



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

**004170 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Kindred Hospital The Palm Beaches**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,062,367.00	0.00	0.00	0.00	Total Bed Days	25,550
2. Routine	9,919,419.00		0.00		Total Inpatient Days	15,887
3. Special Care	2,618,794.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,526
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(282,066.00)	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	22,318,514.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	100,428,484.00	0.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	2,442,501.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**009496 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Florida Hospital at Connerton Long Term Acute Care Hospital**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Pasco (51)  
 District: 5

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9827) for Pasco (51)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**016815 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Kindred Hospital Melbourne**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Brevard (5)  
 District: 7

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**020127 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Sacred Heart Hospital on the Gulf**

Type of Control: Nonprofit (Other)

County: Gulf (23)

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

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	271,416.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		271,416.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		282,531.13
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,565
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		180.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		250.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		180.53
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9154) for Gulf (23)		207.02
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		774,561.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		494.93
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		515.20
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**025766 - 2016/07**

**Outpatient Rate: 130.42**

**County Billing ONLY**

**Shriners Hospital for Children-Tampa**

Type of Control: Nonprofit (Other)

County: Hillsborough (29)

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

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,988,056.00	7,495,600.00	786,698.00	722,530.00	Total Bed Days	21,900
2. Routine	4,002,666.00		698,337.00		Total Inpatient Days	470
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	82
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,742
9. Total Cost	8,990,722.00	7,495,600.00	1,485,035.00	722,530.00	Property Rate Allowance	0.80
10. Charges	13,682,166.00	16,357,643.00	1,838,517.00	1,593,176.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		1,430,465.00		0.00	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	722,530.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		722,530.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		753,195.32
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,742
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		432.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		432.37
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		198.23
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		198.23
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,593,176.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		914.57
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		953.38
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		198.23
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(67.82)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>130.42</b>



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

**031588 - 2016/07**

**Outpatient Rate: 106.18**

**County Billing ONLY**

**Viera Hospital**

Type of Control: Nonprofit (Other)

County: Brevard (5)

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

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	377,133.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		377,133.32
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		392,764.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,324
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		169.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		161.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		161.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		161.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		161.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,261,805.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	973.24	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,013.58	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	161.39	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(55.21)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>106.18</b>



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

<b>032265 - 2016/07</b>
<b>Outpatient Rate: 152.70</b>
<b>County Billing ONLY</b>

**West Kendall Baptist Hospital**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,586,122.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,586,122.49
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,693,312.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,959
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		270.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		257.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		257.98
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		232.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		232.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	14,850,649.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,491.18	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,552.99	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	232.10	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(79.40)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>152.70</b>



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**032975 - 2016/07**

**Outpatient Rate: 59.60**

**County Billing ONLY**

**Palm Bay Hospital**

Type of Control: Nonprofit (Other)

County: Brevard (5)

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

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,333,122.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,333,122.71
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,388,378.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,547
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		95.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		90.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		90.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		90.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		90.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		11,410,510.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		784.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		816.90
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		90.59
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(30.99)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>59.60</b>





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**040876 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Nemours Children's Hospital**

Type of Control: Nonprofit (Other)

County: Orange (48)

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

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: Special

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

**Ceiling and Target Information**

	IP (F)		OP (F)			IP (G)		OP (G)		Inflation / FPLI Data (H)	
1. Normalized Rate	4,276.18	535.82			County Ceiling Base	Exempt	Exempt			Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07			Variable Cost Base	3,577.12	320.99			Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,723.73	226.15			FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158			County Ceiling	1,731.66	227.20			FPLI	1.0046

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	10,102,214.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		10,102,214.18
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		10,530,968.14
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,564
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		538.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		538.28
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0046) for Orange (48)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	21,281,957.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,087.81	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,133.98	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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**054568 - 2016/07**

**Outpatient Rate: 81.02**

**County Billing ONLY**

**Florida Hospital Wesley Chapel**

Type of Control: Nonprofit (Church)

County: Pasco (51)

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

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,495,990.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,495,990.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,559,482.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,664
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		123.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		165.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		123.14
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9827) for Pasco (51)		222.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.99
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		123.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		123.14
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,808,799.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	932.47	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	972.05	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	123.14	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(42.13)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>81.02</b>



**Florida Agency for Health Care Administration**  
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**083692 - 2016/07**  
**Outpatient Rate: 12.52**

**County Billing ONLY**

**Healthsouth Rehabilitation Hospital of Ocala**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Marion (42)  
 District: 3

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9441) for Marion (42)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**092683 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Poinciana Medical Center**

Type of Control: Nonprofit (Other)

County: Osceola (49)

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

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,339,701.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,339,701.57
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,394,565.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,393
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		96.89
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9813) for Osceola (49)		221.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	26,335,738.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,829.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,904.69	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**095875 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Healthsouth Rehab of Martin**

Type of Control: Nonprofit (Other)

County: Martin (43)

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

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0053) for Martin (43)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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**097013 - 2016/07**

**Outpatient Rate: 99.81**

**County Billing ONLY**

**St. Vincents Clay County**

Type of Control: Nonprofit (Church)

County: Clay (10)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

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

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,477.02		160.89	County Ceiling Base	925.56	186.45
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,651.70	146.13	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,708.21	224.12	FPLI	0.9910

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	870,596.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		870,596.69
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		906,249.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,684
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		159.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		151.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		151.71
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Clay (10)		224.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		151.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		151.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,243,715.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,274.40	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,326.59	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	151.71	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(51.90)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>99.81</b>



**Florida Agency for Health Care Administration**  
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**100030 - 2016/07**

**Outpatient Rate: 119.93**

**County Billing ONLY**

**UF Health Shands Hospital**

Type of Control: Nonprofit (Other)

County: Alachua (1)

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

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	11,942,289.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		11,942,289.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		12,431,354.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		44,802
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		277.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		226.03
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9583) for Alachua (1)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		182.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		182.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	40,276,820.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	899.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	935.81	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	182.30	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(62.36)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>119.93</b>



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<b>100048 - 2016/07</b>
<b>Outpatient Rate: 12.52</b>

<b>County Billing ONLY</b>
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**Ed Fraser Memorial Hospital**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report

County: Baker (2)  
 District: 4

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

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,773.79		144.63	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,800.58	112.30	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,673.05	219.51	FPLI	0.9706

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	<b>Reimbursed by Diagnosis Related Groups</b>	343,841.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		343,841.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		358,092.63
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		2,551
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		140.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		116.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9706) for Baker (2)		219.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,196,020.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		468.84
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		488.28
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>





**Florida Agency for Health Care Administration**  
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**100064 - 2016/07**  
**Outpatient Rate: 86.91**

**County Billing ONLY**

**Bay Medical Center Sacred Heart Health System**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Bay (3)  
 District: 2

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,227,289.55
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,227,289.55
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,364,260.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,638
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		148.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		132.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		132.10
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9502) for Bay (3)		214.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		185.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		132.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		132.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	21,783,303.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	962.25	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,003.08	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	132.10	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(45.19)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>86.91</b>



**Florida Agency for Health Care Administration**  
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**100072 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Shands Starke Regional Medical Center**

Type of Control: Proprietary

County: Bradford (4)

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

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,194.66		97.09	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,085.93	82.75	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,663.22	218.22	FPLI	0.9649

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	522,876.74
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		522,876.74
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		544,289.78
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		5,810
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		85.91
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		85.91
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9649) for Bradford (4)		218.22
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		3,592,176.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		618.27
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		643.59
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**100081 - 2016/07**

**Outpatient Rate: 70.46**

**County Billing ONLY**

**Holmes Regional Medical Center**

Type of Control: Nonprofit (Other)

County: Brevard (5)

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

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,059,697.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,059,697.26
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,145,068.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,030
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		109.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		107.09
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		107.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		107.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,886,527.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	793.14	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	826.01	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	107.09	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.64)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>70.46</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**100099 - 2016/07**

**Outpatient Rate: 70.81**

**County Billing ONLY**

**Cape Canaveral Hospital**

Type of Control: Nonprofit (Other)

County: Brevard (5)

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

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	610,458.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		610,458.71
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		635,761.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,907
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		121.85
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		107.63
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		107.63
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		107.63
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	5,174,843.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	876.05	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	912.36	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	107.63	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.82)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>70.81</b>



**Florida Agency for Health Care Administration**  
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**100102 - 2016/07**

**Outpatient Rate: 80.27**

**County Billing ONLY**

**Parrish Medical Center**

Type of Control: Nonprofit (Other)

County: Brevard (5)

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

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,851,293.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,851,293.43
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,928,026.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,103
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		159.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		122.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		122.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		122.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		122.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,230,251.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	845.27	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	880.30	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	122.00	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(41.74)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>80.27</b>



**Florida Agency for Health Care Administration**  
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**100111 - 2016/07**

**Outpatient Rate: 65.30**

**County Billing ONLY**

**Wuesthoff Medical Center-Rockledge**

Type of Control: Proprietary

County: Brevard (5)

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

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,330,492.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,330,492.38
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,385,639.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,228
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		99.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		99.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	19,547,991.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,477.77	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,539.02	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	99.25	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.95)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>65.30</b>



**Florida Agency for Health Care Administration**  
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**100129 - 2016/07**

**Outpatient Rate: 97.93**

**County Billing ONLY**

**Broward Health Medical Center**

Type of Control: Government  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,986,904.83
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,986,904.83
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		5,191,130.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,564
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		159.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		148.85
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		148.85
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.35
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		148.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		148.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		21,693,591.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		666.18
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		693.46
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		148.85
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(50.92)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>97.93</b>



