	ng (AJ) or C	County Ceiling Targ	et Rate (AK)			1					197.45
	esser of Variable							1					82.62
AN Plu	us Rate for Fixed	l costs an	d Property	Allowance = (C11	/AF) x E9								
AP To	otal Rate Based o	on Medica	id Cost Da	ta = (AM + AN)									82.62
AQ To	otal Medicaid Cha	arges, Inp	patient (C10	0): Outpatient (D10)			1				27	,948,642.00
	harges divided by	/ Medicaid	d Days (Inp	atient) or Medicaid	Paid Claims (Outpa	tient)		1					886.11
	ate based on Med	dicaid Cha	arges adjus	sted for Inflation (Al	R x E7)			1					919.32
								1					82.62
	edicaid Trend Ad	justment	(IP%: 31.4	582 %, OP%: 26.9	9907 %)			1					(22.30)
AV													
AW													
AX													

AY



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

100749 - 2015/07

Outpatient Rate: 76.68

County Billing ONLY

County: Escambia (17) District: 1

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

Type of Action: Unaudited Cost Report

Hospital Classification	: Special											
		Tot	al		Med	icaid						
Type of Cost / Charges	<u>Inpatie</u>	ent (A)	Outpatient (<u>B)</u>	Inpatient (C)	Outp	patient (D)			Statist	ics (E)	
1. Ancillary	95,51	9,580.00	123,666,48	5.00	7,433,565.00	6	,172,167.00	Total Bed	Da	ays		148,920
2. Routine	58,63	37,554.00			7,528,180.00			Total Inpa	tie	nt Days		98,259
3. Special Care	16,52	22,425.00			950,038.00			Total New	/bo	rn Days		2,351
4. Newborn Routine	1,16	63,106.00			524,414.00			Medicaid	Inp	atient Days		12,940
5. Intern-Resident		0.00			0.00			Medicaid	Ne	wborn IP Days	23	
6. Home Health								Medicare	Medicare Inpatient Days			40,211
7. Malpractice		0.00	(0.00	0.00		0.00	Prospectiv	ctive Inflation Factor			.0320267686
8. Adjustments		0.00	(0.00	0.00		0.00	Medicaid	Pa	id Claims		52,185
9. Total Cost	171,84	42,665.00	123,666,48	5.00	16,436,197.00	6	,172,167.00	Property Rate Allowance				0.80
10. Charges	905,71	19,204.00	1,026,581,370	0.00	69,577,330.00	58	,234,232.00	First Rate	Se	emester in Effe	ect	2015/07
11. Fixed Costs		27,076,	176.00		2,079,	991.26	5	Last Rate	Se	emester in Effe	ct	2015/07
				C	eiling and Target	Infor	mation					
		<u>IP (F)</u>	<u>OP (F)</u>			Г	<u>IP (G)</u>	<u>OP (G)</u>		Inflat	ion / FPLI Dat	<u>ta (H)</u>
1. Normalized Rate		1,195.6	6 129.77		County Ceiling Base	e	962.35	185.10		Semester DR	l Index	2.1590
2. Base Rate Semester		2014/0	07 2014/07	1	Variable Cost Base	,	732.26	100.47		Cost Report [DRI Index	2.0920
3. Ultimate Base Rate Se	emester	1991/0	1 1993/01	1	State Ceiling		1,653.98	204.24		FPLI Year Us	ed	2008
4. Rate of Increase (Year	r/Sem.)	1.01595	5 1.035233		County Ceiling		1,555.74	192.11		FPLI		0.9406
				-	Rate Calcula	ations						<u> </u>
Rates are based on Medicaid C	osts							Ir	npa	tient	Outp	patient
AA Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)									rsed by		6,172,167.00	
AB Apportioned Medicaid Fixed Costs = Total Fixed Costs x (M				Medicaid Charges/To	otal Ch	arges)			nosis			
AD Total Medicaid Var	iable Ope	rating Cos	t = (AA-AB)					Relate	ea	Groups		6,172,167.00
AE Variable Operating	Cost Infla	ated = (AD	0 x Inflation Fa	ctor (I	E7))					6,369,841.56		
AF Total Medicaid Day	/s (Inpatie	ent E4+E5)	or Medicaid F	Paid C	laims (Outpatient)					52,185		
AG Variable Cost Rate	: Cost Div	vided by Da	ays (IP) or Me	dicaid	Paid Claims (OP)	aid Claims (OP)						122.06
AH Variable Cost Targ	et = Base	Rate Sem	nester x Rate of	of Incr	ease (G2 x F4)							104.01
AI Lesser of Inflated \	/ariable C	ost Rate (AG) or Target	Rate	(AH)							104.01
AJ County Rate Ceilin	g = State	Ceiling (70	0% IP & 80% (OP) x	FPLI (0.9406) for Es	scambi	a (17)					192.11
	-	-	-		of Increase (G1 x F4	4)						191.62
AL Lesser of County F	Rate Ceilir	ng (AJ) or (County Ceiling	Targe	et Rate (AK)							191.62
AM Lesser of Variable	()	,	0 ()									104.01
AN Plus Rate for Fixed	l costs an	d Property	Allowance =	(C11/	AF) x E9			1				
AP Total Rate Based of	on Medica	id Cost Da	ata = (AM + AN	1)				4				104.01
AQ Total Medicaid Cha		,	, ,	, ,				1			Ę	58,234,232.00
AR Charges divided by	/ Medicaio	d Days (Inp	patient) or Med	licaid	Paid Claims (Outpat	tient)		1				1,115.92
AS Rate based on Me		• •		`	,			1				1,151.66
AT Prospective Rate =	ELesser o	f rate base	ed on Cost (AF	P) or C	Charges (AS)			4				104.01
AU Medicaid Trend Ad	justment	(IP%: 30.4	1045 %, OP%	: 26.2	.788 %)			1				(27.33)
AV								1				
AW								4				
AX								4				
AY Final Prospective	Rates											76.68



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

Sacred Heart Hospital

Type of Action: Unaudited Cost Report

100765 - 2015/07

Outpatient Rate: 109.91

County Billing ONLY

County: Escambia (17) District: 1

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

3. Ultimate Base Rate Semester

4. Rate of Increase (Year/Sem.)

1991/01

1.015955

1993/01

1.035233

Hospital Classification	: CHEP												
		Tota	al		Medicaid								
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	Inpatient (C)	Οι	utpatient (D)				Statistics	(E)	
1. Ancillary	85,79	96,936.00	241,504,430.	00	18,513,706.00	1	9,887,707.0	0	Total Be	ed Da	iys		170,090
2. Routine	57,25	57,261.00			9,846,152.00				Total In	patie	nt Days		91,231
3. Special Care	20,58	31,729.00			3,537,756.00				Total Ne	ewbo	rn Days		24,102
4. Newborn Routine	15,90	07,821.00			9,147,806.00				Medicaid Inpatient Days				18,383
5. Intern-Resident		0.00			0.00				Medicaid Newborn IP Days				10,022
6. Home Health									Medicare Inpatient Days				30,507
7. Malpractice		0.00	0.	00	0.00		0.0	0	Prospec	tive	Inflation Factor	1.(0374819798
8. Adjustments		0.00	0.	00	0.00		0.0	0	Medicai	Medicaid Paid Claims			105,189
9. Total Cost	179,54	43,747.00	241,504,430.	00	41,045,420.00	1	19,887,707.0	0	Property	/ Rat	e Allowance	0.80	
10. Charges	749,05	51,930.00	879,037,391.	00	165,216,401.00	8	32,827,798.0	0	First Ra	te Se	emester in Effect		2015/07
11. Fixed Costs		36,660,2	97.00		8,086,0)64.e	65		Last Ra	te Se	mester in Effect		2015/07
				C	eiling and Target	Infc	ormation						
<u>IP (F)</u> <u>OP (F)</u>					<u>IP (G)</u>		0	P (<u>G)</u>		Inflation /	FPLI Data	<u>(H)</u>	
1. Normalized Rate		1,279.85	5 208.54		County Ceiling Base	e	962.35		185.10		Semester DRI Index 2.15		
2. Base Rate Semester		2014/07	7 2014/07		Variable Cost Base		947.74		144.02 Cost Report DRI Index			2.0810	

County Ceiling							
Rate Calculation	ns						

1,653.98

1,555.74

204.24

192.11

FPLI Year Used

FPLI

2008

0.9406

State Ceiling

Rate Calculations		
are based on Medicaid Costs	Inpatient	Outpatient
Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	19,887,707.00
Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	19,887,707.00
Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		20,633,137.63
Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	Т Г	105,189
Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		196.15
Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1	149.09
Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1	149.09
County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9406) for Escambia (17)	Τ Γ	192.11
County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1	191.62
Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1	191.62
Lesser of Variable Cost (AI) or County Ceiling (AL)	Π Γ	149.09
Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	1	
Total Rate Based on Medicaid Cost Data = (AM + AN)		149.09
Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	Т Г	82,827,798.00
Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1	787.42
Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		816.93
Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	1	149.09
Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)	1 F	(39.18)
	1	
	1 1	
	1 1	
Final Prospective Rates	1 1	109.91
	are based on Medicaid Costs Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9) Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges) Total Medicaid Variable Operating Cost = (AA-AB) Variable Operating Cost Inflated = (AD x Inflation Factor (E7)) Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient) Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP) Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4) Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH) County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9406) for Escambia (17) County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4) Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK) Lesser of Variable Cost and Property Allowance = (C11/AF) x E9 Total Rate Based on Medicaid Cost Data = (AM + AN) Total Medicaid Charges, Inpatient (C10): Outpatient (D10) Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient) Rate based on Medicaid Charges adjusted for Inflation (AR x E7) Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS) Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)	are based on Medicaid Costs Inpatient Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9) Reimbursed by Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges) Reimbursed by Total Medicaid Variable Operating Cost = (AA-AB) Diagnosis Variable Operating Cost Inflated = (AD x Inflation Factor (E7)) Related Groups Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient) Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP) Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4) Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH) County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9406) for Escambia (17) County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4) Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK) Esser of Variable Cost (AI) or County Ceiling (AL) Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9 Total Medicaid Charges, Inpatient (C10): Outpatient (D10) Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient) Rate based on Medicaid Charges adjusted for Inflation (AR x E7) Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS) Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)



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

Bayfront Health Brooksville

Type of Action: Unaudited Cost Report

100871	- 2015/07
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Outpatient Rate: 45.21

County Billing ONLY

0.9069

County: Hernando (27) District: 3

FPLI

185.23

1,500.00

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

4. Rate of Increase (Year/Sem.)

	Total				Medi	Medicaid								
Type of Cost / Charges	<u>Inpatie</u>	ent (A)	Outpatient (E)	Inpatient (C)	<u>Out</u>	patient (D)		Statistics (E)					
1. Ancillary	31,95	51,462.00	35,580,339	00	2,780,493.00	2	2,458,023.0	0	Total Bed Days				89,060	
2. Routine	24,50	06,541.00			1,848,044.00				Total In	patie	nt Days		40,354	
3. Special Care	10,76	5,512.00			1,843,894.00				Total N	ewbc	orn Days		2,391	
4. Newborn Routine	51	7,256.00			284,258.00				Medica	id Inp	atient Days		4,591	
5. Intern-Resident		0.00			0.00				Medica	id Ne	wborn IP Days		771	
6. Home Health									Medicare Inpatient Days			13,29		
7. Malpractice		0.00	0.00		0.00		0.0	0	Prospective		Inflation Factor	1.0320267686		
8. Adjustments	(1,32	7,043.97)	(697,020.)3)	(132,363.76)		(48,152.75	5)	Medicaid Pa		id Claims		40,166	
9. Total Cost	66,41	3,727.03	34,883,318	97	6,624,325.24	2	2,409,870.2	5	Propert	y Ra	e Allowance	0.80		
10. Charges	709,57	79,895.00	582,694,041	00	55,708,973.00	42	2,628,673.0	0	First Ra	ate Se	emester in Effect	2015/07		
11. Fixed Costs		12,156,39	98.00		954,39	96.33			Last Rate Semester in Effect				2015/07	
				С	eiling and Target	Infor	mation							
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	C)P <u>(G)</u>		Inflation /	FPLI Data	<u>(H)</u>	
1. Normalized Rate	1. Normalized Rate 1,203.32		68.28		County Ceiling Base	е	916.51		179.17		Semester DRI Inc	dex	2.1590	
2. Base Rate Semester	2. Base Rate Semester 20		2014/07		Variable Cost Base		854.21		84.43		Cost Report DRI	Index	2.0920	
3. Ultimate Base Rate Se	emester	1991/01	1993/01		State Ceiling		1,653.98		204.24		FPLI Year Used		2008	

Rate Calculations

County Ceiling

are based on Medicaid Costs	Inpatient	Outpatient
Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	2,409,870.25
Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	2,409,870.25
Variable Operating Cost Inflated = (AD x Inflation Factor (E7))] [2,487,050.60
Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)]	40,166
Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)]	61.92
Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)] [87.40
Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)] [61.92
County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9069) for Hernando (27)	1 [185.23
County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1	185.48
Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)] [185.23
Lesser of Variable Cost (AI) or County Ceiling (AL)		61.92
Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9] [
Total Rate Based on Medicaid Cost Data = (AM + AN)		61.92
Total Medicaid Charges, Inpatient (C10): Outpatient (D10)] [42,628,673.00
Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)] [1,061.31
Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1 [1,095.30
Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	1 [61.92
Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	1	(16.71)
	1 [
] [
	1 [
Final Prospective Rates	1 [45.21
	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges) Total Medicaid Variable Operating Cost = (AA-AB) Variable Operating Cost Inflated = (AD x Inflation Factor (E7)) Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient) Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP) Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP) Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4) Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH) County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9069) for Hernando (27) County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4) Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK) Lesser of Variable Cost (AI) or County Ceiling (AL) Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9 Total Rate Based on Medicaid Cost Data = (AM + AN) Total Medicaid Charges, Inpatient (C10): Outpatient (D10) Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient) Rate based on Medicaid Charges adjusted for Inflation (AR x E7) Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS) Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9) Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges) Total Medicaid Variable Operating Cost = (AA-AB) Variable Operating Cost Inflated = (AD x Inflation Factor (E7)) Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient) Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP) Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP) Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP) Variable Cost Rate: Cost Divided Dy Days (IP) or Medicaid Paid Claims (OP) Variable Cost Rate: Cost Divided Dy Days (IP) as 80% OP) x FPLI (0.9069) for Hernando (27) County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9069) for Hernando (27) County Ceiling Target Rate = County Ceiling Target Rate (AK) Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK) Lesser of Variable Cost (AI) or County Ceiling Target Rate (AK) Lesser of Variable Cost (AI) or County Ceiling Target Rate (AK) Lesser of Variable Cost (AI) or County Ceiling (AL) Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9 Total Rate Based on Medicaid Cost Data = (AM + AN) Total Medicaid Charges, Inpatient (C10): Outpatient (D10) Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient) Rate based on Medicaid Charges adjusted for Inflation (AR x E7) Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS) Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)

Batch ID: XX920

1.015955



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

St. Josephs Hospital

Type of Action: Unaudited Cost Report

Outpatient Rate: 122.77

County Billing ONLY

County: Hillsborough (29) District: 6

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

		Tot	al		Medi	icai	d								
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	1	Inpatient (C)	0	utpatient (D)	1			Statist	ics ((E)		
1. Ancillary	218,16	68,455.00	186,841,461.00		60,849,993.00	,	18,642,546.00	1	Total Bed Days					359,890	
2. Routine	133,51	15,894.00		1	29,375,963.00			1	Total Inpa	tie	nt Days			212,774	
3. Special Care	70,27	72,656.00		1	23,878,586.00			1	Total New	/bo	rn Days			15,420	
4. Newborn Routine	6,99	97,166.00		1	2,049,679.00			1	Medicaid	Inp	atient Days			59,734	
5. Intern-Resident		0.00		1	0.00			1	Medicaid	Ne	wborn IP Days			84	
6. Home Health				1				1	Medicare	Inp	atient Days			48,839	
7. Malpractice		0.00	0.00	1	0.00		0.00	1	Prospectiv	ve	Inflation Factor	ŕ	1.0	485672657	
8. Adjustments	(7,06	9,458.69)	(3,079,275.31)	1	(1,914,301.16)		(307,241.93)	1	Medicaid	Pa	d Claims			112,519	
9. Total Cost	421,88	34,712.31	183,762,185.69	1	114,239,919.84	,	18,335,304.07	1	Property Rate Allowance				0.80		
10. Charges	1,829,29	91,920.00	1,152,987,033.00	1	438,138,812.00	10	09,419,076.00	1	First Rate Semester in Effect			ct		2015/07	
11. Fixed Costs		57,523,0)44.00		13,777	7,504.77		1	Last Rate Semeste		mester in Effe	ster in Effect		2015/07	
				Ce	eiling and Target	Info	ormation	-							
		<u>IP (F)</u>	<u>OP (F)</u>		<u>IP (G)</u>		0	<u>P (G)</u>		Inflati	on /	FPLI Data	<u>(H)</u>		
1. Normalized Rate		1,883.6	6 182.77		County Ceiling Bas	е	972.81		184.70		Semester DR	l Ind	ex	2.1590	
2. Base Rate Semester		2014/0	7 2014/07	İ	Variable Cost Base		1,122.04		160.86		Cost Report D	DRI li	ndex	2.0590	
3. Ultimate Base Rate Se	emester	1991/0	1 1993/01	İ	State Ceiling		1,653.98		204.24		FPLI Year Us	ed		2008	
4. Rate of Increase (Yea	r/Sem.)	1.01595	5 1.035233	ĺ	County Ceiling		1,546.31		190.95		FPLI			0.9349	
					Rate Calcula	atio	ns								
Rates are based on Medicaid C	Rates are based on Medicaid Costs								Ir	npa	tient		Outpa	tient	
AA Inpatient based on	Medicaid	Cost (C9)	:Outpatient based	Ιo	n Medicaid Cost(D9)		J	Reim	ou	rsed by		18	3,335,304.07	
AB Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges) Diagnosis															
Total Medicaid Variable Operating Cost = (AA-AB)								Related Groups				335 304 07			

AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	18,335,304.07
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))]	19,225,799.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		112,519
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1	170.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1	166.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)]	166.53
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)]	191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)]	190.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		166.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9]	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		166.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		109,419,076.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)]	972.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1	1,019.68
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)]	166.53
AU	Medicaid Trend Adjustment (IP%: 29.0729 %, OP%: 26.2788 %)		(43.76)
AV]	
AW]	
AX]	
AY	Final Prospective Rates		122.77



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

South Florida Baptist

Type of Action: Unaudited Cost Report

100986 - 2015/07

Outpatient Rate: 67.65

County Billing ONLY

County: Hillsborough (29) District: 6

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

		Tota	al		Med	icaid								
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	Inpatient (C)	Outpatient	(D)	Statistics			ics (E)	s (E)		
1. Ancillary	22,88	34,343.00	30,866,843.	00	5,723,965.00	2,639,4	26.00	Total Be	ed D	ays		53,655		
2. Routine	17,56	66,016.00			2,677,203.00			Total In	patie	ent Days		22,596		
3. Special Care	5,05	57,429.00			240,358.00			Total Ne	ewbo	orn Days		977		
4. Newborn Routine	75	52,996.00			443,935.00			Medicai	d In	patient Days		3,871		
5. Intern-Resident		0.00			0.00			Medicai	d Ne	wborn IP Days	;	15		
6. Home Health								Medicar	e In	patient Days		7,254		
7. Malpractice		0.00	0.	00	0.00		0.00	Prospec	tive	Inflation Factor	r 1	.0485672657		
8. Adjustments	(66	6,788.18)	(444,904.8	32)	(130,954.94)	(38,04	3.84)	Medicai	d Pa	id Claims		22,553		
9. Total Cost	45,59	93,995.82	30,421,938.	18	8,954,506.06	2,601,3	82.16	Property	/ Ra	te Allowance		0.80		
10. Charges	216,89	94,877.00	217,245,859.	00	38,330,876.00	18,863,6	18,863,645.00			emester in Effe	ct	2015/07		
11. Fixed Costs		5,371,90	67.00		949,3	64.06		Last Ra	te S	emester in Effe	ct	2015/07		
				С	eiling and Target	Informatio	n							
		<u>IP (F)</u>	<u>OP (F)</u>			<u>IP (G</u>)	<u>OP (G)</u>		Inflati	on / FPLI Da	ta (H)		
1. Normalized Rate		2,310.4	5 129.37		County Ceiling Bas	e 972	.81	184.70		Semester DR	I Index	2.1590		
2. Base Rate Semester		2014/0	7 2014/07		Variable Cost Base	877	.61	89.50		Cost Report D	ORI Index	2.0590		
3. Ultimate Base Rate Se	emester	1991/0	1 1993/01		State Ceiling	1,653	.98	204.24		FPLI Year Us	ed	2008		
4. Rate of Increase (Year	r/Sem.)	1.01595	5 1.035233		County Ceiling	1,546	5.31	190.95 FPLI		0.9349				
					Rate Calcula	ations								
Rates are based on Medicaid C	osts								Inpa	atient	Out	patient		
AA Inpatient based on	Medicaid	Cost (C9)	:Outpatient bas	sed	on Medicaid Cost(D9)				rsed by		2,601,382.16		