**Florida Agency for Health Care Administration**  
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**100188 - 2016/07**

**Outpatient Rate: 81.46**

**County Billing ONLY**

**Holy Cross Hospital, Inc.**

Type of Control: Nonprofit (Other)

County: Broward (6)

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

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,024,721.62
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,024,721.62
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,107,638.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,266
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		336.36
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		123.82
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		123.82
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		123.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		123.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,650,686.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,859.35	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,935.49	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	123.82	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(42.36)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>81.46</b>





**Florida Agency for Health Care Administration**  
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**100196 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Kindred Hospital-South Florida-Ft Lauderdale**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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**100200 - 2016/07**

**Outpatient Rate: 102.24**

**County Billing ONLY**

**Memorial Regional Hospital**

Type of Control: Government  
 Fiscal Year: 5/1/2014 - 4/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	14,661,344.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		14,661,344.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		15,239,989.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		63,416
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		240.32
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		155.41
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		155.41
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.35
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		155.41
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		155.41
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	94,124,565.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,484.24	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,542.82	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	155.41	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(53.17)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>102.24</b>



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**100218 - 2016/07**

**Outpatient Rate: 75.92**

**County Billing ONLY**

**Broward Health North**

Type of Control: Government  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,298,858.08
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,298,858.08
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,352,049.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,717
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		115.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		132.36
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		115.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.35
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		115.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		115.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,277,810.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	621.13	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	646.57	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	115.39	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.48)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>75.92</b>



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**100269 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Calhoun Liberty Hospital**

Type of Control: Government

County: Calhoun (7)

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

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	210,002.84
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		210,002.84
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		218,915.70
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,591
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		60.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		53.57
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		53.57
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9084) for Calhoun (7)		205.44
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		794,779.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		221.33
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		230.72
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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**100277 - 2016/07**  
**Outpatient Rate: 55.83**

**County Billing ONLY**

**Bayfront Health Punta Gorda**

Type of Control: Proprietary  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Charlotte (8)  
 District: 8

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	312,499.46
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		312,499.46
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		325,452.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,265
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		84.86
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		84.86
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9810) for Charlotte (8)		221.86
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		84.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		84.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,998,183.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,530.84	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,594.29	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	84.86	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.03)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>55.83</b>



**Florida Agency for Health Care Administration**  
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**100285 - 2016/07**

**Outpatient Rate: 64.12**

**County Billing ONLY**

**Bayfront Health Port Charlotte**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Charlotte (8)  
 District: 8

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,793,188.45
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,793,188.45
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,869,294.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,643
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		97.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		97.46
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9810) for Charlotte (8)		221.86
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		97.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		97.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	23,880,094.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,526.57	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,591.36	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	97.46	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.34)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>64.12</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
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**100315 - 2016/07**

**Outpatient Rate: 69.48**

**County Billing ONLY**

**Naples Community Hospital**

Type of Control: Nonprofit (Other)

County: Collier (11)

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

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,226,236.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,226,236.73
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,318,510.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,113
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		105.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.61
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0447) for Collier (11)		236.26
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		206.47
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		206.47
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		105.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		105.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,258,299.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	842.39	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	877.31	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	105.61	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.13)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>69.48</b>



**Florida Agency for Health Care Administration**  
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**100331 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Shands Lake Shore Regional Medical Center**

Type of Control: Proprietary

County: Columbia (12)

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

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,210,982.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,210,982.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,260,574.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,658
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		103.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9347) for Columbia (12)		211.39
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,257,519.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	731.36	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	761.31	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>





**Florida Agency for Health Care Administration**  
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**100358 - 2016/07**

**Outpatient Rate: 132.74**

**County Billing ONLY**

**Baptist Of Miami**

Type of Control: Nonprofit (Other)

County: Dade (13)

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

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,178,022.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,178,022.97
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,351,194.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,411
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		265.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		201.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		201.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		201.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		201.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	20,889,376.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,272.89	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,325.65	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	201.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(69.03)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>132.74</b>



**Florida Agency for Health Care Administration**  
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**100366 - 2016/07**

**Outpatient Rate: 110.37**

**County Billing ONLY**

**University of Miami Hospital**

Type of Control: Nonprofit (Other)

County: Dade (13)

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

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,248,179.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,248,179.32
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,339,133.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,214
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		284.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		167.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		167.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		167.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		167.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	14,225,056.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,731.81	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,801.87	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	167.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(57.39)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>110.37</b>



**Florida Agency for Health Care Administration**  
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**100412 - 2016/07**

**Outpatient Rate: 57.68**

**County Billing ONLY**

**Hialeah Hospital**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,477,321.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,477,321.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,537,088.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,532
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		87.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		87.67
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		87.67
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		87.67
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,497,051.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	940.97	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	979.04	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	87.67	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.99)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>57.68</b>



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**100421 - 2016/07**  
**Outpatient Rate: 152.70**

**County Billing ONLY**

**Jackson Memorial Hospital**

Type of Control: Government  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	25,851,005.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		25,851,005.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		26,922,485.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		108,928
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		247.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		242.83
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		232.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		232.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	76,596,833.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	703.19	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	732.33	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	232.10	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(79.40)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>152.70</b>



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**100439 - 2016/07**

**Outpatient Rate: 126.90**

**County Billing ONLY**

**Mercy Hospital, Inc.**

Type of Control: Nonprofit (Church)

County: Dade (13)

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

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	83,958,408.00	67,329,505.00	5,871,828.00	2,695,356.00	Total Bed Days	125,195
2. Routine	43,808,675.00		4,015,632.00		Total Inpatient Days	72,132
3. Special Care	14,708,642.00		0.00		Total Newborn Days	4,531
4. Newborn Routine	2,081,844.00		568,364.00		Medicaid Inpatient Days	6,202
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	440
6. Home Health					Medicare Inpatient Days	28,176
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.1547807713
8. Adjustments	(2,101,117.92)	(978,622.08)	(151,973.50)	(39,176.51)	Medicaid Paid Claims	15,075
9. Total Cost	142,456,451.08	66,350,882.92	10,303,850.50	2,656,179.49	Property Rate Allowance	0.80
10. Charges	683,195,729.00	408,257,411.00	50,073,323.00	15,318,285.00	First Rate Semester in Effect	2012/07
11. Fixed Costs	17,307,928.00		1,268,546.38		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,656,179.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,656,179.49
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,067,305.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,075
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		203.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		192.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		192.88
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		192.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		192.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,318,285.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,016.14	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,173.42	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	192.88	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(65.99)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>126.90</b>



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**100463 - 2016/07**

**Outpatient Rate: 106.95**

**County Billing ONLY**

**Mount Sinai Medical Center**

Type of Control: Nonprofit (Other)

County: Dade (13)

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

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,629,731.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,629,731.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,826,224.11
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,370
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		198.04
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		162.57
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		162.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		162.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	31,828,651.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,306.06	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,361.49	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	162.57	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(55.61)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>106.95</b>



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<b>100471 - 2016/07</b>
<b>Outpatient Rate: 115.65</b>
<b>County Billing ONLY</b>

**University of Miami Hospital and Clinics**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	11,185,894.31
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		11,185,894.31
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		11,638,441.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,734
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		589.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		175.78
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		175.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		175.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	57,544,136.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,915.99	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,033.96	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	175.78	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(60.14)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>115.65</b>



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**100498 - 2016/07**

**Outpatient Rate: 40.92**

**County Billing ONLY**

**Northshore Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,778,574.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,778,574.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,890,986.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,343
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		62.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		62.19
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		62.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		62.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	35,568,133.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,134.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,180.71	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	62.19	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(21.28)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>40.92</b>





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**100536 - 2016/07**

**Outpatient Rate: 36.84**

**County Billing ONLY**

**Palm Springs General Hospital**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	823,809.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		823,809.97
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		858,773.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,963
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		95.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		55.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		55.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		55.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		55.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,538,384.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	506.35	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	527.84	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	55.99	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(19.16)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>36.84</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**100544 - 2016/07**

**Outpatient Rate: 60.62**

**County Billing ONLY**

**Metropolitan Hospital Miami**

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

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,200,549.00	4,536,208.00	410,125.00	266,348.00	Total Bed Days	17,374
2. Routine	2,679,360.00		308,713.00		Total Inpatient Days	5,727
3. Special Care	917,623.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	589
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,815
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0585956416
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	3,060
9. Total Cost	7,797,532.00	4,536,208.00	718,838.00	266,348.00	Property Rate Allowance	0.80
10. Charges	40,093,318.00	29,065,487.00	4,455,881.00	1,849,569.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		1,295,463.00		143,974.84	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	266,348.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		266,348.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		281,954.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,060
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.14
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.14
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,849,569.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	604.43	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	639.85	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	92.14	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(31.52)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>60.62</b>



**Florida Agency for Health Care Administration**  
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**100587 - 2016/07**

**Outpatient Rate: 102.43**

**County Billing ONLY**

**South Miami Hospital**

Type of Control: Nonprofit (Other)

County: Dade (13)

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

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,572,292.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,572,292.10
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,678,909.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,636
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		350.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		155.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		155.70
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		155.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		155.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,532,283.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,379.29	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,436.46	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	155.70	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(53.26)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>102.43</b>



**Florida Agency for Health Care Administration**  
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**100609 - 2016/07**

**Outpatient Rate: 109.65**

**County Billing ONLY**

**Nicklaus Children's Hospital**

Type of Control: Nonprofit (Other)

County: Dade (13)

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

Type of Action: Amended Cost Report

District: 11

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	36,898,391.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		36,898,391.07
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		38,464,417.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		154,418
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		249.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		166.67
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		166.67
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		166.67
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	123,852,128.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	802.06	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	836.10	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	166.67	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(57.02)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>109.65</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**100625 - 2016/07**