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	2,601,382.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	2,601,382.16
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))]	2,727,724.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,553
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1	120.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)]	92.65
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)]	92.65
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1	191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)] [190.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9]	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)]	92.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)] [18,863,645.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)] [836.41
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1	877.04
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)] [92.65
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	1	(25.01)
AV]	
AW] [
AX] [
AY	Final Prospective Rates] [67.65



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

Tampa General Hospital

100994 - 2015/07

Outpatient Rate: 140.77

County Billing ONLY

County: Hillsborough (29) District: 6

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

Type of Action: Unaudited Cost Report

		Tot	-	$\overline{\neg}$	Medi	icai	d	٦						
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (E	3)	Inpatient (C)		utpatient (D)	-			Statist	ics (F)		
1. Ancillary		78,185.00	199,183,826	-	<u>39,518,488.00</u>		15,151,518.0	0	Total Be	ed Da				355,510
2. Routine		34,127.00	100,100,020	.00	22,106,310.00		10,101,010.0	Ť	Total In			_		246,350
3. Special Care		40,598.00			7,530,324.00				Total Newborn Days			-		28,447
4. Newborn Routine		52,212.00			16,465,585.00				Medicaid Inpatient Days					32,561
5. Intern-Resident		35,332.00			0.00						wborn IP Days	;		9,413
6. Home Health									Medica	re Inp	atient Days			78,131
7. Malpractice		0.00	0	.00	0.00		0.0	0	Prospective Inflation Factor			r	1.032	0267686
8. Adjustments	(9,65	0,877.85)	(2,883,994.	16)	(1,239,707.18)		(219,379.7	1)	Medica	id Pa	id Claims			75,875
9. Total Cost	656,88	39,576.16	196,299,831	.85	84,380,999.82		14,932,138.2	9	Propert	y Rat	e Allowance			0.80
10. Charges	3,684,38	30,540.00	1,606,107,952	.00	421,031,559.00	ę	97,620,134.0	0	First Ra	ate Se	emester in Effe	ct		2015/07
11. Fixed Costs		51,293,4	427.00		5,861,	542.	07		Last Ra	te Se	emester in Effe	ct		2015/07
				 Ce	eiling and Target	Info	ormation	_						
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	(<u> DP (G)</u>		Inflat	ion / FPLI I	Data (H)
1. Normalized Rate		2,065.0	. ,		County Ceiling Base	е	32,767.00		184.70		Semester DR			≠ 2.1590
2. Base Rate Semester		2014/0	_		Variable Cost Base		1,157.54		186.71		Cost Report [2.0920
3. Ultimate Base Rate Se	emester	1991/0	1 1993/01		State Ceiling		1,653.98		204.24		FPLI Year Us			2008
4. Rate of Increase (Yea	r/Sem.)	1.01595	5 1.035233		County Ceiling		1,546.31		190.95	95 FPLI				0.9349
		1			Rate Calcula	atio	ns							
Rates are based on Medicaid C	osts				Rate Galouic					Inpa	tient	(Dutpatier	nt
AA Inpatient based on	Medicaid	Cost (C9)	:Outpatient ba	sed c	on Medicaid Cost(D9	9)					rsed by		14,93	32,138.29
AB Apportioned Medic	aid Fixed	Costs = T	otal Fixed Cost	s x (N	/ledicaid Charges/To	otal (Charges)				nosis			
AD Total Medicaid Var	riable Ope	erating Cos	t = (AA-AB)						Rela	ated	Groups		14,93	32,138.29
AE Variable Operating	Cost Infla	ated = (AD	0 x Inflation Fac	ctor (E	(E7))								15,41	10,366.43
AF Total Medicaid Day	ys (Inpatie	ent E4+E5)	or Medicaid P	aid C	Claims (Outpatient)									75,875
AG Variable Cost Rate	: Cost Div	/ided by Da	ays (IP) or Med	licaid	Paid Claims (OP)									203.10
AH Variable Cost Targ	jet = Base	Rate Sem	nester x Rate o	fIncre	rease (G2 x F4)									193.29
AI Lesser of Inflated	/ariable C	ost Rate (AG) or Target I	Rate	(AH)									193.29
AJ County Rate Ceilin	ig = State	Ceiling (70	0% IP & 80% C	P) x	FPLI (0.9349) for Hil	llsbo	orough (29)							190.95
AK County Ceiling Tar	get Rate =	= County C	Ceiling Base x F	Rate	of Increase (G1 x F4	l)								191.21
AL Lesser of County F	Rate Ceilir	ng (AJ) or (County Ceiling	Targe	et Rate (AK)									190.95
AM Lesser of Variable			- · ·											190.95
AN Plus Rate for Fixed	d costs an	d Property	Allowance = (C11/	AF) x E9									
AP Total Rate Based of														190.95
AQ Total Medicaid Cha	arges, Inp	patient (C1	0): Outpatient	(D10)									97,62	20,134.00
	y Medicaio	d Days (Inp	patient) or Med	icaid	Paid Claims (Outpat	tient)							1,286.59
AS Rate based on Me				-										1,327.80
AT Prospective Rate =									190				190.95	
AU Medicaid Trend Ad	ljustment	(IP%: 27.2	2260 %, OP%:	26.2	788 %)									(50.18)
AV														
AW														
AX														
AY Final Prospective	Rates													140.77



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

Lee Memorial Hospital

Type of Action: Unaudited Cost Report

101109 -	2015/07
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Outpatient Rate: 91.75

County Billing ONLY

County: Lee (36) District: 8

Semester DRI Index

FPLI Year Used

FPLI

Cost Report DRI Index

2.1590

2.0920

0.9478

2008

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

	To	tal	Medicaid								
Type of Cost / Charges	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)			Statistics	(E)			
1. Ancillary	192,831,615.00	154,507,567.00	22,646,542.00	11,968,934.00	11,968,934.00 Total Bed Days			263,895			
2. Routine	133,971,568.00		17,967,866.00		Т	otal Inpatie	nt Days	178,252			
3. Special Care	46,727,576.00		18,955,447.00		Т	otal Newbo	orn Days	15,205			
4. Newborn Routine	11,200,490.00		5,476,844.00	,844.00 Medicaid Inpatient Days			33,710				
5. Intern-Resident	0.00		0.00		N	ledicaid Ne	wborn IP Days	7,342			
6. Home Health					Ν	ledicare In	oatient Days	68,573			
7. Malpractice	0.00	0.00	0.00	0.00	P	rospective	Inflation Factor	1.0320267686			
8. Adjustments	(6,217,149.06)	(2,496,798.94)	(1,051,136.41)	(193,414.62)	Ν	ledicaid Pa	id Claims	89,099			
9. Total Cost	378,514,099.94	152,010,768.06	63,995,562.59	11,775,519.38	Р	Property Ra	te Allowance	0.80			
10. Charges	1,710,734,179.00	1,078,681,631.00	208,318,414.00	85,425,482.00	F	irst Rate S	emester in Effect	2015/07			
11. Fixed Costs	35,774,	615.00	4,356,	323.24		ast Rate Se	emester in Effect	2015/07			
		C	eiling and Target	Information							
	IP (F) OP (F) IP (G) OP (G) Inflation / FPLI Data (H)										

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,581.87	143.91
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

State Ceiling 1,653.98

1,016.73

1,109.45

1,567.64

187.25

120.22

204.24

193.58

County Ceiling Base

Variable Cost Base

County Ceiling

	Rate Calculations		
Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	11,775,519.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	11,775,519.38
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		12,152,651.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		89,099
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		136.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		124.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		124.46
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9478) for Lee (36)		193.58
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)]	193.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		124.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		124.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		85,425,482.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		958.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)]	989.48
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		124.46
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)		(32.71)
AV]	
AW]	
AX]	
AY	Final Prospective Rates		91.75



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

Tallahassee Memorial Regional M.C.

Type of Action: Unaudited Cost Report

101133 -	2015/07
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Outpatient Rate: 106.90

County Billing ONLY

County: Leon (37) District: 2

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

		Tota	l .]	Medicaid								
Type of Cost / Charges	<u>Inpatie</u>	nt (A)	Outpatient (B)		Inpatient (C)	0	utpatient (D)	1	Statistics (E)				
1. Ancillary	127,41	1,208.00	224,892,337.00		12,315,008.00		6,325,573.00		Total Bed [Da	/s		178,850
2. Routine	82,96	8,497.00		1	8,627,615.00			1	Total Inpati	ier	t Days		107,075
3. Special Care	16,61	2,557.00		1	2,503,788.00			1	Total Newb	oor	n Days		17,186
4. Newborn Routine	11,37	5,084.00		1	4,742,459.00			1	Medicaid Ir	npa	atient Days		13,214
5. Intern-Resident		0.00		1	0.00			1	Medicaid Newborn IP Days				3,986
6. Home Health				1				1	Medicare Inpatient Days				28,413
7. Malpractice		0.00	0.00		0.00		0.00		Prospective Inflation Factor			1.	0320267686
8. Adjustments	(2,685	5,453.94)	(2,533,644.06)	1	(317,576.69)		(71,264.10)		Medicaid P	Paio	d Claims		38,639
9. Total Cost	235,68	1,892.06	222,358,692.94		27,871,293.31		6,254,308.90		Property R	ate	Allowance		0.80
10. Charges	996,32	2,381.00	947,304,972.00		89,491,849.00	3	30,537,239.00		First Rate S	Se	mester in Effect		2015/07
11. Fixed Costs		36,912,0	87.00		3,315,	524.	15		Last Rate Semester in Effect			2015/07	
				- Ce	eiling and Target	Info	ormation	_					
	Γ	<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	C	<u>DP (G)</u>	ſ	Inflation /	FPLI Data	<u>a (H)</u>
1 Normalized Pate		1 53/ 30	173.06	Г	County Ceiling Base	<u> </u>	087 23	3 186.40 Semester DRI Index 2			2 1500		

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,534.30	173.96
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

County Ceiling Base	987.23	186.40	Semester DRI Index	2.1590
Variable Cost Base	879.60	140.07	Cost Report DRI Index	2.0920
State Ceiling	1,653.98	204.24	FPLI Year Used	2008
County Ceiling	1,588.32	196.13	FPLI	0.9603

Rate	Calculations

Rates a	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	6,254,308.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	6,254,308.90
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,454,614.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		38,639
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		167.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)]	145.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		145.01
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9603) for Leon (37)		196.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)]	192.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		145.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9]	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		145.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,537,239.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		790.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		815.63
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		145.01
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(38.11)
AV			
AW]	
AX] [
AY	Final Prospective Rates		106.90



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

Manatee Memorial Hospital

Type of Action: Unaudited Cost Report

101168 - 2015/07

Outpatient Rate: 75.75

County Billing ONLY

0.9712

County: Manatee (41) District: 6

FPLI

198.36

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

4. Rate of Increase (Year/Sem.)

		Tota	l		Medi	icai	d						
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	Inpatient (C)	<u>O</u>	utpatient (D)		Statistics (E)				
1. Ancillary	70,78	31,780.00	50,167,095	00	8,802,826.00		3,134,178.0	0	Total B	ed Da	iys		116,435
2. Routine	58,43	39,621.00			7,143,925.00				Total In	patie	nt Days		77,843
3. Special Care	9,58	35,837.00			1,268,601.00				Total N	ewbo	rn Days		5,354
4. Newborn Routine	3,70	07,715.00			3,366,561.00				Medica	id Inp	atient Days		9,602
5. Intern-Resident		0.00			0.00				Medica	id Ne	lewborn IP Days		2,145
6. Home Health									Medica	Medicare Inpatient Days			29,595
7. Malpractice		0.00	0	00	0.00		0.0	0	Prospe	ctive	nflation Factor	1.0485672657	
8. Adjustments		0.00	0	00	0.00		0.0	0	Medica	d Pa	d Claims	31,675	
9. Total Cost	142,51	4,953.00	50,167,095	00	20,581,913.00		3,134,178.0	0	Propert	y Rat	e Allowance		0.80
10. Charges	819,98	36,073.00	462,831,630	00	83,253,808.00	;	34,314,797.0	0	First Ra	te Se	mester in Effect		2015/07
11. Fixed Costs		19,468,13	30.00		1,976,6	614.	01		Last Ra	ite Se	mester in Effect		2015/07
				С	eiling and Target	Info	ormation						
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	(<u> OP (G)</u>		Inflation /	FPLI Data	<u>(H)</u>
1. Normalized Rate		1,710.00	106.83		County Ceiling Base	е	993.80		185.52		Semester DRI Inc	dex	2.1590
2. Base Rate Semester	2. Base Rate Semester 2014/0				Variable Cost Base		827.41		112.52		Cost Report DRI	Index	2.0590
3. Ultimate Base Rate Se	emester	1991/01	1993/01		State Ceiling		1,653.98		204.24		FPLI Year Used		2008

Rate Calculations	
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1,606.35

County Ceiling

Rates a	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	3,134,178.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	3,134,178.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,286,396.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,675
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		116.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.75
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9712) for Manatee (41)		198.36
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.06
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.06
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		34,314,797.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,083.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,135.95
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		103.75
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(28.00)
AV]	
AW]	
AX]	
AY	Final Prospective Rates		75.75

1.015955



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

101290 - 2015/07

County: Orange (48)

District: 7

Outpatient Rate: 99.58

County Billing ONLY

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

Type of Action: Amended Cost Report

		Tota	ıl		Med	icai	d						
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (E	<u>3)</u>	Inpatient (C)	0	utpatient (D)				Statist	ics (E)	
1. Ancillary	765,84	41,659.00	536,904,810	.00	86,113,958.00	4	41,445,215.0	0	Total Bed Days				865,780
2. Routine	504,97	71,347.00			55,370,229.00				Total In	patie	nt Days		619,500
3. Special Care	152,75	51,556.00			16,289,076.00				Total N	ewbo	rn Days		42,431
4. Newborn Routine	35,06	66,187.00			22,893,791.00				Medica	id Inp	atient Days		72,175
5. Intern-Resident		0.00			0.00				Medica	id Ne	wborn IP Days	;	20,273
6. Home Health									Medica	re Inp	atient Days		215,734
7. Malpractice		0.00	0	.00	0.00		0.0	0	Prospec	ctive	Inflation Factor	r 1.	0485672657
8. Adjustments	(22,57	7,087.01)	(8,310,359.	99)	(2,796,414.24)		(641,500.41)	Medica	id Pa	id Claims		272,478
9. Total Cost	1,436,05	53,661.99	528,594,450	.01	177,870,639.76	4	40,803,714.5	9	Propert	y Rat	e Allowance		0.80
10. Charges	7,498,36	69,371.00	8,834,671,606	.00	871,157,010.00	3	07,804,710.0	710.00 I		te Se	emester in Effe	ct	2014/07
11. Fixed Costs		159,245,2	25.00		18,501	,034	.99		Last Ra	te Se	emester in Effe	ct	2015/07
				С	eiling and Target	Infe	ormation						
		<u>IP (F)</u>	<u>OP (F)</u>		<u>IP (G)</u> O			OP (G) Inflation			on / FPLI Dat	<u>a (H)</u>	
1. Normalized Rate		1,845.44	160.31		County Ceiling Bas	е	970.98		190.61 Semester		Semester DR	I Index	2.1590
2. Base Rate Semester		2014/07	2014/07		Variable Cost Base	ariable Cost Base			131.75		Cost Report D	ORI Index	2.0590
3. Ultimate Base Rate Se	emester	1991/01	1993/01		State Ceiling		1,653.98		204.24		FPLI Year Us	ed	2008
4. Rate of Increase (Yea	r/Sem.)	1.015955	5 1.035233		County Ceiling		1,620.08		200.06		FPLI		0.9795
					Rate Calcula	atio	ns						
Rates are based on Medicaid C									i	Inpa	tient		atient
		. ,			,	n Medicaid Cost(D9)			Reimbursed by			4	0,803,714.59
				s x (l	Medicaid Charges/To	otal (Charges)		Diagnosis Related Groups				
AD Total Medicaid Va	riable Ope	erating Cost	= (AA-AB)						Neid	aleu	Groups	4	0,803,714.59
AE Variable Operating	g Cost Infla	ated = (AD	x Inflation Fa	ctor (E7))							4	2,785,439.44
AF Total Medicaid Day	ys (Inpatie	ent E4+E5)	or Medicaid P	aid C	Claims (Outpatient)								272,478
AG Variable Cost Rate	e: Cost Div	ided by Da	ys (IP) or Med	licaid	Paid Claims (OP)								157.02
AH Variable Cost Targ	jet = Base	Rate Seme	ester x Rate o	f Incr	ease (G2 x F4)								136.39
AI Lesser of Inflated	Variable C	ost Rate (A	G) or Target I	Rate	(AH)								136.39
AJ County Rate Ceilir	ng = State	Ceiling (70	% IP & 80% C	P) x	FPLI (0.9795) for OI	rang	e (48)						200.06
AK County Ceiling Tar	get Rate :	= County Ce	eiling Base x I	Rate	of Increase (G1 x F4	l)							197.33

AV AW AX AY Final Prospective Rates

AL AM

AN AP

AQ

AR

AS

AT

AU

Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)

Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)

Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9

Rate based on Medicaid Charges adjusted for Inflation (AR x E7)

Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)

Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)

Lesser of Variable Cost (AI) or County Ceiling (AL)

Total Rate Based on Medicaid Cost Data = (AM + AN)

Total Medicaid Charges, Inpatient (C10): Outpatient (D10)

197.33

136.39

136.39

1,129.65 1,184.51

136.39

(36.81)