**Outpatient Rate: 73.21**

**County Billing ONLY**

**Westchester General Hospital**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	458,273.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		458,273.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		477,722.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,293
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		139.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.28
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		111.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		111.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,406,010.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		560.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		584.24
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		111.28
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(38.07)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>73.21</b>



**Florida Agency for Health Care Administration**  
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**100641 - 2016/07**

**Outpatient Rate: 77.35**

**County Billing ONLY**

**Baptist Medical Center Jacksonville**

Type of Control: Nonprofit (Church)

County: Duval (16)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,592,384.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,592,384.74
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,865,627.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		51,826
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		117.57
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		117.57
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		229.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.98
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.98
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		117.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		117.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	39,986,271.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	771.55	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	803.53	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	117.57	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.22)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>77.35</b>



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**100676 - 2016/07**

**Outpatient Rate: 97.10**

**County Billing ONLY**

**UF Health Jacksonville**

Type of Control: Nonprofit (Other)

County: Duval (16)

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

Type of Action: Amended Cost Report

District: 4

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	9,846,331.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,846,331.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		10,249,561.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		49,491
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		207.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		147.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		147.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		147.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	56,922,215.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,150.15	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,197.25	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	147.59	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(50.49)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>97.10</b>



**Florida Agency for Health Care Administration**  
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**100722 - 2016/07**

**Outpatient Rate: 92.87**

**County Billing ONLY**

**Mayo Clinic**

Type of Control: Nonprofit (Other)

County: Duval (16)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	413,877.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		413,877.35
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		431,442.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,376
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		181.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		141.17
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		141.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		141.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,008,116.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		845.17
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		881.04
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		141.17
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(48.29)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>92.87</b>





**Florida Agency for Health Care Administration**  
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**100731 - 2016/07**

**Outpatient Rate: 56.43**

**County Billing ONLY**

**St. Vincent's Medical Center Riverside**

Type of Control: Nonprofit (Church)

County: Duval (16)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: CHEP

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,140,374.64
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,140,374.64
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,268,980.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,955
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		234.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		85.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		85.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		229.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.98
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.98
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		85.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		85.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	26,419,274.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,893.18	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,970.71	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	85.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.34)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>56.43</b>



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**100749 - 2016/07**

**Outpatient Rate: 71.04**

**County Billing ONLY**

**Baptist Hospital Inc**

Type of Control: Nonprofit (Other)

County: Escambia (17)

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

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,497,908.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,497,908.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,601,442.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,747
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		107.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		107.98
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9596) for Escambia (17)		217.02
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.93
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.93
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		107.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		107.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	24,453,351.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,124.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,171.05	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	107.98	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.94)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>71.04</b>



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**100765 - 2016/07**

**Outpatient Rate: 87.16**

**County Billing ONLY**

**Sacred Heart Hospital**

Type of Control: Nonprofit (Church)

County: Escambia (17)

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

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: CHEP

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,946,193.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,946,193.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,189,703.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		46,722
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		154.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		132.48
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9596) for Escambia (17)		217.02
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.93
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.93
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		132.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		132.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	32,015,220.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	685.23	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	713.29	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	132.48	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(45.32)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>87.16</b>



**Florida Agency for Health Care Administration**  
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**100803 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**George E. Weems Memorial Hospital**

Type of Control: Government

County: Franklin (19)

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

Type of Action: Amended Cost Report

District: 2

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	<b>Reimbursed by Diagnosis Related Groups</b>	603,512.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		603,512.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		628,526.55
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		852
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		737.71
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		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 (0.8916) for Franklin (19)		201.64
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,075,598.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,262.44
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,314.76
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**100862 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Hendry Regional Medical Center**

Type of Control: Government

County: Hendry (26)

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

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

	IP (F)	OP (F)	Inflation / FPLI Data (H)		
			IP (G)	OP (G)	
1. Normalized Rate	1,033.08	143.18	County Ceiling Base	Exempt	
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	228.59	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,691.49	
				221.93	
				Semester DRI Index	2.1860
				Cost Report DRI Index	2.0990
				FPLI Year Used	2015
				FPLI	0.9813

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	450,607.99
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		450,607.99
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		469,284.93
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,340
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		140.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		131.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		131.37
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9813) for Hendry (26)		221.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,547,691.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		463.38
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		482.59
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**100871 - 2016/07**

**Outpatient Rate: 59.70**

**County Billing ONLY**

**Bayfront Health Brooksville**

Type of Control: Proprietary

County: Hernando (27)

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

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,054,958.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,054,958.22
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,181,581.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,189
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		137.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		90.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		90.74
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9635) for Hernando (27)		217.90
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.30
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.30
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		90.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		90.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	40,394,887.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,741.98	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,814.19	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	90.74	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(31.04)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>59.70</b>



**Florida Agency for Health Care Administration**  
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**100897 - 2016/07**

**Outpatient Rate: 63.01**

**County Billing ONLY**

**Highlands Regional Medical Center**

Type of Control: Proprietary

County: Highlands (28)

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

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	699,001.14
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		699,001.14
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		727,973.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,621
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		109.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		95.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		95.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9343) for Highlands (28)		211.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		191.21
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		95.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		95.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,864,949.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,187.88	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,237.11	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	95.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(32.76)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>63.01</b>



**Florida Agency for Health Care Administration**  
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**100901 - 2016/07**

**Outpatient Rate: 63.59**

**County Billing ONLY**

**Florida Hospital Heartland Medical Center**

Type of Control: Nonprofit (Other)

County: Highlands (28)

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

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,339,427.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,339,427.10
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,438,716.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,231
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		96.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		108.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.66
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9343) for Highlands (28)		211.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		189.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		189.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		96.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		96.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	18,447,865.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	731.16	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	762.19	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	96.66	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.07)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>63.59</b>





**Florida Agency for Health Care Administration**  
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**100943 - 2016/07**

**Outpatient Rate: 73.14**

**County Billing ONLY**

**Florida Hospital Carrollwood**

Type of Control: Nonprofit (Church)

County: Hillsborough (29)

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

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,848,829.41
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,848,829.41
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,927,296.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,336
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.17
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		111.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		111.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	17,178,853.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	990.94	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,032.99	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	111.17	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.03)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>73.14</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**100978 - 2016/07**

**Outpatient Rate: 104.92**

**County Billing ONLY**

**St. Josephs Hospital**

Type of Control: Nonprofit (Other)

County: Hillsborough (29)

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

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	13,775,839.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		13,775,839.61
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		14,360,508.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		90,048
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		159.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		172.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		159.48
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		159.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		159.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	96,795,352.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,074.93	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,120.55	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	159.48	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(54.56)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>104.92</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
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**100986 - 2016/07**

**Outpatient Rate: 63.28**

**County Billing ONLY**

**South Florida Baptist**

Type of Control: Nonprofit (Other)

County: Hillsborough (29)

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

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,404,489.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,404,489.35
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,506,539.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,088
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		138.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.19
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		96.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		96.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	18,509,847.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,023.32	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,066.75	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	96.19	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(32.91)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>63.28</b>



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

**100994 - 2016/07**

**Outpatient Rate: 130.42**

**County Billing ONLY**

**Tampa General Hospital**

Type of Control: Nonprofit (Other)

County: Hillsborough (29)

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

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	8,500,677.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		8,500,677.97
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		8,853,016.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,844
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		216.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		200.66
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		198.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		198.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	54,329,759.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,330.18	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,385.31	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	198.23	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(67.82)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>130.42</b>



**Florida Agency for Health Care Administration**  
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**101028 - 2016/07**

**Outpatient Rate: 67.11**

**County Billing ONLY**

**Florida Hospital Tampa**

Type of Control: Nonprofit (Church)

County: Hillsborough (29)

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

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,459,394.91
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,459,394.91
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,606,217.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,639
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		102.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.01
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		102.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		102.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	33,917,483.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,072.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,117.51	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	102.01	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(34.90)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>67.11</b>



**Florida Agency for Health Care Administration**  
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**101036 - 2016/07**  
**Outpatient Rate: 12.52**

**County Billing ONLY**

**Doctors Memorial Hospital**

Type of Control: Nonprofit (Other)

County: Holmes (30)

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

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

	IP (F)	OP (F)	Inflation / FPLI Data (H)		
			IP (G)	OP (G)	
1. Normalized Rate	579.50	140.63	County Ceiling Base	Exempt	
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	713.31	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,578.59	
				207.11	
				Semester DRI Index	2.1860
				Cost Report DRI Index	2.0990
				FPLI Year Used	2015
				FPLI	0.9158

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	182,155.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		182,155.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		189,705.02
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,473
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		155.31
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		128.79
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9158) for Holmes (30)		207.11
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		457,506.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		310.59
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		323.47
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**101044 - 2016/07**

**Outpatient Rate: 87.73**

**County Billing ONLY**

**Indian River Medical Center**

Type of Control: Nonprofit (Other)

County: Indian River (31)

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

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,806,731.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,806,731.67
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,881,617.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,658
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		148.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		133.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		133.34
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9930) for Indian River (31)		224.57
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		184.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		133.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		133.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	6,562,836.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	518.47	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	539.96	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	133.34	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(45.62)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>87.73</b>



**Florida Agency for Health Care Administration**  
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**101061 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Jackson Hospital**

Type of Control: Government

County: Jackson (32)

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

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	556,327.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		556,327.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		579,385.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,129
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		94.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		92.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.56
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9033) for Jackson (32)		204.29
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,316,866.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		378.02
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		393.69
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**101079 - 2016/07**

**Outpatient Rate: 69.63**

**County Billing ONLY**

**Leesburg Regional Medical Center**

Type of Control: Nonprofit (Other)

County: Lake (35)

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

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,243,149.33
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,243,149.33
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,294,059.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,227
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		105.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		113.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.84
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9699) for Lake (35)		219.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		194.46
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		194.46
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		105.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		105.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	8,534,246.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	697.98	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	726.57	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	105.84	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.21)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>69.63</b>



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**101087 - 2016/07**

**Outpatient Rate: 73.17**

**County Billing ONLY**

**South Lake Memorial Hospital**

Type of Control: Nonprofit (Other)

County: Lake (35)

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

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,846,924.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,846,924.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,923,475.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,740
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		163.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		111.21
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.21
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9699) for Lake (35)		219.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.52
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		111.21
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		111.21
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	12,172,931.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,036.88	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,079.85	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	111.21	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.05)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>73.17</b>



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**101095 - 2016/07**

**Outpatient Rate: 56.92**

**County Billing ONLY**

**Florida Hospital Waterman**

Type of Control: Nonprofit (Church)

County: Lake (35)

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

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) : Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,496,295.81
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,496,295.81
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,602,242.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		30,077
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		86.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		107.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.52
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9699) for Lake (35)		219.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.52
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		86.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		86.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	23,971,921.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	797.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	830.85	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	86.52	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.60)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>56.92</b>



**Florida Agency for Health Care Administration**  
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**101109 - 2016/07**

**Outpatient Rate: 85.00**

**County Billing ONLY**

**Lee Memorial Hospital**

Type of Control: Government  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Lee (36)  
 District: 8

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) : Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,288,254.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,288,254.78
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,465,995.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,707
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		161.19
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		129.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		129.20
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0074) for Lee (36)		227.83
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		129.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		129.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	30,638,986.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,105.82	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,151.66	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	129.20	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(44.20)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>85.00</b>



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**101117 - 2016/07**

**Outpatient Rate: 43.27**

**County Billing ONLY**

**Lehigh Regional Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Amended Cost Report

County: Lee (36)  
 District: 8

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,892,458.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,892,458.78
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,972,777.73
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,187
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		88.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		65.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		65.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0074) for Lee (36)		227.83
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		65.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		65.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	24,361,649.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,098.01	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,144.62	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	65.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(22.50)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>43.27</b>



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**101133 - 2016/07**

**Outpatient Rate: 99.04**

**County Billing ONLY**

**Tallahassee Memorial Regional M.C.**

Type of Control: Nonprofit (Other)

County: Leon (37)

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

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: CHEP

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,029,030.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,029,030.29
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,278,923.40
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,107
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		389.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		150.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		150.54
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9581) for Leon (37)		216.68
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		150.54
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		150.54
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	30,481,459.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,892.44	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,970.87	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	150.54	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(51.50)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>99.04</b>



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

**101141 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Regional General Hospital Williston**

Type of Control: Proprietary

County: Levy (38)

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

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	503,850.00	1,354,377.00	102,192.00	356,257.00	Total Bed Days	12,720
2. Routine	947,177.00		178,861.00		Total Inpatient Days	1,079
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	203
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	625
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0679042501
8. Adjustments	(508,435.43)	(474,569.57)	(98,480.11)	(124,831.37)	Medicaid Paid Claims	5,444
9. Total Cost	942,591.57	879,807.43	182,572.89	231,425.63	Property Rate Allowance	1.00
10. Charges	5,047,239.00	8,250,083.00	743,767.00	1,937,776.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	149,990.00		22,102.70		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	231,425.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		231,425.63
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		247,140.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,444
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		45.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		42.29
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		42.29
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9251) for Levy (38)		209.22
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,937,776.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	355.95	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	380.12	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**101150 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Madison County Memorial Hospital**

Type of Control: Government

County: Madison (40)

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

Type of Action: Amended Cost Report

District: 2

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	427.04		60.42	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,092.82	39.72	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,549.11	203.25	FPLI	0.8987

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	62,566.34
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		62,566.34
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		65,159.61
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,200
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		54.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		41.23
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		41.23
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8987) for Madison (40)		203.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		220,215.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		183.51
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		191.12
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>





**Florida Agency for Health Care Administration**  
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**101168 - 2016/07**

**Outpatient Rate: 64.62**

**County Billing ONLY**

**Manatee Memorial Hospital**

Type of Control: Proprietary

County: Manatee (41)

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

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,453,764.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,453,764.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,557,905.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		26,041
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		98.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		107.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		98.23
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9928) for Manatee (41)		224.53
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		98.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		98.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	28,818,062.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,106.64	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,153.61	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	98.23	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.60)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>64.62</b>



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**101176 - 2016/07**

**Outpatient Rate: 60.69**

**County Billing ONLY**

**Munroe Regional Medical Center**

Type of Control: Government  
 Fiscal Year: 10/1/2014 - 6/3/2015  
 Hospital Classification: General

Type of Action: Amended Cost Report

County: Marion (42)  
 District: 3

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,829,661.44
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,829,661.44
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,904,590.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,646
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9441) for Marion (42)		213.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		176.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		176.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,707,266.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	663.92	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	691.11	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	92.25	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(31.56)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>60.69</b>



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**101184 - 2016/07**

**Outpatient Rate: 77.86**

**County Billing ONLY**

**Martin Medical Center**

Type of Control: Nonprofit (Other)

County: Martin (43)

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

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,006,697.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,006,697.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,131,319.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		26,460
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.34
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0053) for Martin (43)		227.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		202.41
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		202.41
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		118.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	28,651,828.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,082.84	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,127.72	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	118.34	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.49)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>77.86</b>



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 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2016 through June 30, 2017

**101192 - 2016/07**

**Outpatient Rate: 62.35**

**County Billing ONLY**

**Lower Keys Medical Center**

Type of Control: Proprietary

County: Monroe (44)

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

Type of Action: Amended Cost Report

District: 11

Hospital Classification: Special IP

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	443,448.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		443,448.06
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		461,828.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,582
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		94.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0135) for Monroe (44)		229.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		214.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		214.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		94.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		94.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,460,287.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,245.19	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,296.81	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	94.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(32.42)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>62.35</b>



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

**101206 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Fishermen's Hospital**

Type of Control: Nonprofit (Other)

County: Monroe (44)

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

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	108,489.60
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		108,489.60
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		112,932.51
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,076
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		92.85
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.85
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0135) for Monroe (44)		229.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		571,445.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		531.08
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		552.83
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**101214 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Mariners Hospital**

Type of Control: Nonprofit (Other)

County: Monroe (44)

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

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	339,707.25
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		339,707.25
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		353,619.07
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		974
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		363.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		309.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		309.59
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0135) for Monroe (44)		229.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,209,559.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,241.85
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,292.70
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**101231 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Baptist Medical Center - Nassau**

Type of Control: Nonprofit (Church)

County: Nassau (45)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	559,376.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		559,376.39
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		582,561.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,674
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.63
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9870) for Nassau (45)		223.21
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,717,775.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	655.23	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	682.39	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**101257 - 2016/07**

**Outpatient Rate: 69.33**

**County Billing ONLY**

**Twin Cities Hospital**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Okaloosa (46)  
 District: 1

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	775,300.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		775,300.34
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		806,666.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,234
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		154.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		105.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.38
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9807) for Okaloosa (46)		221.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		187.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		105.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		105.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	12,908,368.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,466.25	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,566.03	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	105.38	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.05)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>69.33</b>





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

**101265 - 2016/07**

**Outpatient Rate: 88.20**

**County Billing ONLY**

**North Okaloosa Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 4/1/2014 - 3/31/2015  
 Hospital Classification: General

Type of Action: Amended Cost Report

County: Okaloosa (46)  
 District: 1

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,997,462.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,997,462.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,075,309.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,299
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		168.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		134.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		134.06
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9807) for Okaloosa (46)		221.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		187.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		134.06
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		134.06
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	32,506,709.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,643.04	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,746.04	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	134.06	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(45.86)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>88.20</b>



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

**101290 - 2016/07**

**Outpatient Rate: 85.13**

**County Billing ONLY**

**Florida Hospital**

Type of Control: Nonprofit (Other)

County: Orange (48)

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

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: Statutory Teaching Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	29,892,489.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		29,892,489.13
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		31,235,650.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		241,404
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		129.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		141.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		129.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0046) for Orange (48)		227.20
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.86
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.86
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		129.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		129.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	247,420,743.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,024.92	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,070.98	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	129.39	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(44.27)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>85.13</b>



**Florida Agency for Health Care Administration**  
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<b>101338 - 2016/07</b>
<b>Outpatient Rate: 114.11</b>
<b>County Billing ONLY</b>

**Orlando Health**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Orange (48)  
 District: 7

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	13,166,445.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		13,166,445.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		13,712,171.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		68,450
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		200.32
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		173.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0046) for Orange (48)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		173.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		173.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	89,405,768.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,306.15	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,360.28	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	173.44	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(59.33)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>114.11</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**101354 - 2016/07**

**Outpatient Rate: 77.25**

**County Billing ONLY**

**Health Central**

Type of Control: Nonprofit (Other)

County: Orange (48)

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

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,287,604.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,287,604.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,340,973.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,304
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		117.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		117.43
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0046) for Orange (48)		227.20
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.86
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.86
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		117.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		117.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,262,387.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	907.85	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	945.48	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	117.43	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.17)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>77.25</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**101389 - 2016/07**

**Outpatient Rate: 80.39**

**County Billing ONLY**

**Osceola Regional Medical Center**

Type of Control: Proprietary

County: Osceola (49)