99.58

307,804,710.00



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

Orlando Health

101338 - 2015/07

Outpatient Rate: 123.16

County Billing ONLY

County: Orange (48) District: 7

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

Type of Action: Unaudited Cost Report

Hospital Classification	: Statuto	ry i eachi	ng Hospital								
		Tot	al		Med	icaid					
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)			Statist	ics (E)	
1. Ancillary	429,34	9,096.00	381,207,638.	00	60,927,568.00	29,508,196.00	Total I	Bed D	ays		556,538
2. Routine	312,73	86,038.00			46,794,448.00		Total I	npati	ent Days		325,762
3. Special Care	56,50	6,399.00			9,696,769.00		Total I	Newb	orn Days		67,048
4. Newborn Routine	59,80	4,108.00			29,002,307.00		Medic	aid In	patient Days		54,956
5. Intern-Resident		0.00			0.00		Medic	aid N	ewborn IP Days	6	20,563
6. Home Health							Medic	are In	patient Days		68,372
7. Malpractice		0.00	0.	00	0.00	0.00	Prosp	ective	Inflation Facto	r 1	.0320267686
8. Adjustments		0.00	0.	00	0.00	0.00	Medic	aid Pa	aid Claims		164,062
9. Total Cost	858,39	95,641.00	381,207,638.	00	146,421,092.00	29,508,196.00	Prope	rty Ra	ate Allowance		0.80
10. Charges	4,329,80	7,311.00	2,887,107,265.	00	686,460,377.00	202,757,648.00	First R	late S	Semester in Effe	ect	2015/07
11. Fixed Costs		123,503,	648.00		19,580	,631.35	Last R	ate S	emester in Effe	ect	2015/07
				Ce	eiling and Target	Information					
		IP (F)	<u>OP (F)</u>			<u>IP (G)</u>	<u>OP (G)</u>		Inflat	ion / FPLI Da	ta (H)
1. Normalized Rate		1,769.6	. ,	1	County Ceiling Bas	. ,	190.61		Semester DR		2.1590
2. Base Rate Semester		2014/0			Variable Cost Base		161.38	-	Cost Report I		2.0920
3. Ultimate Base Rate Se	emester	1991/0	1 1993/01		State Ceiling	1,653.98	204.24	L L	FPLI Year Us		2008
4. Rate of Increase (Yea	r/Sem.)	1.01595	5 1.035233		County Ceiling	1,620.08	200.06	5	FPLI		0.9795
	,				Rate Calcula	tions		<u> </u>			
Rates are based on Medicaid C	Costs				Nate Calcula			Inp	atient	Out	patient
AA Inpatient based on	Medicaid	Cost (C9)	:Outpatient bas	sed o	on Medicaid Cost(D9	9)	Re	imbu	ursed by		29,508,196.00
AB Apportioned Medic	aid Fixed	Costs = To	otal Fixed Costs	6 x (N	Medicaid Charges/To	otal Charges)			nosis		
AD Total Medicaid Var	riable Ope	rating Cos	t = (AA-AB)				Re Re	lated	dGroups		29,508,196.00
AE Variable Operating	Cost Infla	ated = (AD	x Inflation Fac	tor (E	Ξ7))		1				30,453,248.17
AF Total Medicaid Day	ys (Inpatie	nt E4+E5)	or Medicaid Pa	aid C	laims (Outpatient)						164,062
AG Variable Cost Rate	e: Cost Div	ided by Da	ays (IP) or Med	icaid	Paid Claims (OP)		1				185.62
AH Variable Cost Targ	jet = Base	Rate Sem	nester x Rate of	Incre	ease (G2 x F4)		1				167.07
AI Lesser of Inflated	Variable C	ost Rate (/	AG) or Target R	late ((AH)		1				167.07
AJ County Rate Ceilin	ng = State	Ceiling (70	0% IP & 80% O	P) x	FPLI (0.9795) for Oi	ange (48)	1				200.06
AK County Ceiling Tar	get Rate =	= County C	Ceiling Base x R	ate o	of Increase (G1 x F4	-)	1				197.33
AL Lesser of County F	Rate Ceilin	g (AJ) or (County Ceiling	Targe	et Rate (AK)		1				197.33
AM Lesser of Variable							1				167.07
AN Plus Rate for Fixed	d costs and	d Property	Allowance = (C11/	AF) x E9		1				
AP Total Rate Based	on Medica	id Cost Da	ata = (AM + AN)				1				167.07
AQ Total Medicaid Cha	arges, Inp	atient (C1	0): Outpatient (D10)			1			2	02,757,648.00
AR Charges divided by	y Medicaid	d Days (Inp	patient) or Medi	caid	Paid Claims (Outpat	tient)			1,235.86		
AS Rate based on Me									1,275.44		
AT Prospective Rate =									167.07		
AU Medicaid Trend Ac	ljustment	(IP%: 30.4	1045 %, OP%:	26.2	788 %)		(43.90)		(43.90)		
AV							1				
AW							1				
AX							1				
AY Final Prospective	Rates						1				123.16
							_				



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

101354 - 2015/07

Outpatient Rate: 82.58

County Billing ONLY

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

Health Central

Type of Action: Unaudited Cost Report

County: Orange (48) District: 7

	Total		Medicaid			
Type of Cost / Charges	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	Statistics (E)	
1. Ancillary	46,000,085.00	46,801,626.00	3,353,409.00	3,165,190.00	Total Bed Days	62,415
2. Routine	33,517,590.00		2,386,834.00		Total Inpatient Days	49,179
3. Special Care	8,362,910.00		706,132.00		Total Newborn Days 2	
4. Newborn Routine	1,433,285.00		904,427.00		Medicaid Inpatient Days	4,131
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	433
6. Home Health					Medicare Inpatient Days	15,206
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	23,385
9. Total Cost	89,313,870.00	46,801,626.00	7,350,802.00	3,165,190.00	Property Rate Allowance	0.80
10. Charges	497,479,284.00	317,067,222.00	36,582,775.00	20,245,230.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	12,127,	622.00	891,8	20.18	Last Rate Semester in Effect	2015/07
		C	eiling and Target	Information		

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,491.09	142.61
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

Rate Calculations

	<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H	<u>l)</u>
County Ceiling Base	970.98	190.61	Semester DRI Index	2.1590
Variable Cost Base	1,171.04	109.26	Cost Report DRI Index	2.0920
State Ceiling	1,653.98	204.24	FPLI Year Used	2008
County Ceiling	1,620.08	200.06	FPLI	0.9795

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	3,165,190.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	3,165,190.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,266,560.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7 F	23,385
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	Π Γ	139.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Π Γ	113.11
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.11
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9795) for Orange (48)	7 F	200.06
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Π Γ	197.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	7 F	113.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9] [
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		113.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)] [20,245,230.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		865.74
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		893.46
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		113.11
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	7 F	(30.53)
AV		Π Γ	
AW] [
AX] [
AY	Final Prospective Rates	7 F	82.58



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

Osceola Regional Medical Center

Type of Action: Unaudited Cost Report

101	389	- 201	5/07
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Outpatient Rate: 89.43

County Billing ONLY

County: Osceola (49) District: 7

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

	Tot	al	Medicaid			
Type of Cost / Charges	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	Statistic	s (E)
1. Ancillary	64,477,039.00	58,512,454.00	8,218,170.00	5,185,051.00	Total Bed Days	93,805
2. Routine	55,332,350.00		3,757,355.00		Total Inpatient Days	81,229
3. Special Care	18,084,599.00		5,404,711.00		Total Newborn Days	2,893
4. Newborn Routine	1,070,688.00		737,979.00		Medicaid Inpatient Days	
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	
6. Home Health					Medicare Inpatient Days	26,579
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor 1.048567	
8. Adjustments	(2,344,757.58)	(987,283.42)	(305,709.50)	(87,487.61)	Medicaid Paid Claims 42,	
9. Total Cost	136,619,918.42	57,525,170.58	17,812,505.50	5,097,563.39	Property Rate Allowance	
10. Charges	1,249,348,082.00	796,643,935.00	113,549,933.00	86,261,973.00	First Rate Semester in Effect 2015	
11. Fixed Costs	16,395,	724.00	1,490,	163.86	Last Rate Semester in Effect 2015/07	
		C	eiling and Target	Information		
IP (F) OP (F) IP (G) OP (G) Inflation / FPLI Data (H)				OP (G) Inflation	/ FPLI Data (H)	

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,898.42	132.25
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

	<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H)
County Ceiling Base	936.28	187.56	Semester DRI Index 2.1590
Variable Cost Base	1,033.17	118.32	Cost Report DRI Index 2.0590
State Ceiling	1,653.98	204.24	FPLI Year Used 2008
County Ceiling	1,575.25	194.52	FPLI 0.9524

Rate	Cal	cu	lations	

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	5,097,563.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	5,097,563.39
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,345,138.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		42,437
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		125.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		122.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		122.49
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9524) for Osceola (49)		194.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		194.17
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		194.17
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		122.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		122.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		86,261,973.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,032.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,131.43
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		122.49
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(33.06)
AV			
AW			
AX			
AY	Final Prospective Rates		89.43



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

Bethesda Hospital East

Type of Action: Unaudited Cost Report

101401	- 2015/07
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Outpatient Rate: 68.62

County Billing ONLY

County: Palm Beach (50) District: 9

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

				_			_							
		Total			Medie									
Type of Cost / Charges	Inpatient (A)		Outpatient (B)		Inpatient (C)	Outpatient (D)		Statistics (E)						
1. Ancillary 94,687,320.00		37,320.00	72,978,411.00		13,751,874.00	5,976,754.0	D	Total Bed	Total Bed Days			164,980		
2. Routine	59,41	8,087.00		1	6,884,505.00		1	Total Inpatie		nt Days		92,666		
3. Special Care	16,02	9,478.00		1	1,363,550.00		7	Total New	wborn Days				14,153	
4. Newborn Routine 8,391,926.00		1,926.00		1	6,077,180.00		7	Medicaid I	icaid Inpatient Days			12,938		
5. Intern-Resident		0.00]	0.00			Medicaid Newborn IP Days			;	4,673		
6. Home Health							Medicare Inpatient Days				39,647			
7. Malpractice		0.00	0.00		0.00	0.0	Э	Prospective Inflation Factor		r	1.0320267686			
8. Adjustments	(2,25	9,976.86)	(923,836.14)		(355,429.06)	(75,659.93	,)	Medicaid F	Pai	d Claims		64,794		
9. Total Cost	176,26	6,834.14	72,054,574.86		27,721,679.94	5,901,094.0	7	Property R	at	e Allowance		0.80		
10. Charges	929,57	79,209.00	577,643,245.00		127,838,305.00	44,904,554.0	C	First Rate S		mester in Effe	ct	2015/07		
11. Fixed Costs	25,804		689.00		3,548,7	32.23		Last Rate	at Rate Semester in Effect		2015/07			
			(Ce	iling and Target I	Information								
<u>IP (F)</u> <u>OP (F)</u> <u>IP (G)</u>								<u> DP (G)</u>		Inflation / FPLI Data (H)				
1. Normalized Rate		1,381.8	8 91.69	ſ	County Ceiling Base	1,054.35		202.52		Semester DR	r DRI Index		2.1590	
2. Base Rate Semester		2014/0	7 2014/07	ľ	Variable Cost Base	1,036.68		118.72 Cost Report D		ORI Index		2.0920		
3. Ultimate Base Rate Semester		1991/0	1 1993/01	ſ	State Ceiling	1,653.98		204.24		FPLI Year Used			2008	
4. Rate of Increase (Year/Sem.)		1.01595	5 1.035233	Ī	County Ceiling	1,695.50		209.37		FPLI			1.0251	
				_	Rate Calculat	tions	_		_					
Rates are based on Medicaid Costs								Inpatient Outpatient						
AA Inpatient based on	A Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)								Reimbursed by 5,901,094					
AB Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)									Diagnosis					
AD Total Medicaid Variable Operating Cost = (AA-AB)								Related Groups 5,901,094.07						
AE Variable Operating Cost Inflated = (AD x Inflation Factor (E7))								6,090,087.05						

AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	5,901,094.07
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))]	6,090,087.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		64,794
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1	93.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1	122.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		93.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)]	209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		93.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9]	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)]	93.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		44,904,554.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)]	693.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		715.23
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)]	93.99
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(25.37)
AV]	
AW]	
AX]	
AY	Final Prospective Rates]	68.62



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

JFK Medical Center

Outpatient Rate: 105.71

County Billing ONLY

County: Palm Beach (50) District: 9

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

Type of Action: U	naudited Cost Report
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		Total				Medicaid											
Type	of Cost / Charges	Inpatient (A) Outpatient (B)				Inpatient (C)	Outpatient (D)			Statistics (E)							
1. An	cillary	132,23	132,235,920.00 88,184		12,477,217.0			5,821,678.00		Total Bed Days				163,520			
2. Ro	utine	85,718,887.00				8,309,663.00				Total Inpatient Days				126,095			
3. Sp	ecial Care	23,73			2,932,319.00				Total Newborn Days				0				
4. Ne	wborn Routine	0.00				0.00	00 Medic			Medicaid	dicaid Inpatient Days				13,749		
5. Inte	ern-Resident		0.00		0.00				Medicaid N			wborn IP Days	S	0			
6. Ho	me Health								Medicare	e Inp	oatient Days		42,301				
7. Ma	lpractice		0.00	0.00		0.00				Prospective Inflation Factor			r	1.0374819798			
8. Adj	justments	(3,82	8,891.11)	(1,397,019.89)		(375,757.94)		(92,226.63)		Medicaid Paid Claims				41,053			
9. Tot	al Cost	237,86	64,548.89	86,787,923.11		23,343,441.06		5,729,451.37		Property Rate Allowa		e Allowance			0.80		
10. C	harges	2,045,554,846.00		995,109,784.00		192,109,876.00		69,392,867.00	-		emester in Effect		2015/07				
11. Fi	xed Costs		28,193,	196.00		2,647,785		5.95		Last Rate Semester in Eff			ect 2015/07				
Ceiling and Target Information																	
				<u>IP (G)</u>	0	P (<u>G)</u>		Inflat	ion /	FPLI Data	<u>. (H)</u>						
1. No	rmalized Rate		1,523.4	3 141.25	ſ	County Ceiling Base		1,054.35		202.52		Semester DRI In		ex	2.1590		
2. Ba	se Rate Semester		2014/0	07 2014/07	t	Variable Cost Base		797.77		141.63		Cost Report I	ort DRI Index		2.0810		
3. Ulti	imate Base Rate Se	emester	1991/0	1 1993/01	t	State Ceiling		1,653.98		204.24		FPLI Year Us			2008		
4. Ra	Rate of Increase (Year/Sem.)		1.01595	955 1.035233		County Ceiling		1,695.50		209.37		FPLI			1.0251		
						Rate Calcula	atio	ns							·		
Rates a	are based on Medicaid C	osts				Rate Galoun					npa	tient		Outpa	atient		
AA Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9) Reimbursed by											Į	5,729,451.37					
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges) Diagnosis																
AD	Total Medicaid Variable Operating Cost = (AA-AB)										Related Groups				5,729,451.37		
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))													5,944,202.55			
AF	AF Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)														41,053		
AG															144.79		
AH															146.62		
AI													144.79				
AJ	County Rate Ceilin	g = State	Ceiling (70	0% IP & 80% OP) :	хŀ	FPLI (1.0251) for Pa	alm E	Beach (50)	٦						209.37		
AK	County Ceiling Tar	get Rate =	= County C	ceiling Base x Rate	e c	of Increase (G1 x F4	4)		1						209.66		
AL															209.37		
AM	Lesser of Variable	Cost (AI)	or County	Ceiling (AL)					T						144.79		
AN	Plus Rate for Fixed	l costs an	d Property	Allowance = (C11	1//	AF) x E9											
AP	Total Rate Based of	on Medica	id Cost Da	ata = (AM + AN)											144.79		
AQ Total Medicaid Charges, Inpatient (C10): Outpatient (D10) 69,392,86									9,392,867.00								
AR															1,690.32		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)														1,753.68		
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)														144.79		
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)]						(39.08)		
AV]								
AW																	
AX																	
AY	Final Prospective	Rates							1						105.71		
Batch	ID: XX920		Cre	ated On: 6/29/2015		P	ublis	hed: 6/29/2015				Report Pr	inted:	6/29/2015			



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

St. Mary's Medical Center

Type of Action: Unaudited Cost Report

101486 - 2015/07

Outpatient Rate: 78.84

County Billing ONLY

County: Palm Beach (50) District: 9

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

		Tota	l		Medi	icai	d]						
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)		Inpatient (C)	Οι	utpatient (D)	1			Statist	ics (E)		
1. Ancillary	92,63	31,418.00	50,104,550.00)	24,360,747.00		7,828,689.00		Total Bed	D	ays		169,360	
2. Routine	57,40	04,397.00			21,352,152.00			1	Total Inpa	tie	nt Days		104,244	
3. Special Care	23,39	92,983.00			9,798,059.00			1	Total New	bc	orn Days		7,423	
4. Newborn Routine	86	63,730.00			634,162.00			1	Medicaid	Inp	oatient Days		41,445	
5. Intern-Resident		0.00			0.00			1	Medicaid	Ne	wborn IP Days	;	223	
6. Home Health								1	Medicare	In	patient Days		13,865	
7. Malpractice		0.00	0.00)	0.00		0.00		Prospective Inflation Factor			·	1.0394800193	
8. Adjustments		0.00	0.00)	0.00		0.00		Medicaid	dicaid Paid Claims			76,094	
9. Total Cost	174,29	92,528.00	50,104,550.00)	56,145,120.00		7,828,689.00		Property F	۲a	te Allowance		0.80	
10. Charges	1,039,19	94,398.00	348,428,751.00)	304,249,112.00	6	65,049,952.00		First Rate	First Rate Semester in Effect			2015/07	
11. Fixed Costs		14,837,0	00.80		4,343,8	890.:	34]	Last Rate	Se	emester in Effe	ct	2015/07	
				Ce	eiling and Target	Info	ormation							
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	C	<u>)P (G)</u>		Inflati	on / FPLI Da	ata (<u>H)</u>	
1. Normalized Rate		1,260.63	104.33		County Ceiling Base	е	1,054.35		202.52		Semester DR	I Index	2.1590	
2. Base Rate Semester		2014/07	2014/07		Variable Cost Base		1,114.72		109.06		Cost Report D	ORI Index	2.0770	
3. Ultimate Base Rate Se	emester	1991/01	1993/01		State Ceiling		1,653.98		204.24	FPLI Year Used			2008	
4. Rate of Increase (Yea	r/Sem.)	1.015955	5 1.035233		County Ceiling		1,695.50		209.37 FPLI			1.0251		
					Rate Calcula	atior	ns							
Rates are based on Medicaid C	osts								Inpatient			Ou	Outpatient	
AA Inpatient based on Medicaid Cost (C9) :Outpatient based					n Medicaid Cost(D9)				Reimbursed by			7,828,689.00		

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	7,828,689.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	7,828,689.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))] [8,137,765.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)] [76,094
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)] [106.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)] [112.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)] [106.94
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)	1 [209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)] [209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)] [209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)] [106.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9]	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		106.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)] [65,049,952.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)] [854.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)] [888.61
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)] [106.94
AU	Medicaid Trend Adjustment (IP%: 27.2260 %, OP%: 26.2788 %)	1 [(28.10)
AV		1	
AW		1 [
AX		1 1	
AY	Final Prospective Rates	1 [78.84



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

All Children's Hospital

Type of Action: Unaudited Cost Report

101516 - 2015/07

Outpatient Rate: 180.69

County Billing ONLY

County: Pinellas (52) District: 5

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

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

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	2,562.14	277.34
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

Rate Calculations

	<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H)		
County Ceiling Base	32,767.00	186.93	Semester DRI Index	2.1590	
Variable Cost Base	1,657.04	215.00	Cost Report DRI Index	2.0810	
State Ceiling	1,653.98	204.24	FPLI Year Used	2008	
County Ceiling	1,565.00	193.25	FPLI	0.9462	

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	37,985,284.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	37,985,284.28
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		39,409,047.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		150,178
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		262.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		222.58
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		222.58
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)	7	193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	7	193.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		193.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)] [108,921,055.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		725.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		752.46
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		193.25
AU	Medicaid Trend Adjustment (IP%: 10.3891 %, OP%: 6.5029 %)		(12.57)
AV] [
AW] [
AX] [
AY	Final Prospective Rates		180.69



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

Bayfront Health - St Petersburg

Type of Action: Unaudited Cost Report

101567 -	2015/07
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Outpatient Rate: 60.62