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

Type of Action: Unaudited Cost Report

District: 7

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,412,307.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,412,307.22
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,599,572.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		37,642
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		122.19
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		122.19
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9813) for Osceola (49)		221.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		122.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		122.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	79,617,268.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,115.12	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,204.89	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	122.19	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(41.80)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>80.39</b>



**Florida Agency for Health Care Administration**  
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**101401 - 2016/07**

**Outpatient Rate: 64.20**

**County Billing ONLY**

**Bethesda Hospital East**

Type of Control: Nonprofit (Other)

County: Palm Beach (50)

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

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,372,000.54
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,372,000.54
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,511,764.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,828
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		121.82
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		97.58
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		97.58
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		97.58
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		97.58
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	24,395,250.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	846.23	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	881.31	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	97.58	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.38)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>64.20</b>



**Florida Agency for Health Care Administration**  
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**101419 - 2016/07**

**Outpatient Rate: 67.12**

**County Billing ONLY**

**Boca Raton Regional Hospital**

Type of Control: Nonprofit (Other)

County: Palm Beach (50)

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

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	405,574.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		405,574.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		422,183.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,261
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		129.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		102.03
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.03
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		102.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		102.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,203,530.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		675.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		703.39
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		102.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(34.90)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>67.12</b>



**Florida Agency for Health Care Administration**  
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**101443 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Lakeside Medical Center**

Type of Control: Government  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: Rural Hospital

Type of Action: Amended Cost Report

County: Palm Beach (50)  
 District: 9

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	935,965.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		935,965.10
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		974,759.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,374
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		71.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		71.88
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,924,059.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	378.26	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	393.94	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>





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**101460 - 2016/07**  
**Outpatient Rate: 91.70**

**County Billing ONLY**

**JFK Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,362,548.70
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,362,548.70
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,500,253.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,112
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		139.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		150.32
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		139.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		139.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		139.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	44,294,261.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,763.87	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,836.10	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	139.39	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(47.68)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>91.70</b>



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**101486 - 2016/07**

**Outpatient Rate: 69.02**

**County Billing ONLY**

**St. Mary's Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,525,231.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,525,231.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,667,851.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		34,962
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		111.02
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.91
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		104.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	29,817,904.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	852.87	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	887.37	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	104.91	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.89)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>69.02</b>



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**101494 - 2016/07**

**Outpatient Rate: 70.86**

**County Billing ONLY**

**Florida Hospital Zephyrhills**

Type of Control: Nonprofit (Church)

County: Pasco (51)

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

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,738,829.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,738,829.53
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,812,628.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,052
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		107.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		107.70
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9827) for Pasco (51)		222.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.99
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		107.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		107.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,782,709.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	858.63	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	895.07	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	107.70	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.84)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>70.86</b>



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**101508 - 2016/07**  
**Outpatient Rate: 78.54**

**County Billing ONLY**

**Morton Plant North Bay Hospital**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Pasco (51)  
 District: 5

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,414,128.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,414,128.34
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,474,146.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,961
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		123.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		119.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.38
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9827) for Pasco (51)		222.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		119.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		119.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,958,769.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,167.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,216.55	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	119.38	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.84)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>78.54</b>



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**101516 - 2016/07**

**Outpatient Rate: 131.99**

**County Billing ONLY**

**All Children's Hospital**

Type of Control: Nonprofit (Other)

County: Pinellas (52)

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

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,523,408.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,523,408.63
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,790,557.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,628
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		287.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		231.07
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		200.63
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		200.63
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	21,772,007.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	921.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	959.18	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	200.63	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(68.64)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>131.99</b>



**Florida Agency for Health Care Administration**  
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**101524 - 2016/07**

**Outpatient Rate: 74.05**

**County Billing ONLY**

**Good Samaritan Hospital**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,637,783.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,637,783.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,704,042.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,140
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		123.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.55
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		112.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		112.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,535,832.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,026.14	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,067.66	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	112.55	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.50)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>74.05</b>



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**101541 - 2016/07**

**Outpatient Rate: 74.55**

**County Billing ONLY**

**Mease Dunedin Hospital**

Type of Control: Nonprofit (Other)

County: Pinellas (52)

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

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	642,625.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		642,625.67
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		669,899.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,912
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		116.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.31
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.31
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		113.31
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	6,241,901.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,055.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,100.61	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	113.31	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.76)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>74.55</b>



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**101567 - 2016/07**

**Outpatient Rate: 66.74**

**County Billing ONLY**

**Bayfront Health - St Petersburg**

Type of Control: Nonprofit (Other)

County: Pinellas (52)

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

Type of Action: Amended Cost Report

District: 5

Hospital Classification: CHEP

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,506,049.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,506,049.22
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,568,472.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,799
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		101.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		101.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		101.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		101.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,160,118.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,284.86	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,338.12	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	101.44	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(34.70)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>66.74</b>





**Florida Agency for Health Care Administration**  
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**101583 - 2016/07**  
**Outpatient Rate: 86.91**

**County Billing ONLY**

**Morton F. Plant Hospital**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report

County: Pinellas (52)  
 District: 5

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,973,639.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,973,639.06
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,142,286.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		26,505
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		156.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		132.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		132.10
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		132.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		132.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	28,934,817.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,091.67	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,138.01	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	132.10	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(45.19)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>86.91</b>



**Florida Agency for Health Care Administration**  
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**101613 - 2016/07**

**Outpatient Rate: 77.26**

**County Billing ONLY**

**Florida Hospital North Pinellas**

Type of Control: Nonprofit (Other)

County: Pinellas (52)

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

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,023,004.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,023,004.49
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,066,422.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,081
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		117.43
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		117.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		117.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	8,494,736.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	935.44	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	975.14	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	117.43	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.17)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>77.26</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**101648 - 2016/07**

**Outpatient Rate: 71.25**

**County Billing ONLY**

**Lakeland Regional Medical Center**

Type of Control: Nonprofit (Other)

County: Polk (53)

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

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	7,672,510.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,672,510.43
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		7,990,523.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		66,660
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		108.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		108.30
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9634) for Polk (53)		217.88
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.91
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.91
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		108.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		108.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	58,686,847.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	880.39	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	916.88	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	108.30	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.05)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>71.25</b>



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

**County Billing ONLY**

**Lake Wales Hospital Association**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Amended Cost Report

County: Polk (53)  
 District: 6

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	911,106.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		911,106.20
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		949,774.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,758
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		97.33
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		89.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.47
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9634) for Polk (53)		217.88
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.91
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.91
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		89.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		89.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,910,190.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,220.56	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,272.36	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	89.47	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.61)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>58.86</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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<b>101699 - 2016/07</b>
<b>Outpatient Rate: 63.24</b>
<b>County Billing ONLY</b>

**Winter Haven Hospital**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Polk (53)  
 District: 6

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,847,205.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,847,205.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,968,044.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,809
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.12
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.12
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9634) for Polk (53)		217.88
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.91
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.91
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		96.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		96.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	20,324,401.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	819.24	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	854.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	96.12	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(32.88)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>63.24</b>



**Florida Agency for Health Care Administration**  
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**101702 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**West Gables Rehabilitation**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**101711 - 2016/07**

**Outpatient Rate: 64.92**

**County Billing ONLY**

**Flagler Hospital**

Type of Control: Nonprofit (Other)

County: St Johns (55)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Special

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,490,662.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,490,662.38
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,552,447.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,645
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		98.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		98.68
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9916) for St Johns (55)		224.26
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		98.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		98.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,467,980.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	605.18	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	630.26	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	98.68	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.76)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>64.92</b>



**Florida Agency for Health Care Administration**  
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**101737 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Jay Hospital**

Type of Control: Nonprofit (Other)

County: Santa Rosa (57)

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

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,098,183.00	5,492,956.00	29,283.00	136,469.00	Total Bed Days	7,665
2. Routine	3,172,661.00		85,972.00		Total Inpatient Days	2,128
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	62
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,424
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,326
9. Total Cost	4,270,844.00	5,492,956.00	115,255.00	136,469.00	Property Rate Allowance	1.00
10. Charges	10,630,715.00	38,856,374.00	237,802.00	1,299,177.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		712,565.00		0.00	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	136,469.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		136,469.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		142,125.41
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,326
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		81.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.09
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9548) for Santa Rosa (57)		215.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,299,177.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		979.77
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,020.38
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>





**Florida Agency for Health Care Administration**  
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**101745 - 2016/07**

**Outpatient Rate: 59.21**

**County Billing ONLY**

**Santa Rosa Hospital**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: General

Type of Action: Amended Cost Report

County: Santa Rosa (57)  
 District: 1

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,209,803.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,209,803.94
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,258,748.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,987
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		89.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9548) for Santa Rosa (57)		215.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.69
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.69
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		89.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		89.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,999,079.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,143.85	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,190.13	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	89.99	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.79)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>59.21</b>



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**101753 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**HealthSouth Rehabilitation Hospital of Largo**

Type of Control: Proprietary

County: Pinellas (52)

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

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**101761 - 2016/07**

**Outpatient Rate: 87.14**

**County Billing ONLY**

**Memorial Hospital**

Type of Control: Government

County: Sarasota (58)

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

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,996,146.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,996,146.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,120,331.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,558
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		138.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		132.45
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0162) for Sarasota (58)		229.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		206.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		206.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		132.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		132.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	21,333,649.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	905.58	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	943.11	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	132.45	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(45.31)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>87.14</b>



**Florida Agency for Health Care Administration**  
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**101788 - 2016/07**