County Billing ONLY

County: Pinellas (52) District: 5

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

		Tota	al		Γ	Medi	caic	ł]						
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)		Γ	Inpatient (C)	<u> </u>	utpatient (D)	1			Statist	ics (E)	
1. Ancillary	43,01	9,640.00	27,744,526.0	00	Γ	3,583,172.00		926,563.00)	Total Bee	d Da	iys			64,233
2. Routine	23,27	77,011.00			Γ	2,513,863.00			1	Total Inp	atie	nt Days			37,819
3. Special Care	9,96	64,222.00			Γ	1,185,107.00			1	Total Nev	wbo	rn Days			3,563
4. Newborn Routine	85	56,020.00			Γ	258,509.00			1	Medicaid	l Inp	atient Days			4,352
5. Intern-Resident		0.00			Γ	0.00			1	Medicaid	l Ne	wborn IP Days	;		0
6. Home Health					Γ				1	Medicare	e Inp	atient Days			8,969
7. Malpractice		0.00	0.0	00	Γ	0.00		0.00	7	Prospect	tive l	nflation Factor	r	1.	0295660467
8. Adjustments	(1,46	8,490.66)	(528,322.3	4)	Γ	(143,592.09)		(17,643.98		Medicaid Paid Claims					11,381
9. Total Cost	75,64	18,402.34	27,216,203.6	6	Γ	7,397,058.91		908,919.02	2	Property	Property Rate Allowance				0.80
10. Charges	537,50	09,623.00	229,399,519.0	00	Γ	44,610,530.00		9,782,305.00	7	First Rate	First Rate Semester in Effect				2015/07
11. Fixed Costs		7,644,58	39.00			634,4	61.5 [°]	1		Last Rate Semester in Effect		ct		2015/07	
				С	eili	ing and Target	Info	ormation							
		<u>IP (F)</u>	<u>OP (F)</u>				Γ	<u>IP (G)</u>	С)P (<u>G)</u>		Inflati	ion / F	PLI Data	<u>a (H)</u>
1. Normalized Rate		1,690.8	1 86.90		Co	ounty Ceiling Base	ә	970.78		186.93		Semester DR	l Inde	ex	2.1590
2. Base Rate Semester		2014/07	7 2014/07		Va	ariable Cost Base		966.76		94.39		Cost Report D	DRI Ir	ndex	2.0970
3. Ultimate Base Rate Se	emester	1991/01	1 1993/01		St	tate Ceiling		1,653.98		204.24		FPLI Year Us	ed		2008
4. Rate of Increase (Year	r/Sem.)	1.01595	5 1.035233		С	ounty Ceiling		1,565.00		193.25 FPLI				0.9462	
			<u> </u>		_	Rate Calcula	tior	าร							-
Rates are based on Medicaid C	osts										Inpat	ient		Outpa	atient
AA Inpatient based on Medicaid Cost (C9) :Outpatient based				ed o	on l	Medicaid Cost(D9)			Reimbursed by					908,919.02
AB Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Me	Medicaid Charges/Total Charges)			Diagnosis						
AD Total Medicaid Variable Operating Cost = (AA-AB)									Related Groups 908,919				908,919.02		
AE Variable Operating Cost Inflated = (AD x Inflation Eactor ((F7)))				935 792				935,792,16	

AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	908,919.02
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		935,792.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1	11,381
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1	82.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1	97.72
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		82.22
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)	1	193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		82.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		82.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,782,305.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		859.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		884.94
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		82.22
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(21.61)
AV]	
AW]	
AX]	
AY	Final Prospective Rates]	60.62



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

Morton F. Plant Hospital

Type of Action: Unaudited Cost Report

Outpatient Rate: 92.90

County Billing ONLY

County: Pinellas (52) District: 5

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

Hospital Classification	: CHEP										
		Tota	al		Med	icaid]				
Type of Cost / Charges	<u>Inpati</u>	ent (A)	Outpatient (E)	Inpatient (C)	Outpatient (D)		Statist			
1. Ancillary	128,3	50,347.00	112,159,289	00	16,484,076.00	4,985,163.00	Total E	Bed [Days		189,070
2. Routine	71,2	57,050.00			7,991,599.00		Total I	npati	ent Days	109,150	
3. Special Care	22,27	78,531.00			3,576,792.00		Total N	lewb	orn Days		4,873
4. Newborn Routine	1,97	72,923.00			1,346,193.00		Medica	aid Ir	patient Days		15,026
5. Intern-Resident		0.00			0.00		Medica	aid N	ewborn IP Days	;	67
6. Home Health							Medica	are Ir	patient Days		41,563
7. Malpractice		0.00	0	00	0.00	0.00	Prospe	ective	e Inflation Factor	r ·	1.0485672657
8. Adjustments	(3,70	7,891.10)	(1,857,752.	90)	(486,945.36)	(82,571.86)	Medica	aid P	aid Claims		32,269
9. Total Cost	220,15	50,959.90	110,301,536	10	28,911,714.64	4,902,591.14	Proper	ty Ra	ate Allowance	0.80	
10. Charges	1,074,23	33,581.00	788,069,371	00	125,603,004.00	32,336,882.00	First R	First Rate Semester in Effe			2015/07
11. Fixed Costs		24,977,1	35.00		2,920,	410.65	Last R	Last Rate Semester in Effe			2015/07
				С	eiling and Target	Information					
		<u>IP (F)</u>	<u>OP (F)</u>			<u>IP (G)</u>	<u>OP (G)</u>	1	Inflati	on / FPLI Da	ata (H)
1. Normalized Rate		1,908.38	3 168.37		County Ceiling Bas	e 970.78	186.93	1	Semester DR	l Index	2.1590
2. Base Rate Semester		2014/07	7 2014/07		Variable Cost Base	538.90	122.91	1	Cost Report D	ORI Index	2.0590
3. Ultimate Base Rate Se	emester	1991/0 ⁻	1 1993/01		State Ceiling	1,653.98	204.24	1	FPLI Year Us	ed	2008
4. Rate of Increase (Yea	r/Sem.)	1.01595	5 1.035233		County Ceiling	1,565.00	193.25		FPLI		0.9462
					Rate Calcula	ations		_			
Rates are based on Medicaid C	osts							Inp	atient	Ou	tpatient
AA Inpatient based on	Medicaid	Cost (C9)	Outpatient ba	sed	on Medicaid Cost(DS	9)			ursed by		4,902,591.14
AB Apportioned Medic	aid Fixed	Costs = To	tal Fixed Cost	s x (Medicaid Charges/T	Charges/Total Charges) Diagnosis Related Groups 4 002 501 14					
AD Total Medicaid Variable Operating Cost = (AA-AB)							Rei	ate	Groups		4,902,591.14
AE Variable Operating Cost Inflated = (AD x Inflation Factor					(E7))						5,140,696.59
AF Total Medicaid Day	AF Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid				Claims (Outpatient)				[32,269
AG Variable Cost Rate	: Cost Div	vided by Da	ys (IP) or Mec	icaid	d Paid Claims (OP)				[159.31
AH Variable Cost Targ	jet = Base	Rate Sem	ester x Rate o	Inci	rease (G2 x F4)						127.24
AI Lesser of Inflated	/ariable C	Cost Rate (A	G) or Target F	late	(AH)						127.24
									t i i i i i i i i i i i i i i i i i i i		100.05

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	4,902,591.14
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	4,902,591.14
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))]	5,140,696.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,269
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		159.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)]	127.24
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)]	127.24
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)]	193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)]	193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)]	127.24
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9]	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		127.24
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)]	32,336,882.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)]	1,002.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)]	1,050.77
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)]	127.24
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(34.34)
AV		1	
AW]	
AX]	
AY	Final Prospective Rates	1	92.90
D ()			



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

Lakeland Regional Medical Center

Type of Action: Unaudited Cost Report

101648	- 2015/07
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Outpatient Rate: 76.91

County Billing ONLY

County: Polk (53) District: 6

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

Hospital Classification	: Specia										
		Tota	al		Medica	aid					
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	Inpatient (C	<u>) (</u>	Outpatient (D)	Statis			Statistics (E)	
1. Ancillary	159,57	73,510.00	173,674,993.00	15,107,050	0.00	10,964,584.00	Total B	ed Da	ays		304,045
2. Routine	136,46	66,792.00		11,498,373	3.00		Total In	patie	nt Days		192,098
3. Special Care	37,76	64,070.00		4,846,075	5.00		Total N	ewbo	rn Days		5,836
4. Newborn Routine	2,08	87,760.00		837,469	9.00		Medica	id Inp	atient Days		18,868
5. Intern-Resident		0.00		C	0.00		Medica	id Ne	wborn IP Days	6	88
6. Home Health							Medica	re In	oatient Days		65,836
7. Malpractice		0.00	0.00	C	0.00	0.00	Prospe	ctive	Inflation Facto	r 1.(0320267686
8. Adjustments	(5,02	4,350.28)	(2,597,869.72)	(482,985.	.65)	(164,010.72)	Medica	id Pa	id Claims		104,644
9. Total Cost	330,86	67,781.72	171,077,123.28	31,805,981	1.35	10,800,573.28	Propert	y Ra	e Allowance		0.80
10. Charges	1,734,53	37,547.00 1	,334,960,970.00	139,656,715	5.00	87,276,109.00	First Ra	ate S	emester in Effe	ect	2015/07
11. Fixed Costs		43,291,2	30.00	3,4	485,603	3.98	Last Rate Semester in Effe			ect	2015/07
			(Ceiling and Tar	rget In	formation					
		<u>IP (F)</u>	<u>OP (F)</u>			<u>IP (G)</u>	<u>OP (G)</u>		Inflati	ion / FPLI Data	<u>a (H)</u>
1. Normalized Rate		1,635.40) 112.98	County Ceiling	Base	916.04	186.26		Semester DR	I Index	2.1590
2. Base Rate Semester		2014/07	2014/07	Variable Cost E	Base	873.77	100.77	0.77 Cost Report DRI		ORI Index	2.0920
3. Ultimate Base Rate Se	emester	1991/01	1993/01	State Ceiling		1,653.98	204.24		FPLI Year Us	sed	2008
4. Rate of Increase (Yea	r/Sem.)	1.015955	5 1.035233	County Ceiling		1,559.37	192.56		FPLI		0.9428
				Rate Cal	culatio	ons					
Rates are based on Medicaid C	osts							Inpa	tient	Outpa	atient
AA Inpatient based on					. ,				rsed by	10	0,800,573.28
AB Apportioned Medic	aid Fixed	Costs = To	tal Fixed Costs x	(Medicaid Charge	es/Total	l Charges)			nosis Groups		
AD Total Medicaid Var	iable Ope	erating Cost	= (AA-AB)				Rela	aleu	Groups	1(0,800,573.28
AE Variable Operating				. , ,						1	1,146,480.74
AF Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)									104,644		
AG Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)										106.52	
AH Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)									104.32		
AI Lesser of Inflated	/ariable C	Cost Rate (A	G) or Target Rate	e (AH)							104.32
AJ County Rate Ceilin	g = State	Ceiling (70	% IP & 80% OP)	x FPLI (0.9428) fo	or Polk	(53)					192.56
AK County Ceiling Tar	get Rate :	= County Ce	eiling Base x Rate	e of Increase (G1	x F4)						192.82
AL Lesser of County F	L Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)										192.56

Lesser of Variable Cost (AI) or County Ceiling (AL)

Total Rate Based on Medicaid Cost Data = (AM + AN)

Total Medicaid Charges, Inpatient (C10): Outpatient (D10)

Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9

Rate based on Medicaid Charges adjusted for Inflation (AR x E7)

Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)

Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)

Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)

AM

AN AP

AQ

AR

AS

AT

AU

AV AW AX

AY

104.32

104.32

834.03 860.74

104.32

(27.41)

76.91

87,276,109.00



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

Winter Haven Hospital

Type of Action: Unaudited Cost Report

101699 - 2015/07

Outpatient Rate: 67.60

County Billing ONLY

County: Polk (53) District: 6

Cost Report DRI Index

FPLI Year Used

FPLI

2.0560

0.9428

2008

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

	Total				Medicaid							
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)		Inpatient (C)	<u> </u>	utpatient (D)		Statistics (E)			
1. Ancillary	91,37	3,539.00	113,069,496.00		8,805,046.00		4,869,613.00	D	Total Bed D	ays		240,839
2. Routine	75,06	5,250.00			6,309,470.00				Total Inpatie	nt Days		94,413
3. Special Care	19,71	6,128.00			2,296,886.00				Total Newbo	orn Days		5,390
4. Newborn Routine	2,68	31,268.00			1,590,348.00				Medicaid Inp	oatient Days		9,468
5. Intern-Resident		0.00			0.00				Medicaid Ne	wborn IP Days		542
6. Home Health									Medicare Inpatient Days			39,510
7. Malpractice		0.00	0.00		0.00		0.00	D	Prospective Inflation Factor		1.()500972763
8. Adjustments		0.00	0.00		0.00		0.00	D	Medicaid Pa	id Claims		40,495
9. Total Cost	188,83	36,185.00	113,069,496.00		19,001,750.00		4,869,613.00	D	Property Ra	te Allowance		0.80
10. Charges	869,98	34,257.00	783,899,085.00		78,646,295.00	3	35,638,715.00	D	First Rate S	emester in Effect		2014/07
11. Fixed Costs		22,596,0	62.00		2,042,6	676.6	68		Last Rate Semester in Effect 2015/			2015/07
	Ceiling and Target Information											
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	C	OP (G) Inflation / FPLI Data (H)			<u>(H)</u>
1. Normalized Rate		1,887.03	3 133.94	Cou	unty Ceiling Base	е	916.04		186.26 Semester DRI Index 2.1			2.1590

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,887.03	133.94
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

County Ceiling Rate Calculations

685.10

1,653.98

1,559.37

89.44

204.24

192.56

Variable Cost Base

State Ceiling

	Nate Galculations	Innotiont	Outpatient
	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	4,869,613.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	4,869,613.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		5,113,567.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,495
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		92.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9428) for Polk (53)		192.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		35,638,715.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		880.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		924.17
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		92.59
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(24.99)
AV			
AW			
AX			
AY	Final Prospective Rates	7	67.60



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

101711 - 2015/07

Outpatient Rate: 59.41

County Billing ONLY

County: St Johns (55) District: 4

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

Type of Action: Unaudited Cost Report

		Tot	al		Med	icaid		1				
Type of Cost / Charges	Inpatie		Outpatient (B)	Inpatient (C)		patient (D)	┥┌───	Statisti			
1. Ancillary		37,318.00	56,873,754	_	3,327,346.00		2,726,082.00	Total F	Total Bed Days			122,275
2. Routine)9,406.00	,,,		3,674,963.00					ent Days		60,696
3. Special Care		04,132.00			1,467,994.00					orn Days		2,879
4. Newborn Routine	1,17	70,059.00			451,522.00					patient Days		4,831
5. Intern-Resident		0.00			0.00			Medica	aid Ne	wborn IP Days	;	0
6. Home Health								Medica	are In	patient Days		29,563
7. Malpractice		0.00	0	00	0.00		0.00	Prospe	ective	Inflation Facto	r	1.0320267686
8. Adjustments	(1,85	6,187.80)	(750,730.2	20)	(117,767.56)		(35,984.12)	Medica	aid Pa	id Claims		34,118
9. Total Cost	138,76	64,727.20	56,123,023	80	8,804,057.44	2	2,690,097.88	Proper	ty Ra	te Allowance		0.80
10. Charges	581,72	23,509.00	332,681,260	00	32,688,880.00	17	7,426,788.00	First R	ate S	emester in Effe	ct	2015/07
11. Fixed Costs		19,628,6	659.00		1,102,	996.30)	Last R	ate S	emester in Effe	ct	2015/07
				C	eiling and Target	Infor	mation				-	
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	<u>OP (G)</u>		Inflat	ion / FPLI Da	ata (H)
1. Normalized Rate		1,747.3	7 86.43		County Ceiling Bas	e	1,621.33	186.00		Semester DR	I Index	2.1590
2. Base Rate Semester		2014/0	7 2014/07		Variable Cost Base	;	973.05	91.82		Cost Report	ORI Index	2.0920
3. Ultimate Base Rate Se	emester	1991/0	1 1993/01		State Ceiling		1,653.98	204.24	204.24 FPLI Year Us		ed	2008
4. Rate of Increase (Year	r/Sem.)	1.01595	5 1.035233		County Ceiling		1,557.22	192.29		FPLI		0.9415
					Rate Calcula	ations	3		_			
Rates are based on Medicaid C								-	<u> </u>	itient	Ou	tpatient
		()			on Medicaid Cost(D9	,			Reimbursed by Diagnosis			2,690,097.88
				5 X (I	Medicaid Charges/To	otal Ch	narges)			nosis Groups		
AD Total Medicaid Var	•		、 ,						aice	Croups		2,690,097.88
AE Variable Operating				_				-				2,776,253.02
AF Total Medicaid Day								4				34,118
AG Variable Cost Rate			• • •		. ,						81.37	
AH Variable Cost Targ								4				95.06
AI Lesser of Inflated						. La la ca	(55)	-				81.37
	-	• •		,	FPLI (0.9415) for St		\$ (55)	-				192.29
	-		-		of Increase (G1 x F4	+)		-				192.55
AL Lesser of County R				l arg	et Rate (AK)			-				192.29
AM Lesser of Variable AN Plus Rate for Fixed	()	,	5()	<u></u>				-				81.37
AN Plus Rate for Fixed AP Total Rate Based of								-1				81.37
)			-				17,426,788.00
) Paid Claims (Outpat	tient)		-1				510.78
AS Rate based on Me						aoni)		-1				527.14
AT Prospective Rate =				-				-1				81.37
AU Medicaid Trend Ad								-				(21.96)
AV Medicald Helid Ad	Jaounoni			_0.0				-1				(21.00)
AW								-1				
AX								-1				
	Rates							-				



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

Halifax Health Medical Center

Type of Action: Unaudited Cost Report

101842 -	2015/07
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Outpatient Rate: 87.07

County Billing ONLY

County: Volusia (64) District: 4

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

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

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,274.37	128.25
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

	<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H)
County Ceiling Base	1,105.73	181.93	Semester DRI Index 2.1590
Variable Cost Base	874.89	128.63	Cost Report DRI Index 2.0920
State Ceiling	1,653.98	204.24	FPLI Year Used 2008
County Ceiling	1,523.15	188.09	FPLI 0.9209

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	5,869,732.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	5,869,732.03
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,057,720.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		51,291
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		133.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.10
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9209) for Volusia (64)		188.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.34
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		188.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		118.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,606,783.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		538.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		555.48
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		118.10
AU	Medicaid Trend Adjustment (IP%: 30.4045 %, OP%: 26.2788 %)		(31.04)
AV			
AW			
AX			
AY	Final Prospective Rates		87.07



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

Wellington Regional Medical Center

Type of Action: Unaudited Cost Report

102130 - 2015/07

Outpatient Rate: 89.56

County Billing ONLY

County: Palm Beach (50) District: 9

1.0251

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

4. Rate of Increase (Year/Sem.)

		Total			Medicaid								
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	Inpatient (C)	<u>O</u> u	utpatient (D)	1			Statistics	(E)	
1. Ancillary	46,34	9,203.00	33,277,666	.00	6,072,195.00		2,942,267.0	D	Total Bed	Day	'S		78,753
2. Routine	30,64	8,892.00			3,749,334.00			7	Total Inpat	tient	t Days		49,912
3. Special Care	11,17	4,586.00			3,510,872.00			7	Total Newl	borr	n Days		4,118
4. Newborn Routine	1,61	7,611.00			717,271.00			7	Medicaid I	npa	tient Days		8,547
5. Intern-Resident		0.00			0.00			7	Medicaid N	lew	born IP Days		1,826
6. Home Health								7	Medicare I	npa	itient Days		10,891
7. Malpractice		0.00	0	.00	0.00		0.0	2	Prospectiv	e In	flation Factor	1.0	0485672657
8. Adjustments		0.00	0	.00	0.00		0.0	D	Medicaid F	Paid	Claims		22,086
9. Total Cost	89,79	0,292.00	33,277,666	.00	14,049,672.00		2,942,267.0	D	Property R	late	Allowance		0.80
10. Charges	533,25	7,018.00	280,974,324	.00	74,218,493.00	2	23,182,052.00	D	First Rate	Sen	nester in Effect		2015/07
11. Fixed Costs		17,176,3	388.00		2,390,602.64				Last Rate Semester in Effect				2015/07
				Ce	eiling and Target	Info	ormation						
]	<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	C	<u>)P (G)</u>	Γ	Inflation /	FPLI Data	(<u>H)</u>
1. Normalized Rate		1,149.7	1 136.27		County Ceiling Base	ə	1,054.35		202.52	3	Semester DRI Ind	ex	2.1590
2. Base Rate Semester		2014/0	7 2014/07		Variable Cost Base		975.29		118.49	C	Cost Report DRI I	ndex	2.0590
3. Ultimate Base Rate Se	emester	1991/0	1 1993/01		State Ceiling		1,653.98		204.24	F	PLI Year Used		2008

Rate Calculations

County Ceiling

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	2,942,267.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	2,942,267.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,085,164.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,086
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		139.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		122.66
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		122.66
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		122.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		122.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,182,052.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,049.63
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,100.60
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		122.66
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(33.11)
AV			
AW			
AX			
AY	Final Prospective Rates		89.56

1.015955

1.035233

FPLI

209.37

1,695.50



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

Memorial Hospital Pembroke

Type of Action: Unaudited Cost Report

102229 ·	- 2015/07
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Outpatient Rate: 80.68

County Billing ONLY

County: Broward (6) District: 10

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

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

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,703.41	135.40
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