**Outpatient Rate: 65.71**

**County Billing ONLY**

**Central Florida Regional Hospital**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Seminole (59)  
 District: 7

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,621,108.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,621,108.43
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,686,693.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,888
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		102.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.88
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9903) for Seminole (59)		223.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.47
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.47
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		99.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		99.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	28,798,918.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,705.29	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,774.28	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	99.88	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(34.17)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>65.71</b>



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**101796 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Shands Live Oak Regional Medical Center**

Type of Control: Proprietary

County: Suwannee (61)

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

Type of Action: Amended Cost Report

District: 3

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	512,245.57
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		512,245.57
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		533,223.25
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		6,854
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		77.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		86.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		77.80
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9107) for Suwannee (61)		205.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		3,875,159.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		565.39
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		588.54
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**101800 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Doctors' Memorial Hospital**

Type of Control: Government

County: Taylor (62)

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

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	394,995.34
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		394,995.34
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		410,975.64
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,290
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		98.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		98.95
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.8996) for Taylor (62)		203.45
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,229,453.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		373.69
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		388.81
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**101826 - 2016/07**

**Outpatient Rate: 62.46**

**County Billing ONLY**

**Florida Hospital - Fish Memorial**

Type of Control: Nonprofit (Church)

County: Volusia (64)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,151,907.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,151,907.92
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,243,238.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,628
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		94.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		101.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		94.94
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9533) for Volusia (64)		215.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		195.26
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		195.26
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		94.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		94.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,325,981.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	648.64	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	676.17	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	94.94	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(32.48)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>62.46</b>



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**101834 - 2016/07**

**Outpatient Rate: 76.83**

**County Billing ONLY**

**Bert Fish Memorial Hospital**

Type of Control: Government  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Volusia (64)  
 District: 4

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,283,700.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,283,700.69
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,419,804.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,300
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		542.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		116.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.78
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9533) for Volusia (64)		215.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		195.26
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		195.26
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		116.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		116.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,407,729.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,128.21	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,216.42	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	116.78	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.95)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>76.83</b>





**Florida Agency for Health Care Administration**  
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**101842 - 2016/07**

**Outpatient Rate: 80.67**

**County Billing ONLY**

**Halifax Health Medical Center**

Type of Control: Government  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report

County: Volusia (64)  
 District: 4

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,157,535.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,157,535.56
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,288,410.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,375
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		134.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		122.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		122.61
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9533) for Volusia (64)		215.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		195.26
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		195.26
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		122.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		122.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	14,347,862.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	588.63	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	613.03	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	122.61	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(41.95)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>80.67</b>



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**101869 - 2016/07**

**Outpatient Rate: 59.02**

**County Billing ONLY**

**Florida Hospital Memorial Medical Center**

Type of Control: Nonprofit (Church)

County: Volusia (64)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,622,326.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,622,326.21
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,691,180.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,851
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		89.71
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		105.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.71
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9533) for Volusia (64)		215.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		195.26
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		195.26
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		89.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		89.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,724,335.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	621.95	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	648.34	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	89.71	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.69)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>59.02</b>



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**101877 - 2016/07**

**Outpatient Rate: 53.56**

**County Billing ONLY**

**Florida Hospital DeLand**

Type of Control: Nonprofit (Church)

County: Volusia (64)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,849,473.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,849,473.42
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,927,968.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,680
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		81.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		93.26
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.42
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9533) for Volusia (64)		215.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		195.26
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		195.26
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		81.42
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		81.42
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,100,984.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	637.71	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	664.78	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	81.42	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(27.85)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>53.56</b>



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**101885 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Healthmark Regional Medical Center**

Type of Control: Proprietary

County: Walton (66)

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

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	914,967.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		914,967.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		952,890.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,628
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		362.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		62.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		62.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9502) for Walton (66)		214.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	5,450,291.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,073.93	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,159.89	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**101893 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Florida Hospital Flagler**

Type of Control: Nonprofit (Church)

County: Flagler (18)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,452,385.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,452,385.29
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,514,026.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,368
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		78.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		79.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		78.17
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9403) for Flagler (18)		212.65
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,358,217.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	586.44	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	611.33	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**101907 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Northwest Florida Community Hospital**

Type of Control: Proprietary

County: Washington (67)

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

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,739,163.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,739,163.32
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,812,976.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,488
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		279.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		139.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		139.89
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9131) for Washington (67)		206.50
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	8,336,258.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,284.87	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,339.41	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**101915 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Kindred Hospital-South Florida-Hollywood**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,027,622.00	1,403.00	0.00	0.00	Total Bed Days	43,070
2. Routine	15,195,238.00		0.00		Total Inpatient Days	22,520
3. Special Care	2,780,682.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(526,960.90)	(23.10)	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	31,476,581.10	1,379.90	0.00	0.00	Property Rate Allowance	0.80
10. Charges	148,755,378.00	1,648.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	5,260,837.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**101923 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Desoto Memorial Hospital**

Type of Control: Government

County: Desoto (14)

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

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	487,702.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		487,702.39
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		507,916.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,643
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		139.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		122.86
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		122.86
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9710) for Desoto (14)		219.60
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,931,077.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	530.08	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	552.05	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>





**Florida Agency for Health Care Administration**  
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**101931 - 2016/07**  
**Outpatient Rate: 70.16**

**County Billing ONLY**

**Memorial Hospital Jacksonville**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Duval (16)  
 District: 4

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,748,218.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,748,218.86
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,949,740.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,469
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		135.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.65
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.65
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		229.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.98
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.98
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		106.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		106.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	77,455,334.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,123.87	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,214.01	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	106.65	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(36.48)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>70.16</b>



**Florida Agency for Health Care Administration**  
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**101940 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Campbellton-Graceville Hospital**

Type of Control: Government

County: Jackson (32)

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

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,095
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9033) for Jackson (32)		204.29
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**101991 - 2016/07**

**Outpatient Rate: 84.57**

**County Billing ONLY**

**Wiregrass Hospital**

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

Type of Action: Unaudited Cost Report

County: Out of State (69)  
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,859,523.00	5,522,203.00	48,142.00	105,330.00	Total Bed Days	32,485
2. Routine	4,463,237.00		42,670.00		Total Inpatient Days	9,153
3. Special Care	811,542.00		22,773.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	213
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,602
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0663414634
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	565
9. Total Cost	8,134,302.00	5,522,203.00	113,585.00	105,330.00	Property Rate Allowance	0.80
10. Charges	13,564,113.00	17,349,210.00	182,751.00	291,991.00	First Rate Semester in Effect	2014/07
11. Fixed Costs		1,247,688.00		16,810.26	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	484.48		198.79	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	299.15	123.82	Cost Report DRI Index	2.0500
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	105,330.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		105,330.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		112,317.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		565
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		198.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		128.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		128.55
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		128.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		128.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	291,991.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	516.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	551.08	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	128.55	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(43.98)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>84.57</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**102016 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Floral Memorial Hospital**

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

Type of Action: Unaudited Cost Report

County: Out of State (69)  
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	526,459.00	1,436,337.00	0.00	130,715.00	Total Bed Days	8,030
2. Routine	1,507,294.00		9,724.00		Total Inpatient Days	316
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	229
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0710436061
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	870
9. Total Cost	2,033,753.00	1,436,337.00	9,724.00	130,715.00	Property Rate Allowance	0.80
10. Charges	1,622,884.00	1,860,343.00	0.00	139,094.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	30,881.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	6,788.49		160.92	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	394.27	18.33	Cost Report DRI Index	2.0410
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	130,715.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		130,715.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		140,001.47
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		870
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		160.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		19.03
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		19.03
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		19.03
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		19.03
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		139,094.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		159.88
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		171.24
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
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**102024 - 2016/07**

**Outpatient Rate: 139.50**

**County Billing ONLY**

**D.W.Mcmillan Memorial**

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

Type of Action: Unaudited Cost Report

County: Out of State (69)  
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,731,169.00	8,304,111.00	15,818.00	25,698.00	Total Bed Days	33,672
2. Routine	4,860,258.00		13,170.00		Total Inpatient Days	11,947
3. Special Care	1,861,905.00		1,339.00		Total Newborn Days	750
4. Newborn Routine	256,537.00		10,946.00		Medicaid Inpatient Days	38
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3
6. Home Health					Medicare Inpatient Days	5,975
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.5044735031
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	181
9. Total Cost	11,709,869.00	8,304,111.00	41,273.00	25,698.00	Property Rate Allowance	0.80
10. Charges	25,173,989.00	36,408,195.00	71,070.00	85,741.00	First Rate Semester in Effect	2005/07
11. Fixed Costs	968,439.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,272.76		213.60	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	658.59	210.96	Cost Report DRI Index	1.4530
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	25,698.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		25,698.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		38,661.96
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		181
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		213.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		219.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		213.60
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		212.04
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		212.04
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		85,741.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		473.71
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		712.68
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		212.04
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(72.54)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>139.50</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**102041 - 2016/07**

**Outpatient Rate: 48.96**

**County Billing ONLY**

**Archbold Memorial Hospital**

Type of Control: Nonprofit (Other)

County: Out of State (69)

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

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,005,424.00	81,877,997.00	9,979.00	18,162.00	Total Bed Days	96,360
2. Routine	36,001,646.00		2,868.00		Total Inpatient Days	56,214
3. Special Care	10,900,004.00		917,156.00		Total Newborn Days	1,684
4. Newborn Routine	477,485.00		567.00		Medicaid Inpatient Days	801
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2
6. Home Health					Medicare Inpatient Days	25,070
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0449330784
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	255
9. Total Cost	102,384,559.00	81,877,997.00	930,570.00	18,162.00	Property Rate Allowance	0.80
10. Charges	314,778,878.00	396,804,111.00	51,378.00	61,560.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	18,751,106.00		3,060.54		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,206.96		74.42	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	579.07	73.50	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	18,162.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		18,162.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		18,978.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		255
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		74.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		76.31
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		74.42
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		74.42
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		74.42
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	61,560.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	241.41	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	252.26	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	74.42	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(25.46)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>48.96</b>