	<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H)	
County Ceiling Base	1,014.06	213.76	Semester DRI Index	2.1590
Variable Cost Base	989.63	106.75	Cost Report DRI Index	2.0720
State Ceiling	1,653.98	204.24	FPLI Year Used	2008
County Ceiling	1,789.61	220.99	FPLI	1.0820

Rates a	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	3,760,004.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	3,760,004.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,917,880.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		26,742
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		146.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.51
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		221.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	220.99	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,515,626.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		767.17
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		799.38
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		110.51
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(29.83)
AV			
AW]	
AX]	
AY	Final Prospective Rates		80.68



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

Homestead Hospital

Type of Action: Unaudited Cost Report

102261 -	· 2015/07
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Outpatient Rate: 151.13

County Billing ONLY

1.2047

County: Dade (13) District: 11

FPLI

246.05

1,992.55

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

4. Rate of Increase (Year/Sem.)

		Tota	l		Medicaid									
Type of Cost / Charges	<u>Inpatie</u>	ent (A)	Outpatient (B)		Inpatient (C)	<u>0</u>	outpatient (D)		Statistics (E			(E)	E)	
1. Ancillary	47,66	67,431.00	94,153,997.0	0	11,961,979.00		13,675,981.0	0	Total B	ed Da	ays		51,830	
2. Routine	55,50	0,093.00			12,009,590.00				Total In	patie	nt Days		32,393	
3. Special Care	16,49	97,381.00			2,242,425.00				Total N	ewbo	rn Days		4,608	
4. Newborn Routine	3,28	32,632.00			2,070,176.00				Medica	id Inp	atient Days		6,343	
5. Intern-Resident	96	69,505.00			146,647.00				Medica	id Ne	wborn IP Days		75	
6. Home Health									Medica	re Inp	atient Days		5,041	
7. Malpractice		0.00	0.0	0	0.00		0.0	0	Prospe	ctive	Inflation Factor	1.(0320267686	
8. Adjustments	(1,24	8,817.80)	(948,870.2	D)	(286,521.61)		(137,824.53	3)	Medica	id Pa	id Claims		52,749	
9. Total Cost	122,66	68,224.20	93,205,126.8	0	28,144,295.39		13,538,156.4	7	Propert	y Rat	e Allowance		0.80	
10. Charges	422,42	23,354.00	452,517,807.0	0	75,736,775.00		53,579,386.0	0	First Ra	te Se	emester in Effect		2015/07	
11. Fixed Costs		20,789,70	6.00		3,727,4	421.	.35		Last Rate Semester in Effect			2015/07		
				С	eiling and Target	Inf	ormation							
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	C	DP (<u>G)</u>		Inflation /	FPLI Data	<u>(H)</u>	
1. Normalized Rate		3,259.14	219.87		County Ceiling Base	е	1,051.21		230.71		Semester DRI Inc	dex	2.1590	
2. Base Rate Semester		2014/07	2014/07		Variable Cost Base		2,326.23		199.95		Cost Report DRI Index		2.0920	
3. Ultimate Base Rate Se	emester	1991/01	1993/01		State Ceiling		1,653.98		204.24 FPL		FPLI Year Used		2008	

Rate C	Calculations
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County Ceiling

Rates a	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	13,538,156.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	13,538,156.47
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		13,971,739.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		52,749
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		264.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		206.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		206.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		206.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		206.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		53,579,386.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,015.74
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,048.27
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		206.99
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(55.87)
AV			
AW			
AX			
AY	Final Prospective Rates		151.13

1.015955

1.035233



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

Heart Of Florida Hospital

Type of Action: Unaudited Cost Report

102288 - 2015/07

Outpatient Rate: 59.10

County Billing ONLY

County: Polk (53) District: 6

Cost Report DRI Index

FPLI Year Used

FPLI

2.0810

0.9428

2008

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

		Tota	al]	Medicaid								
Type of Cost / Charges Inpatient (A) Outpatient (B)			Outpatient (B)		Inpatient (C) Outpatient (D)			Statistics (E)					
1. Ancillary	37,89	95,564.00	35,217,624.00		4,843,260.00		2,747,984.0	0	Total Be	d Da	ys		70,445
2. Routine	20,63	3,845.00			2,054,208.00				Total Inpatient Days				35,055
3. Special Care	5,98	39,914.00			196,323.00				Total Newborn Days				2,329
4. Newborn Routine	2,37	7,724.00			1,923,413.00				Medicaid	d Inp	atient Days		3,574
5. Intern-Resident		0.00			0.00				Medicaid Newborn IP Days				67
6. Home Health									Medicare Inpatient Days				13,548
7. Malpractice		0.00	0.00		0.00		0.0	0	Prospective Inflation Factor			1.0)374819798
8. Adjustments	(1,18	1,606.19)	(622,050.81)		(159,271.37)		(48,537.79))	Medicaid	d Pai	d Claims		34,157
9. Total Cost	65,71	5,440.81	34,595,573.19		8,857,932.63		2,699,446.2	1	Property	Rat	e Allowance		0.80
10. Charges	700,54	13,312.00	528,659,084.00		67,203,907.00	4	42,541,686.0	0	First Rat	te Se	mester in Effect		2015/07
11. Fixed Costs		9,078,47	79.00		870,908.69			Last Rate Semester in Effect				2015/07	
			(Ce	iling and Target	Info	ormation	_				-	
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	(<u>OP (G)</u>		Inflation /	FPLI Data	<u>(H)</u>
1. Normalized Rate		2,413.93	3 86.97	[County Ceiling Base	е	916.04		186.26		Semester DRI Inc	dex	2.1590

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	2,413.93	86.97
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

County Ceiling 1,559.37 Rate Calculations

Variable Cost Base

State Ceiling

78.20

204.24

192.56

695.89

1,653.98

Rates are based on Medicaid Costs AA Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		Outpatient
AA Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)		
	Reimbursed by	2,699,446.21
AB Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	2,699,446.21
AE Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,800,626.80
AF Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)] [34,157
AG Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)] [81.99
AH Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)] [80.96
AI Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)] [80.96
AJ County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9428) for Polk (53)] [192.56
AK County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)] [192.82
AL Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)] [192.56
AM Lesser of Variable Cost (AI) or County Ceiling (AL)] [80.96
AN Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9] [
AP Total Rate Based on Medicaid Cost Data = (AM + AN)		80.96
AQ Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	_	42,541,686.00
AR Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	l [1,245.47
AS Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	ļ	1,292.16
AT Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		80.96
AU Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)] [(21.85)
AV	J	
AW		
AX		
AY Final Prospective Rates	ך ר	59.10



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

Palmetto General Hospital

Type of Action: Unaudited Cost Report

104604 - 2015/07

Outpatient Rate: 77.98

County Billing ONLY

County: Dade (13) District: 11

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

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

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,343.77	88.66
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

	<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H)
County Ceiling Base	1,051.21	230.71	Semester DRI Index 2.1590
Variable Cost Base	801.24	116.54	Cost Report DRI Index 2.0590
State Ceiling	1,653.98	204.24	FPLI Year Used 2008
County Ceiling	1,992.55	246.05	FPLI 1.2047

Rate Calculations

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	7,262,387.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	7,262,387.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		7,615,101.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		71,294
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.65
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.81
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)		246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		106.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		74,017,091.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,038.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,088.62
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		106.81
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(28.83)
AV			
AW			
AX			
AY	Final Prospective Rates		77.98



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

Broward Health Imperial Point

Type of Action: Unaudited Cost Report

108219 -	2015/07
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Outpatient Rate: 99.28

County Billing ONLY

County: Broward (6) District: 10

Type of Control: Government Fiscal Year: 7/1/2013 - 6/30/2014

		Total			Medicaid								
Type of Cost / Charges Inpatient (A) Outpatient (Outpatient (B)	Inpatient (C)	Outpa	atient (D)			Stat	stics (E)			
1. Ancillary	29,992,	875.00	42,115,991.	00	2,827,513.00	1,6	611,086.0	0	Total Bed I	Days			67,525
2. Routine	30,597,	060.00			2,161,226.00				Total Inpat	ient Days			35,831
3. Special Care	4,428,	618.00			548,589.00				Total Newb	oorn Days			0
4. Newborn Routine		0.00			0.00				Medicaid In	npatient Days			4,118
5. Intern-Resident		0.00			0.00				Medicaid Newborn IP Days		ays		0
6. Home Health									Medicare I	dicare Inpatient Days			10,202
7. Malpractice		0.00	0.	00	0.00		0.0	0	Prospectiv	e Inflation Fac	tor	1.0374	1819798
8. Adjustments	(686,2	229.49)	(444,507.5	51)	(58,442.98)	(1	17,003.99))	Medicaid F	aid Claims			11,289
9. Total Cost	64,332,	323.51	41,671,483.	49	5,478,885.02	1,5	94,082.0 ⁻	1	Property R	ate Allowance	;		0.80
10. Charges	197,429,	809.00	218,600,373.	00	20,215,319.00	7,6	59,171.0	0	First Rate	Semester in E	ffect		2015/07
11. Fixed Costs		8,249,114	4.00		844,64	46.87			Last Rate	Semester in E	ffect	:	2015/07
				Ce	eiling and Target	Inform	ation						
		<u>IP (F)</u>	<u>OP (F)</u>			1	I <u>P (G)</u>	C	<u> </u>	Inf	lation / FPLI	Data (H)	
1. Normalized Rate		1,079.06	135.40		County Ceiling Base	e 1	1,014.06		213.76	Semester	ORI Index		2.1590
2. Base Rate Semester		2014/07	2014/07		Variable Cost Base		726.14		131.36	Cost Repo	rt DRI Index		2.0810
3. Ultimate Base Rate Se	mester	1991/01	1993/01		State Ceiling	1	1,653.98		204.24	FPLI Year	Used		2008
4. Rate of Increase (Year	/Sem.)	1.015955	1.035233		County Ceiling	1	1,789.61		220.99	FPLI			1.0820

Rate Calculations

re based on Medicaid Costs	Inpatient	Outpatient
Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	1,594,082.01
Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	1,594,082.01
Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,653,831.36
Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)] [11,289
Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)]	146.50
Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		135.99
Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)] [135.99
County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)] [220.99
County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)]	221.29
Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)] [220.99
Lesser of Variable Cost (AI) or County Ceiling (AL)]	135.99
Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9] [
Total Rate Based on Medicaid Cost Data = (AM + AN)		135.99
Total Medicaid Charges, Inpatient (C10): Outpatient (D10)]	7,659,171.00
Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)]	678.46
Rate based on Medicaid Charges adjusted for Inflation (AR x E7)]	703.89
Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)]	135.99
Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	1	(36.70)
	1 [
] [
] [
Final Prospective Rates]	99.28
	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges) Total Medicaid Variable Operating Cost = (AA-AB) Variable Operating Cost Inflated = (AD x Inflation Factor (E7)) Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient) Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP) Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP) Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4) Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH) County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6) County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4) Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK) Lesser of Variable Cost (AI) or County Ceiling Target Rate (AK) Lesser of Variable Cost and Property Allowance = (C11/AF) x E9 Total Rate Based on Medicaid Cost Data = (AM + AN) Total Medicaid Charges, Inpatient (C10): Outpatient (D10) Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient) Rate based on Medicaid Charges adjusted for Inflation (AR x E7) Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS) Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges) Apportioned Medicaid Variable Operating Cost = (AA-AB) Variable Operating Cost Inflated = (AD x Inflation Factor (E7)) Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient) Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP) Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP) Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4) Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH) County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6) County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4) Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK) Lesser of Variable Cost (AI) or County Ceiling MaL) Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9 Total Rate Based on Medicaid Cost Data = (AM + AN) Total Medicaid Charges, Inpatient (C10): Outpatient (D10) Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient) Rate based on Medicaid Charges adjusted for Inflation (AR x E7) Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS) Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)



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

Coral Gables Hospital

Type of Action: Unaudited Cost Report

109606 - 2015/07

Outpatient Rate: 102.13

County Billing ONLY

County: Dade (13) District: 11

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

	Tot	tal	Med	icaid					
Type of Cost / Charges	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	Statistics (E)				
1. Ancillary	28,148,160.00	18,372,202.00	2,148,766.00	1,853,784.00	Total Bed Days	89,425			
2. Routine	15,304,623.00		1,653,370.00		Total Inpatient Days	25,141			
3. Special Care	6,864,888.00		794,740.00		Total Newborn Days	0			
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,910			
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0			
6. Home Health					Medicare Inpatient Days	9,549			
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0485672657			
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	13,896			
9. Total Cost	50,317,671.00	18,372,202.00	4,596,876.00	1,853,784.00	Property Rate Allowance	0.80			
10. Charges	377,226,107.00	190,455,163.00	41,909,952.00	17,595,550.00	First Rate Semester in Effect	2015/07			
11. Fixed Costs	4,694,9	901.00	521,6	05.14	Last Rate Semester in Effect	2015/07			
		С	eiling and Target	Information					
	IP (F) OP (F) IP (G) OP (G) Inflation / FPLI Data (H)								

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,218.94	116.11
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

Rate Calculations

<u></u>	<u></u>		<u></u>	
1,051.21	230.71		Semester DRI Index	2.1590
841.45	142.94		Cost Report DRI Index	2.0590
1,653.98	204.24		FPLI Year Used	2008
1,992.55	246.05		FPLI	1.2047
	1,051.21 841.45 1,653.98 1,992.55	1,051.21230.71841.45142.941,653.98204.24	1,051.21230.71841.45142.941,653.98204.24	1,051.21 230.71 Semester DRI Index 841.45 142.94 Cost Report DRI Index 1,653.98 204.24 FPLI Year Used

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	1,853,784.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	1,853,784.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,943,817.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,896
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1	139.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1	147.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		139.88
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13)	1	246.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		238.84
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		238.84
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		139.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		139.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,595,550.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,266.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,327.73
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		139.88
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(37.76)
AV			
AW			
AX			
AY	Final Prospective Rates]	102.13



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

115193 - 2015/07

Outpatient Rate: 73.33

County Billing ONLY

County: Pinellas (52) District: 5

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

Type of Action: Unaudited Cost Report

	Total				Med	icaic	1					
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)		Inpatient (C)	Ou	itpatient (D)		Statistics			
1. Ancillary	46,15	54,290.00	29,190,326.0	0	3,418,231.00		855,069.00	Total Bed	d D			78,980
2. Routine	28,10	05,790.00			1,584,682.00			Total Inp	atie	ent Days		44,289
3. Special Care	14,72	28,022.00			1,311,059.00			Total Newborn Days				0
4. Newborn Routine		0.00			0.00			Medicaid	In	patient Days		2,988
5. Intern-Resident		0.00			219,240.00			Medicaid	N	ewborn IP Days	6	0
6. Home Health								Medicare	e In	patient Days		17,494
7. Malpractice		0.00	0.0	0	0.00		0.00	Prospect	ive	Inflation Facto	r	1.0320267686
8. Adjustments	(1,40	4,831.94)	(460,820.0	3)	(103,138.11)		(13,498.75)	Medicaid	Pa	aid Claims		8,647
9. Total Cost	87,58	33,270.06	28,729,505.9	4	6,430,073.89		841,570.25	Property	Ra	te Allowance		0.80
10. Charges	831,19	98,048.00	388,165,993.0	0	52,032,793.00	1	6,629,853.00	First Rate	e S	emester in Effe	ect	2015/07
11. Fixed Costs		9,074,8	13.00		568,0	81.06	6	Last Rate	e S	emester in Effe	ect	2015/07
					eiling and Target	Info	ormation					
		<u>IP (F)</u>	<u>OP (F)</u>			Γ	<u>IP (G)</u>	<u>OP (G)</u>		Inflat	ion / FPLI Da	ata (H)
1. Normalized Rate		2,139.8			County Ceiling Bas	е	970.78	186.93		Semester DR		2.1590
2. Base Rate Semester		2014/0	7 2014/07		Variable Cost Base		639.21	107.59		Cost Report I	DRI Index	2.0920
3. Ultimate Base Rate Se	mester	1991/0	1 1993/01		State Ceiling		1,653.98	204.24		FPLI Year Us	sed	2008
4. Rate of Increase (Year	/Sem.)	1.01595	5 1.035233		County Ceiling		1,565.00	193.25		FPLI		0.9462
			•		Rate Calcula	ation	is					
Rates are based on Medicaid C	osts							-	Inpa	atient	Ou	tpatient
AA Inpatient based on	Medicaid	Cost (C9)	:Outpatient bas	ed o	on Medicaid Cost(D9	9)				irsed by		841,570.25
AB Apportioned Medic	aid Fixed	Costs = To	otal Fixed Costs	x (I	Medicaid Charges/To	otal C	Charges)			nosis		
AD Total Medicaid Vari	iable Ope	rating Cost	t = (AA-AB)					Relat	ec	Groups		841,570.25
AE Variable Operating	Cost Infla	ated = (AD	x Inflation Fact	or (l	E7))							868,523.02
AF Total Medicaid Day	rs (Inpatie	ent E4+E5)	or Medicaid Pa	d C	laims (Outpatient)						8,647	
AG Variable Cost Rate	: Cost Div	vided by Da	ays (IP) or Medi	aid	Paid Claims (OP)							100.44
AH Variable Cost Targ	et = Base	Rate Sem	ester x Rate of	ncr	ease (G2 x F4)							111.38
AI Lesser of Inflated V	'ariable C	ost Rate (A	AG) or Target R	ate	(AH)							100.44
AJ County Rate Ceiling	g = State	Ceiling (70	% IP & 80% OF	') x	FPLI (0.9462) for Pi	nella	s (52)					193.25
AK County Ceiling Tar	get Rate =	= County C	eiling Base x R	ate	of Increase (G1 x F4	l)						193.52
AL Lesser of County R	ate Ceilir	ng (AJ) or C	County Ceiling T	arg	et Rate (AK)							193.25
AM Lesser of Variable	Cost (AI)	or County	Ceiling (AL)									100.44
AN Plus Rate for Fixed	costs an	d Property	Allowance $= (0)$:11/	AF) x E9							
AP Total Rate Based c	n Medica	id Cost Da	ta = (AM + AN)									100.44
AQ Total Medicaid Cha	arges, Inp	patient (C10	0): Outpatient (010))			1				16,629,853.00
AR Charges divided by	Medicaio	d Days (Inp	atient) or Medic	aid	Paid Claims (Outpat	tient)		1				1,923.19
AS Rate based on Med	dicaid Cha	arges adjus	ted for Inflation	(AF	R x E7)			1				1,984.79
AT Prospective Rate =	Lesser o	f rate base	d on Cost (AP)	or C	Charges (AS)			1				100.44
AU Medicaid Trend Ad	justment	(IP%: 31.4	582 %, OP%: 2	26.9	9907 %)			1				(27.11)
AV								1				
AW												
AX												
AY Final Prospective	Rates											73.33



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

Anne Bates Leach Eye Hospital

Type of Action: Unaudited Cost Report

Outpatient Rate: 155.51

County Billing ONLY

County: Dade (13) District: 11

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

Hosp	oital Classification	: Special	lized: Eye								
			Tota	I	Medi	icaid]				
Type	of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		Statist	tics (E)		
1. An	cillary	73	37,478.00	89,909,015.00	22,861.00	8,217,938.00	Total Be	ed Days		20,440	
2. Ro	utine	5,50	08,534.00		196,733.00		Total In	oatient Days		264	
3. Sp	ecial Care		0.00		0.00		Total Ne	ewborn Days		0	
4. Ne	wborn Routine		0.00		0.00		Medicai	d Inpatient Days		13	
5. Inte	ern-Resident		0.00		0.00		Medicai	d Newborn IP Day	s	0	
6. Ho	me Health						Medicar	e Inpatient Days		85	
7. Ma	Ipractice		0.00	0.00	0.00	0.00	Prospec	tive Inflation Facto	or 1.	.0394800193	
8. Ad	justments	(6	9,504.77)	(1,000,495.23)	(2,443.61)	(91,448.09)	Medicai	d Paid Claims		26,482	
9. To	tal Cost	6,17	76,507.23	88,908,519.77	217,150.39	8,126,489.91	Property	/ Rate Allowance		0.80	
10. C	harges	4,47	70,134.00	359,681,591.00	137,029.00	38,864,203.00	First Ra	te Semester in Effe	əct	2015/07	
11. Fi	ixed Costs		3,828,54	9.00	0.0	00	Last Ra	te Semester in Effe	ect	ct 2015/07	
				C	Ceiling and Target	Information					
			<u>IP (F)</u>	<u>OP (F)</u>		<u>IP (G)</u>	<u>OP (G)</u>	Inflat	tion / FPLI Dat	a (H)	
1. No	rmalized Rate		7,674.03	264.78	County Ceiling Bas	e 32,767.00	230.71	Semester DF	≀I Index	2.1590	
2. Ba	se Rate Semester		2014/07	2014/07	Variable Cost Base	1,567.48	205.75	Cost Report	DRI Index	2.0770	
3. Ult	imate Base Rate Se	emester	1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Us	sed	2008	
4. Ra	te of Increase (Year	r/Sem.)	1.015955	1.035233	County Ceiling	1,992.55	246.05	FPLI		1.2047	
					Rate Calcula	ations					
Inpatie	nt Rate based on Total C		· · · · ·	-	-			Inpatient		patient	
AA	Inpatient based on	Total Cos	st (A9 :Outpa	atient based on M	ledicaid Cost(D9)			nbursed by		8,126,489.91	
AB	Total Fixed Costs							iagnosis Ited Groups			
AD	Total Variable Inpa	tient/Med	icaid Outpat	ient Operating Co	ost = (AA-AB)			lieu Groups		8,126,489.91	
AE	Variable Operating	Cost Infla	ated = (AD :	x Inflation Factor	(E7))					8,447,323.89	
AF	Total Days (Inpatie	nt E2+E3) or Medicai	d Paid Claims (O	utpatient)					26,482	
AG	Variable Cost Rate	: Cost Div	ided by Day	/s (IP) or Medicai	d Paid Claims (OP)					318.98	
AH	Variable Cost Targ	Rate Seme				213.00					
AI Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)										213.00	
AJ County Rate Ceiling = State Ceiling (70% IP & 80% OP) x				x FPLI (1.2047) for Da	ade (13)				246.05		
AK County Ceiling Target Rate = County Ceiling Base x Rate					e of Increase (G1 x F4)				238.84	
AL										238.84	
AM	Lesser of Variable	or County C					213.00				

AN

AP

AQ

AR

AS

AT

AU

AV AW AX Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9

Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)

Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)

Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)

Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)

Total Rate Based on Medicaid Cost Data = (AM + AN)

Rate Based on Charges Adjusted for Inflation (AR x E7)

213.00

1,467.57 1,525.51

213.00

(57.49)

155.51

38,864,203.00



Type of Cost / Charges

1. Ancillary 2. Routine

3. Special Care

4. Newborn Routine

5. Intern-Resident 6. Home Health 7. Malpractice

8. Adjustments 9. Total Cost

10. Charges 11. Fixed Costs

AA AB

AD

AE AF

AG AH

AI AJ

AK

AL

AM

AN AP

AQ

AR AS

AT

AU

AV AW AX

AY

1. Normalized Rate 2. Base Rate Semester

3. Ultimate Base Rate Semester 4. Rate of Increase (Year/Sem.)

Rates are based on Medicaid Costs

Florida Agency for Health Care Administration

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

Gulf Coast Regional Medical Center

al Year: 2/1/2013 - 2 pital Classification: \$				Ту	/pe of Action: Una	udited	d Cost Repo	ort		District:	2			
·		Tota	al	Medicaid										
e of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	Inpatient (C) Outpatient (D)				Statistics (E)					
ncillary	44,06	6,181.00	41,792,545.	00	6,072,148.00	4	,426,760.00	Total I	Bed Da	ays		71,540		
outine	24,51	5,977.00			4,159,032.00			Total I	Inpatie	nt Days	43,296			
pecial Care	9,47	7,102.00			3,042,274.00			Total I	Newbo	orn Days		3,780		
ewborn Routine	1,56	5,484.00			908,645.00			Medic	aid Inp	oatient Days		9,315		
tern-Resident		0.00			0.00			Medic	aid Ne	wborn IP Days		0		
ome Health								Medic	are In	oatient Days		16,765		
alpractice		0.00	0.	00	0.00		0.00	Prosp	ective	Inflation Factor		1.0470417071		
djustments	(1,517,373.81) (796,422.19			9)	(270,262.04)		(84,358.82)	4,358.82) Medicaid Paid Claims			46,501			
otal Cost	78,107,370.19 40,996,122.81			81	13,911,836.96	4	,342,401.18	Prope	Property Rate Allowance			0.80		
Charges	704,902,060.00 540,605,700.00			00	100,639,283.00	59	,247,852.00	First R	Rate S	emester in Effec				
Fixed Costs	s 8,881,161.00				1,267,9	968.60)	Last R	Rate Se	emester in Effec	t	2015/07		
				Ce	eiling and Target	Infor	mation							
]	<u>IP (F)</u>	<u>OP (F)</u>			Г	<u>IP (G)</u>	<u>OP (G)</u>		Inflatio	on / FPLI Da	<u>ta (H)</u>		
ormalized Rate		1,586.3	6 109.14		County Ceiling Base 958.47			172.14	172.14 Semester DRI Ind			2.1590		
ase Rate Semester		2014/0	7 2014/07		Variable Cost Base 716.46			91.83 Cost Report DR			RI Index	2.0620		
ltimate Base Rate Sem	nester	1991/0	1 1993/01		State Ceiling	1,653.98	204.24	4	FPLI Year Use	d	2008			
ate of Increase (Year/S	Sem.)	1.01595	5 1.035233		County Ceiling		1,481.80	182.98	3	FPLI		0.8959		
					Rate Calcula	ations	6							
are based on Medicaid Cos								4	Inpa	itient	Out	patient		
Inpatient based on M		、 ,			· ·	,				rsed by		4,342,401.18		
Apportioned Medicai	d Fixed	Costs = To	otal Fixed Costs	5 x (N	ledicaid Charges/To	otal Ch	narges)			nosis Groups				
Total Medicaid Varial	ble Ope	rating Cost	t = (AA-AB)						aleu	Gloups		4,342,401.18		
Variable Operating C	Cost Infla	ited = (AD	x Inflation Fac	tor (E	E7))					L		4,546,675.14		
Total Medicaid Days	(Inpatie	nt E4+E5)	or Medicaid Pa	id C	laims (Outpatient)					L		46,501		
Variable Cost Rate: 0					, , ,			1		L		97.78		
Variable Cost Target	t = Base	Rate Sem	ester x Rate of	Incre	ease (G2 x F4)							95.07		
Lesser of Inflated Va	riable C	ost Rate (A	AG) or Target R	ate ((AH)							95.07		
County Rate Ceiling	= State	Ceiling (70	0% IP & 80% O	P) x	FPLI (0.8959) for Ba	ay (3)						182.98		

Type of Control: Proprietary Fiscal Year: 2/1/2013 - 1/31/201 Hospital Classification: Special

Batch ID: XX920

Final Prospective Rates

County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)

Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)

Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)

Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9

Rate based on Medicaid Charges adjusted for Inflation (AR x E7)

Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)

Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)

Lesser of Variable Cost (AI) or County Ceiling (AL)

Total Rate Based on Medicaid Cost Data = (AM + AN)

Total Medicaid Charges, Inpatient (C10): Outpatient (D10)

178.21

178.21

95.07

95.07

1,274.12

1.334.06

95.07

(25.66)

69.41

59,247,852.00

117617 - 2015/07

Outpatient Rate: 69.41

County Billing ONLY

County: Bay (3)



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

Brandon Regional Hospital

Type of Action: Unaudited Cost Report

118079 - 2015/07

Outpatient Rate: 75.71

County Billing ONLY

County: Hillsborough (29) District: 6

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

		Tota	al		Medicaid							
Type of Cost / Charges	Inpatient (A	A <u>)</u>	Outpatient (B)		Inpatient (C)	Ou	tpatient (D)		Statistics (E)			(E)
1. Ancillary	78,239,960	60.00	74,895,159.00		9,258,254.00	÷	5,408,060.00)	Total Bed Days			145,270
2. Routine	61,610,383	33.00			6,062,855.00				Total Inp	atier	t Days	101,52 ⁻
3. Special Care	24,787,26	61.00			4,255,973.00				Total Nev	wboi	n Days	6,254
4. Newborn Routine	2,132,09	95.00			1,046,965.00				Medicaid	l Inpa	atient Days	13,02
5. Intern-Resident		0.00			0.00			1	Medicaid Newborn IP Days			29
6. Home Health								1	Medicare Inpatient Days			29,039
7. Malpractice		0.00	0.00		0.00		0.00	5	Prospect	tive I	nflation Factor	1.048567265
8. Adjustments	(3,113,487	7.53)	(1,398,246.47)		(385,038.25)		(100,965.15)	Medicaid	l Pai	d Claims	53,665
9. Total Cost	163,656,21	11.47	73,496,912.53		20,239,008.75	!	5,307,094.85	5	Property	Rate	e Allowance	0.80
10. Charges	1,510,111,01	15.00	984,086,194.00		127,747,904.00	79	9,308,167.00	5	First Rate	e Se	mester in Effect	2015/07
11. Fixed Costs	18,	3,878,03	34.00		1,596,	988.0	7		Last Rate Semester in Effect			2015/07
				Ce	iling and Target	Info	rmation					
<u>IP (F)</u> <u>OP (F)</u>				_			<u>IP (G)</u>	C	<u>OP (G)</u> Inflation / FPLI Data (H)			FPLI Data (H)
				- г						r		

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,601.70	110.92
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

Rate Calculations

County Ceiling Base	972.81	184.70	Semester DRI Index	2.1590
Variable Cost Base	905.27	106.87	Cost Report DRI Index	2.0590
State Ceiling	1,653.98	204.24	FPLI Year Used	2008
County Ceiling	1,546.31	190.95	FPLI	0.9349

	Nate Calculations		
Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	5,307,094.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	5,307,094.85
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))] [5,564,845.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		53,665
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1 [103.70
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1 [110.64
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)] [103.70
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		190.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1 [191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)] [190.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9]	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		79,308,167.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)] [1,477.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1	1,549.61
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)] [103.70
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(27.99)
AV		1 [
AW] [
AX] [
AY	Final Prospective Rates	7 F	75.71



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

Lawnwood Regional Medical Center & Heart

Institute

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

Type of Action: Unaudited Cost Report



119695 - 2015/07 **Outpatient Rate: 81.11**

County: St Lucie (56) District: 9

	Tot	al	Medi	icaid		
Type of Cost / Charges	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	Statistics (E	E)
1. Ancillary	78,469,967.00	39,801,528.00	12,498,657.00	4,546,746.00	Total Bed Days	135,050
2. Routine	61,400,104.00		8,193,392.00		Total Inpatient Days	101,600
3. Special Care	22,028,887.00		5,542,788.00		Total Newborn Days	2,112
4. Newborn Routine	961,369.00		681,419.00		Medicaid Inpatient Days	16,508
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	71
6. Home Health					Medicare Inpatient Days	37,168
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0320267686
8. Adjustments	(3,195,267.71)	(780,893.29)	(528,088.36)	(89,205.71)	Medicaid Paid Claims	40,755
9. Total Cost	159,665,059.29	39,020,634.71	26,388,167.64	4,457,540.29	Property Rate Allowance	0.80
10. Charges	1,572,766,016.00	478,959,672.00	221,194,269.00	60,389,647.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	15,448,	896.00	2,172,	737.22	Last Rate Semester in Effect	2015/07
		C	eiling and Target	Information		

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,470.33	110.10
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

	<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H)
County Ceiling Base	1,021.09	192.96	Semester DRI Index 2.1590
Variable Cost Base	889.12	107.31	Cost Report DRI Index 2.0920
State Ceiling	1,653.98	204.24	FPLI Year Used 2008
County Ceiling	1,695.66	209.39	FPLI 1.0252

	Nuc Salouations		
Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	4,457,540.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	4,457,540.29
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		4,600,300.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1	111.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.09
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0252) for St Lucie (56)	1	209.39
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.76
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.76
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		111.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		111.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		60,389,647.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,481.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,529.23
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		111.09
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(29.98)
AV			
AW			
AX			
AY	Final Prospective Rates	7	81.11



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

Largo Medical Center

Type of Action: Unaudited Cost Report

119741 - 2015/07

Outpatient Rate: 80.61

County Billing ONLY

County: Pinellas (52) District: 5

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

	Tot	al	Med	icaid		
Type of Cost / Charges	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	Statistics (E	Ξ)
1. Ancillary	85,870,359.00	41,069,901.00	2,810,017.00	1,423,691.00	Total Bed Days	123,735
2. Routine	55,169,845.00		2,530,764.00		Total Inpatient Days	92,235
3. Special Care	14,682,645.00		757,865.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,464
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,514
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0455205811
8. Adjustments	(2,425,663.43)	(639,737.57)	(94,997.38)	(22,176.55)	Medicaid Paid Claims	13,272
9. Total Cost	153,297,185.57	40,430,163.43	6,003,648.62	1,401,514.45	Property Rate Allowance	0.80
10. Charges	1,291,696,197.00	452,956,785.00	50,242,530.00	18,625,801.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	15,067,5	370.00	586,0	68.76	Last Rate Semester in Effect	2015/07
		C	eiling and Target	Information		
						DLL Data (LI)

Rate Calculations

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,341.01	116.68
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

	<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H)
County Ceiling Base	970.78	186.93	Semester DRI Index 2.1590
Variable Cost Base	1,156.87	112.05	Cost Report DRI Index 2.0650
State Ceiling	1,653.98	204.24	FPLI Year Used 2008
County Ceiling	1,565.00	193.25	FPLI 0.9462

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	1,401,514.45
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	1,401,514.45
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))] [1,465,312.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)] [13,272
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)] [110.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)] Γ	116.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)] [110.41
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)] Г	193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)] [193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)] [193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)] [110.41
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9] [
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)] [110.41
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)] [18,625,801.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)] [1,403.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)] [1,467.27
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)] [110.41
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)	1 F	(29.80)
AV] Γ	
AW] [
AX] [

80.61



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

St. Lucie Medical Center

Type of Action: Unaudited Cost Report

119971	- 2015/07
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Outpatient Rate: 79.56

County Billing ONLY

County: St Lucie (56) District: 9

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

		Tota	l		Medi	icai	d						
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)		Inpatient (C)	0	utpatient (D)	1			Statistics	(E)	
1. Ancillary	52,59	1,003.00	25,392,310.0	0	4,495,199.00		1,730,404.00)	Total Bed I	Da	ys		83,585
2. Routine	36,99	1,402.00			2,764,652.00			1	Total Inpat	ier	t Days		56,469
3. Special Care	6,69	92,564.00			503,032.00				Total Newb	oor	n Days		1,861
4. Newborn Routine	63	8,521.00			465,943.00			1	Medicaid Ir	npa	atient Days		4,562
5. Intern-Resident		0.00			0.00			1	Medicaid N	lev	vborn IP Days		110
6. Home Health								1	Medicare I	np	atient Days		27,474
7. Malpractice		0.00	0.0	0	0.00		0.00	5	Prospective	e l	nflation Factor	1.()320267686
8. Adjustments	(1,84	7,489.22)	(484,060.7	3)	(156,868.43)		(32,987.18)	Medicaid Paid Claims		15,570		
9. Total Cost	95,06	6,000.78	24,908,249.2	2	8,071,957.57		1,697,416.82	2	Property Rate Allowance		0.80		
10. Charges	893,06	61,424.00	283,314,698.0	0	59,902,385.00	2	20,863,106.00	5	First Rate	Se	mester in Effect		2015/07
11. Fixed Costs		11,258,10	00.00		755,1	40.7	1		Last Rate S	Se	mester in Effect		2015/07
				Ce	eiling and Target	Info	ormation						
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	C	<u> DP (G)</u>	ſ	Inflation /	FPLI Data	<u>(H)</u>
1. Normalized Rate		1,576.53	109.74		County Ceiling Base	е	1,021.09		192.96	ľ	Semester DRI Inc	lex	2.1590

	<u>IP (F)</u>	<u>OP (F)</u>
1. Normalized Rate	1,576.53	109.74
2. Base Rate Semester	2014/07	2014/07
3. Ultimate Base Rate Semester	1991/01	1993/01
4. Rate of Increase (Year/Sem.)	1.015955	1.035233

Rate Calculations

825.86

1,653.98

1,695.66

105.27

204.24

209.39

Cost Report DRI Index

FPLI Year Used

FPLI

2.0920

1.0252

2008

Variable Cost Base

State Ceiling

County Ceiling

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	1,697,416.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	1,697,416.82
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		1,751,779.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,570
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		108.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		108.98
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0252) for St Lucie (56)		209.39
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.76
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.76
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		108.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		108.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,863,106.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,339.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,382.87
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		108.98
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(29.41)
AV			
AW]	
AX]	
AY	Final Prospective Rates		79.56



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

Plantation General Hospital

Type of Action: Unaudited Cost Report

120006 - 2015/07

Outpatient Rate: 68.25

County Billing ONLY

County: Broward (6) District: 10

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

		Tota	al		Medi	icai	d							
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)		Inpatient (C)	0	utpatient (D)	1			Statistic	:s (E)		
1. Ancillary	105,95	52,210.00	75,089,564.00)	14,765,509.00		6,631,647.00	5	Total Be	d Da	ays		239,075	
2. Routine	80,83	33,398.00			9,064,784.00			1	Total Inpatient Days				120,905	
3. Special Care	29,00	01,887.00			8,326,076.00			1	Total Newborn Days				8,423	
4. Newborn Routine	1,49	98,452.00			617,135.00			1	Medicaid Inpatient Days				21,215	
5. Intern-Resident		0.00			0.00			1	Medicaid Newborn IP Days				45	
6. Home Health								1	Medicare	e Inp	atient Days		25,801	
7. Malpractice		0.00	0.00)	0.00		0.00	ס	Prospec	tive	Inflation Factor	1.	0335088559	
8. Adjustments (3,619,221.37			(1,250,728.63))	(545,891.57)		(110,459.97)	Medicaio	d Pa	id Claims		71,939	
9. Total Cost	. Total Cost 213,666,725.63		73,838,835.37	7	32,227,612.43		6,521,187.03	3	Property Rate Allowance				0.80	
10. Charges	1,675,95	52,861.00	855,521,461.00)	232,985,683.00		73,565,189.00	5	First Rat	e Se	emester in Effect		2015/07	
11. Fixed Costs		21,111,8	42.00	2,934,901.72				Last Rat	e Se	mester in Effect	t	2015/07		
				С	eiling and Target	Inf	ormation							
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	C)P <u>(G)</u>		Inflatio	n / FPLI Dat	<u>a (H)</u>	
1. Normalized Rate		1,316.08	3 86.59		County Ceiling Base	е	1,014.06		213.76		Semester DRI	Index	2.1590	
2. Base Rate Semester		2014/0	7 2014/07		Variable Cost Base		1,010.28		90.30		Cost Report DF	RI Index	2.0890	
3. Ultimate Base Rate Semester 1991/0		1991/0 [.]	1 1993/01		State Ceiling		1,653.98		204.24		FPLI Year Use	d	2008	
4. Rate of Increase (Yea	4. Rate of Increase (Year/Sem.) 1.015955 1.035233						County Ceiling 1,789.61 2				FPLI		1.0820	
					Rate Calcula	atio	ns	_						
Rates are based on Medicaid C	Costs									Inpa	tient	Outp	atient	

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	6,521,187.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis Related Groups	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,521,187.03	
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		6,739,704.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		71,939
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		93.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		93.48
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0820) for Broward (6)		220.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		221.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		220.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		93.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		93.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		73,565,189.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,022.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,056.87
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		93.48
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(25.23)
AV			
AW			
AX]	
AY	Final Prospective Rates		68.25