**Florida Agency for Health Care Administration**  
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**102067 - 2016/07**  
**Outpatient Rate: 120.93**

**County Billing ONLY**

**Southeast Alabama General**

Type of Control: Nonprofit (Other)

County: Out of State (69)

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

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

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

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,233.01		6,322.91	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,161.53	177.06	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,810,206.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,810,206.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,051,029.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		957
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		6,322.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		183.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		183.81
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		183.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		183.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	46,363,691.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	48,446.91	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	50,454.95	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	183.81	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(62.88)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>120.93</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**102075 - 2016/07**

**Outpatient Rate: 72.40**

**County Billing ONLY**

**South Georgia Medical Center**

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

Type of Action: Unaudited Cost Report

County: Out of State (69)  
 District: 0

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

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,693.75		111.83	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	758.81	106.01	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	76,522.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		76,522.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		79,960.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		715
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.05
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	239,272.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	334.65	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	349.68	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	110.05	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.65)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>72.40</b>





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**102091 - 2016/07**  
**Outpatient Rate: 65.31**

**County Billing ONLY**

**Flowers Hospital**

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

Type of Action: Unaudited Cost Report

County: Out of State (69)  
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,903,507.00	70,463,717.00	132,120.00	208,663.00	Total Bed Days	85,357
2. Routine	25,012,351.00		88,130.00		Total Inpatient Days	54,330
3. Special Care	9,260,969.00		31,373.00		Total Newborn Days	3,106
4. Newborn Routine	1,968,752.00		5,705.00		Medicaid Inpatient Days	192
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	9
6. Home Health					Medicare Inpatient Days	27,663
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0710436061
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,817
9. Total Cost	92,145,579.00	70,463,717.00	257,328.00	208,663.00	Property Rate Allowance	0.80
10. Charges	561,866,966.00	641,398,226.00	1,402,594.00	1,720,725.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	11,914,097.00		29,741.28		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,212.71		123.00	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	682.07	95.62	Cost Report DRI Index	2.0410
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	208,663.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		208,663.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		223,487.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,817
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		123.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.27
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		99.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		99.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,720,725.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	947.01	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,014.29	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	99.27	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.96)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>65.31</b>



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**102105 - 2016/07**

**Outpatient Rate: 73.92**

**County Billing ONLY**

**Palm Beach Gardens Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	876,637.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		876,637.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		913,842.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,133
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.36
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.36
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		112.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		112.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,090,014.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	871.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	908.76	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	112.36	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.44)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>73.92</b>



**Florida Agency for Health Care Administration**  
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**102121 - 2016/07**

**Outpatient Rate: 49.43**

**County Billing ONLY**

**Grady General Hospital**

Type of Control: Nonprofit (Other)

County: Out of State (69)

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

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,390,900.00	10,491,071.00	328,674.00	566,543.00	Total Bed Days	16,790
2. Routine	3,700,501.00		326,077.00		Total Inpatient Days	3,442
3. Special Care	542,334.00		22,343.00		Total Newborn Days	333
4. Newborn Routine	693,340.00		241,524.00		Medicaid Inpatient Days	564
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	116
6. Home Health					Medicare Inpatient Days	1,358
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0449330784
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	15
9. Total Cost	8,327,075.00	10,491,071.00	918,618.00	566,543.00	Property Rate Allowance	0.80
10. Charges	17,815,845.00	42,359,722.00	1,224,312.00	1,818,853.00	First Rate Semester in Effect	2015/07
11. Fixed Costs		1,535,805.00		105,541.13	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,249.43		39,466.63	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	556.55	72.37	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	566,543.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		566,543.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		591,999.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		39,466.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		75.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		75.13
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		75.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		75.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,818,853.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	121,256.87	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	126,705.31	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	75.13	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(25.70)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>49.43</b>



**Florida Agency for Health Care Administration**  
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**102130 - 2016/07**

**Outpatient Rate: 73.08**

**County Billing ONLY**

**Wellington Regional Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,063,928.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,063,928.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,151,524.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,370
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.08
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.08
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		111.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		111.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	19,478,002.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,005.58	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,048.25	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	111.08	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.00)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>73.08</b>



**Florida Agency for Health Care Administration**  
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**102164 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Mizell Memorial Hospital**

Type of Control: Nonprofit (Church)

County: Out of State (69)

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

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,230,788.00	1,378,151.00	116,970.00	0.00	Total Bed Days	36,234
2. Routine	1,912,181.00		71,237.00		Total Inpatient Days	8,627
3. Special Care	450,573.00		15,423.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	274
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,763
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	2.2080808081
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	4,593,542.00	1,378,151.00	203,630.00	0.00	Property Rate Allowance	0.80
10. Charges	8,234,531.00	3,939,741.00	375,492.00	0.00	First Rate Semester in Effect	2014/07
11. Fixed Costs		737,605.00		33,634.55	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,369.94		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	0.9900
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**102199 - 2016/07**

**Outpatient Rate: 60.69**

**County Billing ONLY**

**Citrus Memorial Hospital**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 11/1/2014 - 10/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Citrus (9)  
 District: 3

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,071,685.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,071,685.56
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,113,982.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,573
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		129.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		92.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9369) for Citrus (9)		211.88
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		185.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		92.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,075,807.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,875.17	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,949.18	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	92.25	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(31.56)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>60.69</b>



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**102202 - 2016/07**

**Outpatient Rate: 56.25**

**County Billing ONLY**

**Cleveland Clinic Hospital**

Type of Control: Nonprofit (Other)

County: Broward (6)

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

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) : Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	293,955.41
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		293,955.41
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		306,431.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,607
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		85.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		85.51
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		85.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		85.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,307,337.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	501.47	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	522.76	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	85.51	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.25)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>56.25</b>



**Florida Agency for Health Care Administration**  
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 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2016 through June 30, 2017

**102229 - 2016/07**

**Outpatient Rate: 75.48**

**County Billing ONLY**

**Memorial Hospital Pembroke**

Type of Control: Government  
 Fiscal Year: 5/1/2014 - 4/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,228,385.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,228,385.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,316,333.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,515
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		149.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		114.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.73
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		114.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		114.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	14,185,473.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	914.31	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	950.39	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	114.73	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.25)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>75.48</b>





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

<b>102261 - 2016/07</b>
<b>Outpatient Rate: 141.38</b>
<b>County Billing ONLY</b>

**Homestead Hospital**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,098,128.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,098,128.20
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,267,988.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,264
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		247.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		214.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		214.89
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		214.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		214.89
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	21,248,486.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,230.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,281.81	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	214.89	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(73.52)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>141.38</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**102288 - 2016/07**

**Outpatient Rate: 55.29**

**County Billing ONLY**

**Heart Of Florida Hospital**

Type of Control: Proprietary  
 Fiscal Year: 7/1/2014 - 6/6/2015  
 Hospital Classification: Special

Type of Action: Amended Cost Report

County: Polk (53)  
 District: 6

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,579,381.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,579,381.92
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,644,061.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,622
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		88.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		84.04
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		84.04
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9634) for Polk (53)		217.88
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.91
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.91
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		84.04
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		84.04
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	29,706,939.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,595.26	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,660.59	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	84.04	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(28.75)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>55.29</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**102300 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Kindred Hospital Central Tampa**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Hillsborough (29)  
 District: 6

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**102326 - 2016/07**

**Outpatient Rate: 63.29**

**County Billing ONLY**

**Baptist Medical Center - Beaches**

Type of Control: Nonprofit (Church)

County: Duval (16)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	630,978.76
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		630,978.76
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		657,131.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,531
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.20
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		229.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.98
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.98
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		96.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		96.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,557,534.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	697.83	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	726.75	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	96.20	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(32.91)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>63.29</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**102334 - 2016/07**

**Outpatient Rate: 36.80**

**County Billing ONLY**

**Atmore Community Hospital**

Type of Control: Nonprofit (Other)

County: Out of State (69)

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

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,157,908.00	6,310,264.00	14,721.00	38,340.00	Total Bed Days	17,885
2. Routine	2,723,201.00		24,836.00		Total Inpatient Days	4,714
3. Special Care	1,335,953.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	34
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0663414634
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	731
9. Total Cost	6,217,062.00	6,310,264.00	39,557.00	38,340.00	Property Rate Allowance	0.80
10. Charges	26,998,370.00	57,690,333.00	193,468.00	325,192.00	First Rate Semester in Effect	2014/07
11. Fixed Costs		844,866.00		0.00	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,215.23		55.93	998.96	204.24	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	658.29	55.24	Cost Report DRI Index	2.0500
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	38,340.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		38,340.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		40,883.53
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		731
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		55.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		57.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		55.93
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		55.93
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		55.93
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		325,192.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		444.86
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		474.37
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		55.93
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(19.13)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>36.80</b>



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**102342 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Kindred Hospital-Bay Area-Tampa**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Hillsborough (29)  
 District: 6

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**102369 - 2016/07**

**Outpatient Rate: 79.75**

**County Billing ONLY**

**Smith Hospital**

Type of Control: Proprietary

County: Out of State (69)