Type of Control: Proprietary

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

Florida Agency for Health Care Administration

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

Healthsouth Larkin Hospital-Miami

Type of Action: Unaudited Cost Report

		Tota	al		Medi	caid	1				
Type of Cost / Charges	Inpati	ent (A)	Outpatient (I	3)	Inpatient (C)	Outpatient (D)	- I I		Statist	ics (F)	
1. Ancillary	22,791,884.00 14,550,375.00				1,282,869.00	979,837.0) Total B	ed D		47,45	
2. Routine		36,303.00	,,		1,314,842.00	,			ent Days	30,35	
3. Special Care	1,82	22,648.00			188,907.00		Total N	Iewb	orn Days		0
4. Newborn Routine		0.00			0.00		Medica	id In	patient Days		2,438
5. Intern-Resident		0.00			0.00		Medica	id N	ewborn IP Days	3	0
6. Home Health							Medica	re In	patient Days		15,715
7. Malpractice		0.00	C	.00	0.00	0.0) Prospe	ctive	Inflation Facto	r 1	.0485672657
8. Adjustments		0.00	C	.00	0.00	0.0) Medica	id Pa	aid Claims		5,080
9. Total Cost	42,0	50,835.00	14,550,375	.00	2,786,618.00	979,837.0) Proper	ty Ra	te Allowance	0.8	
10. Charges	182,39	90,041.00	92,209,275	.00	14,516,681.00	4,342,805.0) First R	ate S	ect 2015/07		
11. Fixed Costs	. Fixed Costs 8,794,248.00				699,94	46.62	Last Ra	ate S	emester in Effe	ect	2015/07
				С	eiling and Target	Information					
		IP (F)	OP (F)			<u>IP (G)</u>	<u>OP (G)</u>	1	Inflat	ion / FPLI Da	ta (H)
1. Normalized Rate		744.9			County Ceiling Base	230.71				2.1590	
2. Base Rate Semester		2014/07	7 2014/07		Variable Cost Base	673.85	143.98		Cost Report I	DRI Index	2.0590
3. Ultimate Base Rate Se	emester	1991/0 [.]	1 1993/01		State Ceiling	1,653.98	204.24	1	FPLI Year Us	sed	2008
4. Rate of Increase (Year	r/Sem.)	1.01595	5 1.035233		County Ceiling	1,992.55	246.05	1	FPLI		1.2047
					Rate Calcula	tions		•			
Rates are based on Medicaid C	osts							Inp	atient	Out	patient
AA Inpatient based on	Medicaid	Cost (C9)	Outpatient ba	sed	on Medicaid Cost(D9))			irsed by		979,837.00
AB Apportioned Medic	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)								nosis		
AD Total Medicaid Var	Total Medicaid Variable Operating Cost = (AA-AB)								l Groups		979,837.00
AE Variable Operating	E Variable Operating Cost Inflated = (AD x Inflation Factor (E7))										1,027,425.00
AF Total Medicaid Day	vs (Inpatie	ent E4+E5)	or Medicaid P	aid C	Claims (Outpatient)						5,080
AG Variable Cost Rate	G Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)										202.25
AH Variable Cost Targ	et = Base	Rate Sem	ester x Rate o	f Inci	rease (G2 x F4)		7				149.05
											4 40 05

Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH) 149.05 AI AJ County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13) 246.05 County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4) 238.84 AK AL Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK) 238.84 AM Lesser of Variable Cost (AI) or County Ceiling (AL) 149.05 Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9 AN AP Total Rate Based on Medicaid Cost Data = (AM + AN) 149.05 AQ Total Medicaid Charges, Inpatient (C10): Outpatient (D10) 4,342,805.00 AR Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient) 854.88 896.40 AS Rate based on Medicaid Charges adjusted for Inflation (AR x E7) 149.05 Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS) AT Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %) AU (40.23)AV AW AX **Final Prospective Rates** 108.82 AY

Batch ID: XX920

120057 - 2015/07

Outpatient Rate: 108.82

County Billing ONLY

County: Dade (13) District: 11



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

St. Petersburg General Hospital

Type of Action: Unaudited Cost Report

1201	03 -	201	5/07
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Outpatient Rate: 88.27

County Billing ONLY

County: Pinellas (52) District: 5

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

	Total					Medi	icai	d							
Type of Cost / Charges	st / Charges Inpatient (A) Outpatient (B)				Γ	Inpatient (C)	utpatient (D)	1	Statistics (E)						
1. Ancillary	23,99	96,946.00	28,027,182.0	0	Г	3,890,719.00		2,123,313.00)	Total Be	Total Bed Days				78,475
2. Routine	17,10	08,058.00			Γ	1,982,055.00			1	Total In	patie	nt Days		25,	
3. Special Care	6,61	1,899.00			Γ	650,014.00			1	Total Newborn Days					1,890
4. Newborn Routine	1,95	52,721.00			Γ	1,272,890.00			1	Medica	id Inp	atient Days			3,155
5. Intern-Resident		0.00				0.00				Medica	id Ne	wborn IP Days	S		210
6. Home Health										Medica	re Inp	oatient Days			9,637
7. Malpractice		0.00	0.0	0		0.00		0.00)	Prospe	ctive	Inflation Facto	r	1.	0419884170
8. Adjustments	(65	4,163.05)	(369,125.95	5)		(102,671.29)		(27,964.64)	Medicaid Paid Claims				17,709	
9. Total Cost	49,01	5,460.95	27,658,056.0	5		7,693,006.71		2,095,348.36	3	Propert	Property Rate	e Allowance	Allowance		0.80
10. Charges	447,281,259.00 367,405,796			0		48,534,340.00	;	37,872,789.00	\mathbf{b}	First Ra	te Se	emester in Effe	ect		2015/07
11. Fixed Costs		6,199,06	6.00			672,6	58.5	8		Last Ra	ite Se	emester in Effe	ect		2015/07
				С	eilir	ng and Target	Info	ormation							
		<u>IP (F)</u>	<u>OP (F)</u>					<u>IP (G)</u>	С)P <u>(G)</u>		Inflat	ion /	FPLI Data	<u>a (H)</u>
1. Normalized Rate		2,297.49	130.30		County Ceiling Base			970.78		186.93 Semester DR		I Index		2.1590	
2. Base Rate Semester		2014/07	2014/07		Va	riable Cost Base		907.28		116.79		Cost Report I	DRI I	Index	2.0720
3. Ultimate Base Rate Se	emester	1991/01	1993/01		Sta	ate Ceiling		1,653.98		204.24 FP		FPLI Year Us	FPLI Year Used		2008
4. Rate of Increase (Year/Sem.) 1.015955 1.035233					Co	ounty Ceiling		1,565.00		193.25		FPLI			0.9462
						Rate Calcula	atio	ns							
Rates are based on Medicaid Costs										Inpa	tient		Outp	atient	
AA Inpatient based on Medicaid Cost (C9) :Outpatient based						/ledicaid Cost(D9)			Reimbursed by				2,095,348.36	
AB Apportioned Medic	aid Fixed	Costs = To	tal Fixed Costs	x (I	Med	licaid Charges/To	otal (Charges)		Diagnosis					
AD Total Medicaid Variable Operating Cost = (AA-AB)										Related Groups 2,095,348.				2,095,348.36	
AE Variable Operating										0 100 200 70					2 183 328 73

AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis						
AD	Total Medicaid Variable Operating Cost = (AA-AB) Related Groups 2,095,348.							
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		2,183,328.73					
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,709					
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		123.29					
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.90					
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		120.90					
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)	1	193.25					
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.52					
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.25					
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		120.90					
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9							
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		120.90					
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		37,872,789.00					
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,138.62					
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,228.42					
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		120.90					
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(32.63)					
AV								
AW								
AX								
AY	Final Prospective Rates		88.27					



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

Kendall Regional Medical Center

Type of Action: Unaudited Cost Report

120138	- 2015/07
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Outpatient Rate: 79.10

County Billing ONLY

County: Dade (13) District: 11

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

Hospital Classification	n: Specia													
		Tota	I		Medi	icai	d							
Type of Cost / Charges	Inpatient (A) Outpatient (B)				Inpatient (C)	0	utpatient (D)	Statistics (E)						
1. Ancillary	93,500,205.00 52,694,859.00)	17,328,699.00 5,614,084.00			Total Be	ed Da	iys		151,055		
2. Routine	56,67	17,973.00			7,970,095.00				Total In	patie	nt Days		95,488	
3. Special Care	27,25	53,023.00			6,462,843.00				Total No	ewbo	rn Days			3,138
4. Newborn Routine	2,13	33,059.00			1,516,522.00				Medicai	d Inp	atient Days			16,626
5. Intern-Resident		0.00			0.00				Medicai	d Ne	wborn IP Days	5		3
6. Home Health									Medica	re Inp	atient Days			18,068
7. Malpractice		0.00	0.0)	0.00		0.0	0	Prospec	ctive	Inflation Facto	r	1.0	485672657
8. Adjustments	(3,19	9,014.61)	(939,095.39)	(593,062.90)		(100,050.75	5)	Medicai	d Pa	d Claims			53,369
9. Total Cost	176,30	05,245.39	51,755,763.6	1	32,685,096.10		5,514,033.2	5	Propert	Property Rate Allowance			0.80	
10. Charges	1,648,08	31,348.00	576,754,708.0)	236,713,537.00		83,010,332.0	0	First Ra	ite Se	emester in Effe	ect		2015/07
11. Fixed Costs		25,028,10	06.00		3,594,	780.	.99		Last Ra	te Se	mester in Effe	ect		2015/07
				Ce	eiling and Target	Inf	ormation							
		<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	(<u> OP (G)</u>		<u>Inflat</u>	ion / FPL	l Data	<u>(H)</u>
1. Normalized Rate		1,522.65	89.93		County Ceiling Base 1,051.21				230.71		Semester DR	I Index		2.1590
2. Base Rate Semester		2014/07	2014/07	Ī	Variable Cost Base 1,028.81				106.99		Cost Report I	ORI Index	(2.0590
3. Ultimate Base Rate Se	emester	1991/01	1993/01	Ī	State Ceiling		1,653.98		204.24		FPLI Year Us	ed		2008
4. Rate of Increase (Yea	r/Sem.)	1.015955	1.035233	[County Ceiling		1,992.55		246.05		FPLI			1.2047
					Rate Calcula	atio	ns							
Rates are based on Medicaid 0										Inpa	tient		Outpatient	
			on Medicaid Cost(D9						rsed by		5,514,033.25			
AB Apportioned Medic	((N	Aedicaid Charges/To	otal	Charges)				nosis						
AD Total Medicaid Va						Rela	ated	Groups		5	5,514,033.25			
AE Variable Operating	r (E	=7))								5	5,781,834.76			
AF Total Medicaid Da	ys (Inpatie	I CI	laims (Outpatient)									53,369		
AG Variable Cost Rate	e: Cost Div	ided by Day	/s (IP) or Medic	aid	Paid Claims (OP)									108.34
AH Variable Cost Tar	get = Base	Rate Seme	ster x Rate of Ir	ncre	ease (G2 x F4)									110.76

Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4) AH 110.7 Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH) 108.34 AI County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.2047) for Dade (13) AJ 246.05 238.84 AK County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4) AL Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK) 238.84 AM Lesser of Variable Cost (AI) or County Ceiling (AL) 108.34 Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9 AN AP Total Rate Based on Medicaid Cost Data = (AM + AN) 108.34 AQ Total Medicaid Charges, Inpatient (C10): Outpatient (D10) 83,010,332.00 AR Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient) 1,555.40 1,630.95 AS Rate based on Medicaid Charges adjusted for Inflation (AR x E7) 108.34 Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS) AT Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %) AU (29.24)AV AW AX **Final Prospective Rates** 79.10 AY



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

St Anthonys Hospital

Type of Action: Unaudited Cost Report

120227	- 2015/07
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Outpatient Rate: 102.50

County Billing ONLY

County: Pinellas (52) District: 5

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

		Tota	al		Medi	icaid	d							
Type of Cost / Charges	<u>Inpatie</u>	ent (A)	Outpatient (B)		Inpatient (C)	<u>O</u> u	utpatient (D)				Statistics	(E)		
1. Ancillary	61,21	3,581.00	53,286,130.0	0	11,104,589.00		3,018,692.0	0	Total Be	ed Da	iys		112,785	
2. Routine	64,40	06,284.00			9,156,731.00				Total In	patie	nt Days	80,309		
3. Special Care	12,55	52,235.00			1,957,876.00				Total Ne	ewbo	rn Days		0	
4. Newborn Routine		0.00			0.00				Medicai	d Inp	atient Days		13,250	
5. Intern-Resident		0.00			0.00				Medicai	d Ne	wborn IP Days		0	
6. Home Health									Medicar	e Inp	atient Days	35,211		
7. Malpractice		0.00	0.0	0	0.00		0.0	0	Prospective Inflation Factor			1.0485672657		
8. Adjustments	(1,87	7,090.31)	(723,900.6))	(301,851.37)		(41,009.42	2)	Medicai	d Pa	id Claims		18,888	
9. Total Cost	136,29	95,009.69	52,562,229.3	1	21,917,344.63		2,977,682.5	8	Property	y Rat	e Allowance	0.80		
10. Charges	631,41	1,671.00	403,988,448.0	0	113,267,637.00	2	20,427,729.0	0	First Ra	te Se	mester in Effect	2015/07		
11. Fixed Costs		15,168,0	19.00		2,720,	959.6	64		Last Ra	te Se	mester in Effect	2015/07		
				C	eiling and Target	Info	ormation							
		<u>IP (F)</u>	<u>OP (F)</u>]	<u>IP (G)</u>	C	P (<u>G)</u>		Inflation /	FPLI Data	<u>(H)</u>	
1. Normalized Rate		1,605.52	2 174.71		County Ceiling Base	е	970.78		186.93 Semester DRI Index		dex	2.1590		
2. Base Rate Semester		2014/07	2014/07		Variable Cost Base		749.75		135.61 Cost Report DRI Index		2.0590			
3. Ultimate Base Rate Se	emester	1991/01	1993/01		State Ceiling		1,653.98		204.24		FPLI Year Used		2008	
4. Rate of Increase (Year	r/Sem.)	1.015955	5 1.035233		County Ceiling		1,565.00		193.25 FPLI				0.9462	

Rate	Calcula	ations
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Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	2,977,682.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	2,977,682.58
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		3,122,300.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,888
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		165.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		140.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		140.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9462) for Pinellas (52)		193.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.25
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		140.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		140.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,427,729.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,081.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,134.05
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		140.39
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(37.89)
AV			
AW			
AX			
AY	Final Prospective Rates		102.50



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

Palms West Hospital

Type of Action: Unaudited Cost Report

Outpatient Rate: 71.67

County Billing ONLY

County: Palm Beach (50) District: 9

2008

1.0251

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

3. Ultimate Base Rate Semester

4. Rate of Increase (Year/Sem.)

1991/01

1.015955

1993/01

1.035233

	Tot	al		Medi	caic	b							
Type of Cost / Charges	Inpatient (A)	Outpatient (B)		Inpatient (C)	Ou	utpatient (D)				Statistics	(E)		
1. Ancillary	47,464,340.00	34,501,339.00	34,501,339.00			4,513,054.00	0	Total Bed	Da	ays		74,460	
2. Routine	36,571,655.00			7,045,690.00				Total Inpa	tie	nt Days		53,117	
3. Special Care	6,393,184.00			723,663.00				Total New	/bo	rn Days		2,926	
4. Newborn Routine	756,989.00			454,553.00				Medicaid	Inp	atient Days		10,111	
5. Intern-Resident	0.00			0.00				Medicaid Newborn IP Days		Medicaid Newborn IP Days			235
6. Home Health								Medicare	Inp	atient Days		11,508	
7. Malpractice	0.00	0.00	ז	0.00		0.00	0	Prospectiv	ve	Inflation Factor	n Factor 1.03948		
8. Adjustments	(1,400,193.59)	(529,779.41)	(260,582.80)		(69,299.43	5)	Medicaid	Medicaid Paid Claims			36,165	
9. Total Cost	89,785,974.41	33,971,559.59	9	16,709,604.20		4,443,754.57	7	Property I	Property Rate Allowance		0.80		
10. Charges	685,170,727.00	331,025,533.00	כ	104,872,722.00	4	1,149,431.00	0	First Rate	Se	emester in Effect		2015/07	
11. Fixed Costs	12,225,4	484.00		1,871,2	241.3	33		Last Rate	Last Rate Semester in Effect			2015/07	
			Ce	iling and Target	Info	ormation							
	<u>IP (F)</u>	<u>OP (F)</u>				<u>IP (G)</u>	(<u> OP (G)</u>		Inflation /	FPLI Data	<u>(H)</u>	
1. Normalized Rate	1,454.3	33 124.60	[County Ceiling Base	e	1,054.35		202.52		Semester DRI Inc	dex	2.1590	
2. Base Rate Semester	2014/0	07 2014/07		/ariable Cost Base		905.47		94.83		Cost Report DRI	Index	2.0770	

Rate Calculations

1,653.98

1,695.50

204.24

209.37

FPLI Year Used

FPLI

State Ceiling

County Ceiling

Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	4,443,754.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	4,443,754.57
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))] [4,619,194.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1 [36,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1	127.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1	98.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)] [98.17
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)	1 [209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1	209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1	209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		98.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9] [
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)] [98.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)] [41,149,431.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1	1,137.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1	1,182.75
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	1	98.17
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)] [(26.50)
AV		1 [
AW		1 – – – –	
AX		1 – – – – –	
AY	Final Prospective Rates	1 –	71.67



1. Normalized Rate

2. Base Rate Semester

3. Ultimate Base Rate Semester

4. Rate of Increase (Year/Sem.)

Florida Agency for Health Care Administration

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

West Palm Hospital

Type of Action: Unaudited Cost Report

Outpatient Rate: 54.65

County Billing ONLY

County: Palm Beach (50) District: 9

85,045

41,426

0

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

Hospital Classification	: CHEP						
	Tot	Med	icaid				
Type of Cost / Charges	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		Statistics	(E)
1. Ancillary	19,262,997.00	20,360,000.00	1,324,792.00	766,315.00	Total Bed Days		
2. Routine	26,371,738.00		2,719,801.00		Total Inpatier	nt Days	
3. Special Care	3,448,897.00		189,261.00		Total Newbor	n Days	
4. Newborn Routine	0.00		0.00		Medicaid Inpa	atient Days	

4. Newborn Routine	0.00		0.00 M		Medicaid Inpatient Days	4,334
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health			Me		Medicare Inpatient Days	9,311
7. Malpractice	0.00	0.00	0.00 0.00 P		Prospective Inflation Factor	1.0374819798
8. Adjustments	(660,367.92)	(273,922.08)	(56,961.99)	(10,309.95)	Medicaid Paid Claims	7,782
9. Total Cost	48,423,264.08	20,086,077.92	4,176,892.01	756,005.05	Property Rate Allowance	0.80
10. Charges	370,871,021.00	214,763,078.00	30,844,984.00 8,083,005.00		First Rate Semester in Effect	2015/07
11. Fixed Costs	6,689,1	15.00	556,3	27.22	Last Rate Semester in Effect	2015/07

Ceiling	and	Target	Information

<u>IP (F)</u>	<u>OP (F)</u>		<u>IP (G)</u>	<u>OP (G)</u>	Inflation / FPLI Data (H)	
845.48	98.32	County Ceiling Base	1,054.35	202.52	Semester DRI Index	2.1590
2014/07	2014/07	Variable Cost Base	607.04	72.30	Cost Report DRI Index	2.0810
1991/01	1993/01	State Ceiling	1,653.98	204.24	FPLI Year Used	2008
1.015955	1.035233	County Ceiling	1,695.50	209.37	FPLI	1.0251

Rate Calculations	
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Rates	are based on Medicaid Costs	Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	756,005.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	756,005.05
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		784,341.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,782
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		74.85
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		74.85
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0251) for Palm Beach (50)		209.37
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		209.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		209.37
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		74.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		74.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,083,005.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,038.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,077.61
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		74.85
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		(20.20)
AV			
AW			
AX			
AY	Final Prospective Rates		54.65



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

120324 - 2015/07

Outpatient Rate: 139.41

County Billing ONLY

County: Hillsborough (29) District: 6

H Lee Moffitt Cancer Center & Research Institute

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

Hospital Classification: Specialized/Statutory Teaching

Hospital Type of Action: Unaudited Cost Report

		Tot	al]	Media	caid	1]					
Type of Cost / Charges	Inpatie	ent (A)	Outpatient (B)	1	Inpatient (C)	Ou	itpatient (D)	1	Statistics			(E)	
1. Ancillary	87,74	17,676.00	375,092,117.00	1	8,877,111.00	1	7,797,490.00		Total Bed	Days			75,190
2. Routine	52,41	7,605.00		1	4,204,995.00			1	Total Inpa	tient Days			59,578
3. Special Care	10,80	0,239.00		1	706,136.00			1	Total New	born Days			0
4. Newborn Routine		0.00		1	0.00			1	Medicaid I	npatient Days			4,444
5. Intern-Resident		0.00		1	0.00			1	Medicaid I	Newborn IP Day	s		0
6. Home Health				1				1	Medicare	npatient Days			19,471
7. Malpractice		0.00	0.00	1	0.00		0.00	5	Prospectiv	e Inflation Facto	or	1.(0374819798
8. Adjustments		0.00	0.00	1	0.00		0.00)	Medicaid I	Paid Claims		38,192	
9. Total Cost	150,96	65,520.00	375,092,117.00	1	13,788,242.00	1	7,797,490.00)	Property F	ate Allowance	e 0		0.80
10. Charges	512,48	32,028.00	1,552,577,197.00	1	38,240,028.00	7	7,296,793.00	5	First Rate	Semester in Eff	Effect 2015/0		2015/07
11. Fixed Costs		43,104,7	'16.00		3,216,3	357.7	76		Last Rate	ate Semester in Effect		2015/07	
			C	Ce	iling and Target I	Info	rmation						
		<u>IP (F)</u>	<u>OP (F)</u>			Γ	<u>IP (G)</u>	C	<u> </u>	Infla	tion /	FPLI Data	<u>(H)</u>
1. Normalized Rate		2,639.9	4 517.13	Γ	County Ceiling Base	;	32,767.00		184.70	Semester DF	RI Ind	lex	2.1590
2. Base Rate Semester		2014/0	7 2014/07	Ī	Variable Cost Base		1,950.86		303.20	Cost Report	DRI I	Index	2.0810
3. Ultimate Base Rate Se	emester	1991/0	1 1993/01	ľ	State Ceiling		1,653.98		204.24	FPLI Year U	sed		2008
4. Rate of Increase (Year	r/Sem.)	1.01595	5 1.035233	Ī	County Ceiling		1,546.31		190.95	FPLI			0.9349
		-			Rate Calculat	tion	S						
Rates are based on Medicaid C	osts								In	patient		Outpa	atient
AA Inpatient based on	Medicaid	Cost (C9)	Outpatient based	0	n Medicaid Cost(D9))			Reimbursed by			17	7,797,490.00
AB Apportioned Medic	aid Fixed	Costs = To	tal Fixed Costs x	(N	ledicaid Charges/Tot	tal C	charges)		Diagnosis				
AD Total Medicaid Variable Operating Cost = (AA-AB)									Related Groups 17,797,49			7,797,490.00	

AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Oloups	
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)]	
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9349) for Hillsborough (29)		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		
AU	Medicaid Trend Adjustment (IP%: 31.4582 %, OP%: 26.9907 %)		
AV			
AW]	
AX]	
AY	Final Prospective Rates]	

18,464,575.16 38,192 483.47 313.88 313.88 190.95 191.21 190.95 190.95

190.95 77,296,793.00 2,023.90 2,099.76 190.95 (51.54)

139.41



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

Broward Health Coral Springs

Outpatient Rate: 85.41

County Billing ONLY

County: Broward (6) District: 10

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

Type of Action: Unaudited Cost Rep	ort
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Unser Cost / Charges Institut (A) Quantient (B) Statistics (E) 1. Arcialary 42.382.704.00 5.356.000.00 5.055.035.00 Total Inpattent Days 42.882.704.00 72.085 3. Special Care 18.345.223.00 5.555.035.00 Total Inpattent Days 49.875 3. Special Care 18.345.223.00 5.555.035.00 Total Inpattent Days 44.875 More Contine 343.494.00 0.00 0.00 0.00 Medical frage 10.375 R. Alguments (1.003.300.34) (647.755.66) 0.242.255.33) (77.532.31) Medical Paid Cares 5.875 B. Adjustments (1.033.00.24) (647.755.66) (0.022.277.67) 6.062.096.66 1.0374911798 B. Adjustments (1.033.00.24) (647.755.66) (0.022.277.67) 6.062.000 1.0374911798 B. Adjustments (1.037.303.800.00) (0.347.106.00 3.00.84.27.00 1.0174924 120.1507 Last Rate 1.917.213.280.49 1.014.06 113.07 1.016.200 1.002.0107 1.0374924 1.01602.02016 1.032.016			Tota	al	Med	licaid								
Description 25,889,059,00 5,515,053,00 Total Impatent Days 49,875 3, Special Care 18,342,223,00 3,594,387,00 Total Impatent Days 4,885 3, Newborn Reutine 34,844.00 213,812.00 Medicaid Impatent Days 4,885 5, Inter-Resident 0.00 0.00 0.00 Prospective Inflation Factor 1.037241978 8, Adjustments (1,033,300,34) (47,155,66) 0.02,996,66 Prospective Inflation Factor 1.03741978 8, Adjustments (1,033,300,34) (47,155,66) 0.02,996,66 Property Rate Allowance 0.08 10, Charges 33,417,392,00 233,103,580,00 1.1372,83,44 Last Rate Semester in Effect 201507 11, Fixed Costs 9,442,71,00 Undersite Information County Calling Base 1.014,06 213,76 Cost Report DRI Index 2.0400 13, Normalized Rate 1,517,32 1.0852 County Calling Base 1.041,46 213,76 Cost Report DRI Index 2.0400 14, Rate of Increase (Year/Year) 1.015956 1.035233 County Calling Base 1.041,46	Type of Cost / Charges			Outpatient (B)	Inpatient (C)	Outpatient (D	Outpatient (D)		Statistics (E)					
Special Care 18,345,223.00 3.594,387.00 Total Newborn Days 4.805 A. Newborn Routine 34,4,44.00 213,812.00 Medicaid Insented Days 4.805 N. Namer Resident 0.00 0.00 Medicaid Insented Days 4.805 N. Mapractice 0.00 0.00 0.00 Medicaid Paratine Days 8.819 N. Adjustmentis (1.033,300.34) (447,155.69) (242,255.33) (77,832.31) Medicaid Paratica Paratine 5.731 N. Textor Costs 85,667,179.66 50,708,847.34 15,892,277.67 6.028,296.69 Fropeny Rate Allowance 0.80 10. Charges 334,417,392.00 233,103,880.00 0.00 0.01 First Rate Semester in Effect 201507 1. Fixed Costs 9,464,271.00 17,312,841.94 Last Rate Semester in Effect 201507 3. Ulimate Base Rate Semester 1914/07 2014/07 2014/07 2014/07 2014/07 201507 3. Ulimate Base Rate Semester 1991/01 193001 .6034.088 20.20.91 First Rate Semester in Effect 201507	1. Ancillary	42,382,704.00		51,356,003.00	9,901,481.00	6,160,628	00					72,095		
4. Newborn Rouline 343.494.00 213.612.00 Medicaid logation IP Days 4.0872 5. Intern-Resident 0.00 0.00 0.00 0.00 Medicaid logation IP Days 4.1 7. Majrodicio 0.00 0	2. Routine				5,515,053.00			Total Inp		nt Days		49,875		
5. Intern-Resident 0.00 0.00 Medicaid Newborn IP Days 41 6. Home Health 0.00	3. Special Care	18,345,223.00			3,594,387.00			Total Newborn Days			4,805			
6. Home Health 0.00	4. Newborn Routine	ne 343,494.00			213,612.00			Medicaid Inpatient Days		10,872				
Z. Majpractice 0.00	5. Intern-Resident	0.00			0.00			Medicaid Newborn IP Day		wborn IP Days	41			
8. Adjustments (1,093,300,34) (647,155,66) (242,255,33) (77,632.31) Medicaid Paid Claims 53,731 0. Total Cost 8,667,179,86 50,708,847.34 (6,03,47,100,00) 30,062,995,60) Property Rate Allowance 0.80 11. Fixed Costs 9,494,271.00 30,063,907,000 30,068,987,00 Instant Cost 0.80 Ceiling and Target Information Ceiling and Target Information Ceiling and Target Information Interview Colspan="2">Interview Colspan="2" <td <="" colspan="2" td=""><td>6. Home Health</td><td colspan="2"></td><td></td><td></td><td></td><td></td><td colspan="2">Medicare Inpatient Days</td><td>atient Days</td><td colspan="2">8,810</td></td>	<td>6. Home Health</td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2">Medicare Inpatient Days</td> <td>atient Days</td> <td colspan="2">8,810</td>		6. Home Health							Medicare Inpatient Days		atient Days	8,810	
9. Total Cost 85,667,179.66 50,708,847.34 18,982,277.67 6,082,995.69 Property Rate Allowance 0.80 10. Charges 334,417,382.00 293,103,580.00 1.713,283.49 123,849 201507 Ceiling and Target Information 1 (P (F) OP (F) 1. Normalized Rate 1,577,32 106,55 1.713,283.49 213,76 0.606,927.00 Colspan=100 Colspan=100 Colspan=100 Semester in Effect 201507 2. Base Rate Semester 201407 201407 Colspan=100 1.740,84 113,01 Semester DRI Index 2.080 3. Unimate Base Rate Semester 1993/01 State Ceiling 1,453,98 204,24 Courty Ceiling Semester DRI Index 2.080 Cost Report DRI Index 2.080 Cost Report DRI Index 2.080 Cost Report DRI Index 2.080 Cost Report DRI Index 2.080 Cost Report DRI Index 2.080 Cost Report DRI Index 2.080 Cost Report DRI Index 2.080 Cost Report DRI Index 2.080 Cost Report DRI Index 2.080 Cost Report DRI Index 2.080 Cost Report DRI Index 2.080 Cost Report DRI Index 2.080	7. Malpractice	0.00		0.00	0.00	0.00		Prospective Inflation Facto			or 1.0374819798			
10. Charges 334,417,392.00 293,103,580.00 60,347,108.00 30,068,927.00 First Rate Semester in Effect 2015/07 Last Rate Semester in Effect 2015/07 Last Rate Semester in Effect 2015/07 Lin Normalized Rate 1.617.32 108.55 1.713,283.49 Last Rate Semester in Effect 2015/07 Lin Normalized Rate 1.617.32 108.55 County Ceiling Base 1.014.06 213.76 Semester DRI Index 2.01507 3. Ultimate Base Rate Semester 2014/07 2014/07 County Ceiling Base 1.014.06 213.76 Semester DRI Index 2.01507 3. Ultimate Base Rate Semester 1.015955 1.035233 County Ceiling 1.653.98 204.24 County Ceiling FPLI Year Used 2.080 A Inpatient based on Medicaid Cost (C9) - Outpatient based on Medicaid Cost (C9) - Outpatient based on Medicaid Cost (C9) Rate Calculations Inpatient Outpatient AB Appontioned Medicaid Fixed Costs x (Medicaid Paid Claims (Outpatient) Kate of Indited (aid Virable Operating Cost Inditato + IACH (F1)) Reimbursed by Bilagnosis Related Groups G.082,995.69 Bilagnosis Related Groups <td>8. Adjustments</td> <td colspan="2">(1,093,300.34)</td> <td>(647,155.66)</td> <td>(242,255.33)</td> <td colspan="2">(77,632.31)</td> <td colspan="3">Medicaid Paid Claims</td> <td colspan="2">53,731</td>	8. Adjustments	(1,093,300.34)		(647,155.66)	(242,255.33)	(77,632.31)		Medicaid Paid Claims			53,731			
I1. Fixed Costs 9,494,271.00 1.713,283.49 Last Rate Semester in Effect 2015/07 Ceiling and Target Information Semester Colspan= Colspan="2">Ceinty Ceiling Cols Colspan="2">Ceinty Ceiling Colspan="2">Ceinty Ceiling Colspan="2">Ceinty Ceiling Cols Colspan="2">Ceinty Ceiling Colspan="2">Ceinty Ceiling Colspan="2">Ceinty Ceiling Colspan="2">Ceinty Ceiling Colspan="2">Ceinty Ceinty Ceiling Cols C	9. Total Cost	85,667,179.66		50,708,847.34	18,982,277.67	6,082,995	69	Property Rate Allo		e Allowance	0.80			
Ceiling and Target Information IP_(E) OP_(E) 1. Normalized Rate 1.517.32 108.55 2. Base Rate Semester 2014/07 2014/07 2014/07 3. Ultimate Base Rate Semester 1991/01 1993/01 State Ceiling 1.653.98 204.24 4. Rate of Increase (Year/Sem.) 1.015955 1.035233 State Ceiling 1.653.98 204.24 A Inpatient based on Medicaid Cost County Ceiling 1.789.61 220.99 FPLI Year Used 20080 Rates are based on Medicaid Cost County Ceiling 1.789.61 220.99 FPLI Year Used 20080 A Inpatient based on Medicaid Cost County Ceiling 1.789.61 220.99 Evaluations FPLI Year Used 20080 AD Total Medicaid Days (Inpatient based on Medicaid Cost(C9) Outpatient based on Medicaid Cost (C9) Reimbursed by Diagnosis 6.082.996.69 AE Variable Operating Cost Inflated = (AX & Inflation Factor (F7)) A A 6.310.998.41 53.731 AG Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Cl	10. Charges	334,417,392.00		293,103,580.00	60,347,108.00	30,068,927.	30,068,927.00		First Rate Semester in Effe			ect 2015/07		
IP.(E) QP.(E) 1. Normalized Rate 1,517.32 108.55 2. Base Rate Semester 2014/07	11. Fixed Costs		9,494,2	71.00	1,713,283.49			Last Rate Semester in Effe			ect 2015/07			
I. Normalized Rate 1,517.32 108.55 2. Base Rate Semester 2014/07 2014/07 1093/01 1993/01 104.66 213.76 3. Ultimate Base Rate Semester 1991/01 1993/01 1,653.88 204.24 County Ceiling 1,653.98 204.24 A. Rate of Increase (Year/Sem.) 1.015955 1.035233 Eata Ceiling 1,789.61 220.99 FPLI Year Used 2008 Rate are based on Medicaid Costs Inpatient based on Medicaid Costs Inpatient Outpatient A Inpatient based on Medicaid Cost (C9) :Outpatient FA+E5 or Medicaid Paid Claims (Outpatient) Reimbursed by 0.082,995.69 AE Variable Cost Rate: Cost Inflated = (AD x Inflation Factor (E7)) Medicaid Cast Rate: Cost Invided by Days (IP) or Medicaid Paid Claims (Outpatient) A 6,310,998.41 117.66 AF Total Medicaid Variable Cost Rate (AG) or Target Rate of Increase (G1 x F4) <				(Ceiling and Targe	Information								
2. Base Rate Semester 2014/07 2014/07 2014/07 2014/07 2014/07 2014/07 State Colling 1.140.84 113.01 3. Utimate Base Rate Semester 1991/01 1993/01 1993/01 1993/01 1993/01 10555 1.035233 Courty Celling 1.789.61 220.99 FPLI 1.080 Rate Calculations Impatient Courty Celling 1.789.61 20.99 Rate Calculations Impatient Courty Celling 1.0000 Rate are based on Medicaid Costs Inpatient Outpatient A Impatient based on Medicaid Costs (C9) :Outpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Costs (C9) :Outpatient based on Medicaid Costs (C7) :Outpatient based on Medicaid Costs (C7) :Outpatient based on Medicaid Costs (C7) :Outpatient based on Medicaid Cost (C7) :Outpatient based on Medicaid Cost (C7) :Outpatient based on Medicaid Cost (C7) :Outpatient based on Medicaid Cost (C7) :Outpatient based on Medicaid Cost (C7) :Outpatient based on Cost (C7) :Outpatient based on Cost (C7) :Outpatient based on Cost (C7) :Outpatient Cost Cost (C7) :Outpatient Cost Cost Cost Cost Cost Cost Cost Cos	IP (F)		<u>IP (F)</u>	<u>OP (F)</u>		<u>IP (G)</u>	0	<u>DP (G)</u>		Inflation / FPLI Data		<u>a (H)</u>		
3. Ultimate Base Rate Semester 1991/01 1993/01 State Ceiling 1.653.98 204.24 PLI Year Used 2008 4. Rate of Increase (Year/Sem.) 1.015955 1.035233 Rate Calculations FPLI Year Used 2009 Rate sare based on Medicaid Costs 1.035233 Rate Calculations FPLI Year Used 2008 Rate sare based on Medicaid Cost (C9) Outpatient based on Medicaid Cost(C9) Rate Calculations AA Inpatient based on Medicaid Costs = Total Fixed Costs x (Medicaid Cost(C9)) Reimbursed by 6.082.995.69 AB Apportioned Medicaid Paide Operating Cost = (AA-AB) Reimbursed by 6.082.995.69 AE Variable Operating Cost Inflated = (AD x Inflation Factor (E7)) 6.6310.998.41 6.310.998.41 AF Total Medicaid Variable Cost Rate (AG) or Target Rate (AH) 117.46 6.310.998.41 53.731 AG Variable Cost Rate : Cost Divided by Days (IP) or Medicaid Paid Claims (Outpatient) 6.220.99 220.99 220.99 AI Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH) 116.99 221.29 221.29 AL Lesser of County Rate Ceiling (AL) or County Ceiling Target Ra	1. Normalized Rate		1,517.3	2 108.55	County Ceiling Bas	se 1,014.06	6	213.76		Semester DR	Index	2.1590		
4. Rate of Increase (Year/Sem.) 1.015955 1.035233 County Ceiling 1.789.61 220.99 FPLI 1.0620 Rate are based on Medicaid Costs Rate Calculations Impatient Outpatient Aa Inpatient based on Medicaid Costs (C9) : Outpatient based on Medicaid Cost(D9) Feirbursed by 6,082,995.69 AB Apportioned Medicaid Virable Operating Cost = (AA-AB) Feirbursed by Diagnosis AE Variable Operating Cost Inflated = (AD x Inflation Factor (E7)) Feirbursed by 6,082,995.69 AE Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (Outpatient) Feirbursed by 6,310,998.41 AF Total Medicaid Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP) Hittel Paid Cost Target Paid Paid Claims (OP) 117.46 AI Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH) 116.99 220.99 220.99 AK County Rate Ceiling (AU) or County Ceiling Target Rate (AK) 220.99 220.99 116.99 220.99 116.99 220.99 116.99 116.99 116.99 116.99 116.99 220.99 116.99 220.99 116.99 20.99 <t< td=""><td>2. Base Rate Semester</td><td colspan="2">2. Base Rate Semester</td><td>7 2014/07</td><td>Variable Cost Base</td><td>e 1,140.84</td><td>1</td><td>113.01</td><td colspan="2">Cost Report</td><td>RI Index</td><td>2.0810</td></t<>	2. Base Rate Semester	2. Base Rate Semester		7 2014/07	Variable Cost Base	e 1,140.84	1	113.01	Cost Report		RI Index	2.0810		
Rate Calculations Inpatient Outpatient Rates are based on Medicaid Costs Inpatient Outpatient Rates are based on Medicaid Costs Inpatient Outpatient Rates are based on Medicaid Cost (C9) : Outpatient based on Medicaid Cost(D9) Inpatient Outpatient AA Inpatient Outpatient AA Inpatient Outpatient A A portioned Medicaid Cost (C9) : Outpatient based on Medicaid Charges/Total Charges) Diagnosis A A Variable Operating Cost = (AA-AB) Reimbursed by Outpatient 6.082.995.69 A Variable Operating Cost Inflated = (AD x Inflation Factor (E7)) Reimbursed by Diagnosis A Variable Cost Target Cost Inflated (AD x Inflation Factor (E7)) Reimbursed by Outpatient 6.082.995.69 Diagnosis A Variable Cost Inflated (AD x Inflation Factor (E7)) Reimbursed by Diagnosis A Variable Cost Target Rate (AH) <th colspa<="" td=""><td colspan="2">3. Ultimate Base Rate Semester</td><td>1991/0</td><td>1 1993/01</td><td>State Ceiling</td><td>1,653.98</td><td>3</td><td>204.24</td><td></td><td colspan="2">FPLI Year Used</td><td>2008</td></th>	<td colspan="2">3. Ultimate Base Rate Semester</td> <td>1991/0</td> <td>1 1993/01</td> <td>State Ceiling</td> <td>1,653.98</td> <td>3</td> <td>204.24</td> <td></td> <td colspan="2">FPLI Year Used</td> <td>2008</td>	3. Ultimate Base Rate Semester		1991/0	1 1993/01	State Ceiling	1,653.98	3	204.24		FPLI Year Used		2008	
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