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

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,143,394.00	19,249,378.00	431,785.00	9,553.00	Total Bed Days	14,965
2. Routine	3,398,264.00		240,109.00		Total Inpatient Days	9,050
3. Special Care	2,165,046.00		96,458.00		Total Newborn Days	1,217
4. Newborn Routine	1,143,483.00		43,221.00		Medicaid Inpatient Days	633
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2
6. Home Health					Medicare Inpatient Days	4,793
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.1547807713
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	91
9. Total Cost	18,850,187.00	19,249,378.00	811,573.00	9,553.00	Property Rate Allowance	0.80
10. Charges	64,559,751.00	84,883,770.00	2,569,975.00	27,503.00	First Rate Semester in Effect	2012/07
11. Fixed Costs		3,958,704.00		157,586.89	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,189.31		121.23	998.96	204.24	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	425.17	119.73	Cost Report DRI Index	1.8930
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	9,553.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,553.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		11,031.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		91
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		121.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		124.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		121.23
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		121.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		121.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	27,503.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	302.23	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	349.01	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	121.23	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(41.47)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>79.75</b>



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

**County Billing ONLY**

**St. Anthony's Rehabilitation Hospital**

Type of Control: Nonprofit (Church)

County: Broward (6)

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

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>





**Florida Agency for Health Care Administration**  
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**102474 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**South Baldwin Hospital**

Type of Control: Government

County: Out of State (69)

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

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,868,885.00	5,636,580.00	241,995.00	0.00	Total Bed Days	31,390
2. Routine	5,107,846.00		225,019.00		Total Inpatient Days	17,535
3. Special Care	1,254,569.00		20,300.00		Total Newborn Days	727
4. Newborn Routine	134,013.00		9,464.00		Medicaid Inpatient Days	799
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10
6. Home Health					Medicare Inpatient Days	10,561
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	2.0278293135
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	12,365,313.00	5,636,580.00	496,778.00	0.00	Property Rate Allowance	0.80
10. Charges	20,516,190.00	13,901,052.00	847,097.00	0.00	First Rate Semester in Effect	1996/07
11. Fixed Costs		847,729.00		35,002.05	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,157.48		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.0780
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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**102521 - 2016/07**

**Outpatient Rate: 91.71**

**County Billing ONLY**

**Memorial Hospital West**

Type of Control: Government  
 Fiscal Year: 5/1/2014 - 4/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,935,065.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,935,065.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,169,306.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		30,711
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		200.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		139.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		139.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		139.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		139.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	44,427,950.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,446.65	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,503.74	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	139.39	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(47.69)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>91.71</b>



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**102539 - 2016/07**  
**Outpatient Rate: 46.40**

**County Billing ONLY**

**Englewood Community Hospital**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Sarasota (58)  
 District: 8

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	386,209.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		386,209.50
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		402,600.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,722
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		147.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		70.52
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		70.52
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0162) for Sarasota (58)		229.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		206.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		206.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		70.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		70.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	5,233,869.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,922.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,004.41	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	70.52	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(24.13)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>46.40</b>



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**102555 - 2016/07**

**Outpatient Rate: 52.32**

**County Billing ONLY**

**Southeast Georgia Medical Center**

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

Type of Action: Unaudited Cost Report

County: Out of State (69)  
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	58,033,527.00	51,461,127.00	4,164,305.00	7,564.00	Total Bed Days	115,340
2. Routine	29,189,214.00		2,523,270.00		Total Inpatient Days	56,205
3. Special Care	7,315,996.00		469,750.00		Total Newborn Days	3,372
4. Newborn Routine	2,153,977.00		206,326.00		Medicaid Inpatient Days	4,978
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	323
6. Home Health					Medicare Inpatient Days	25,575
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.1880434783
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	113
9. Total Cost	96,692,714.00	51,461,127.00	7,363,651.00	7,564.00	Property Rate Allowance	0.80
10. Charges	268,135,034.00	205,214,093.00	20,742,601.00	26,511.00	First Rate Semester in Effect	2011/01
11. Fixed Costs		13,138,604.00		1,016,386.47	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,422.53		79.53	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	792.38	78.54	Cost Report DRI Index	1.8400
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	7,564.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,564.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		8,986.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		113
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		79.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		81.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		79.53
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		79.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		79.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	26,511.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	234.61	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	278.73	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	79.53	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(27.21)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>52.32</b>



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**102598 - 2016/07**

**Outpatient Rate: 78.60**

**County Billing ONLY**

**Edward White Hospital**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 11/23/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Pinellas (52)  
 District: 5

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	323,129.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		323,129.28
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		337,164.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,822
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		133.26
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.48
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		119.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		119.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	5,004,248.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,773.30	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,850.32	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	119.48	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.87)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>78.60</b>



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**102601 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Florida Hospital Wauchula**

Type of Control: Nonprofit (Church)

County: Hardee (25)

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

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,265,242.00	9,418,046.00	20,285.00	958,770.00	Total Bed Days	9,125
2. Routine	717,098.00		18,932.00		Total Inpatient Days	1,170
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	33
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	834
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(55,554.45)	(175,437.55)	(730.53)	(17,859.78)	Medicaid Paid Claims	9,517
9. Total Cost	2,926,785.55	9,242,608.45	38,486.47	940,910.22	Property Rate Allowance	1.00
10. Charges	19,997,922.00	52,488,944.00	171,255.00	6,954,046.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		758,217.00		0.00	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	Inflation / FPLI Data (H)		
			IP (G)	OP (G)	
1. Normalized Rate	2,014.33	107.45	County Ceiling Base	Exempt	
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	791.00	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,653.40	
				216.93	
				Semester DRI Index	2.1860
				Cost Report DRI Index	2.0970
				FPLI Year Used	2015
				FPLI	0.9592

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	940,910.22
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		940,910.22
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		980,843.94
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		9,517
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		115.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.06
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9592) for Hardee (25)		216.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		6,954,046.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		730.70
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		761.71
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**102679 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Kindred Hosp. - North Fla**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Clay (10)  
 District: 4

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

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,295.47		0.00	925.56	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	632.45	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,708.21	224.12	FPLI	0.9910

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Clay (10)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**102687 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**HealthSouth Rehab - Dothan**

Type of Control: Proprietary

County: Out of State (69)

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

Type of Action: Unaudited Cost Report

District: 0

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,595,804.00	131,417.00	0.00	0.00	Total Bed Days	14,274
2. Routine	5,530,760.00		0.00		Total Inpatient Days	13,485
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	119
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,355
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0843253968
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	10,126,564.00	131,417.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	20,411,751.00	583,541.00	0.00	0.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	880,253.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	743.49		0.00	County Ceiling Base	998.96	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	584.84	Exempt	Cost Report DRI Index	2.0160
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>





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

**102709 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**HealthSouth Rehabilitation Hospital of Miami**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2016 through June 30, 2017

**102717 - 2016/07**

**Outpatient Rate: 39.33**

**County Billing ONLY**

**Brooks Rehabilitation Hospital**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Duval (16)  
 District: 4

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,106,247.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,106,247.65
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,153,198.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,291
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		59.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		64.14
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		59.78
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		229.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.98
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.98
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		59.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		59.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,746,140.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	142.35	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	148.40	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	59.78	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(20.45)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>39.33</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**102750 - 2016/07**  
**Outpatient Rate: 12.52**

**County Billing ONLY**

**HealthSouth Emerald Coast Rehabilitation Hospital**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Bay (3)  
 District: 2

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		52.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9502) for Bay (3)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**102768 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Kindred Hospital-Bay Area-St Petersburg**

Type of Control: Proprietary

County: Pinellas (52)

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

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,297,405.00	0.00	31,245.00	0.00	Total Bed Days	29,930
2. Routine	11,524,844.00		18,387.00		Total Inpatient Days	18,628
3. Special Care	3,136,663.00		9,750.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	33
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(449,668.00)	0.00	(955.05)	0.00	Medicaid Paid Claims	0
9. Total Cost	27,509,244.00	0.00	58,426.95	0.00	Property Rate Allowance	0.80
10. Charges	145,636,891.00	0.00	313,766.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,599,744.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**102776 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Douglas Gardens Hospital**

Type of Control: Nonprofit (Other)

County: Dade (13)

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

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
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**103144 - 2016/07**  
**Outpatient Rate: 72.71**

**County Billing ONLY**

**Physicians Regional Medical Center - Pine Ridge**

Type of Control: Proprietary  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: General

Type of Action: Amended Cost Report

County: Collier (11)  
 District: 8

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,353,797.81
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,353,797.81
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,409,910.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,544
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		133.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.52
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.52
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0447) for Collier (11)		236.26
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,229,702.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,539.24	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,603.03	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	110.52	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.81)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>72.71</b>



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 For Rate Semester July 01, 2016 through June 30, 2017

**103179 - 2016/07**

**Outpatient Rate: 51.33**

**County Billing ONLY**

**The Villages Regional Hospital**

Type of Control: Nonprofit (Other)

County: Sumter (60)

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

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	512,095.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		512,095.43
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		533,066.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,691
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		93.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		78.02
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		78.02
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9483) for Sumter (60)		214.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		183.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		78.02
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		78.02
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,468,921.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	785.26	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	817.42	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	78.02	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(26.69)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>51.33</b>



**Florida Agency for Health Care Administration**  
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**103209 - 2016/07**

**Outpatient Rate: 38.04**

**County Billing ONLY**

**Wuesthoff Medical Center Melbourne**

Type of Control: Proprietary  
 Fiscal Year: 10/1/2014 - 6/6/2015  
 Hospital Classification: General

Type of Action: Amended Cost Report

County: Brevard (5)  
 District: 7

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	322,935.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		322,935.58
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		336,160.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,814
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		57.82
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		103.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		57.82
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		57.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		57.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,397,535.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	756.37	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	787.35	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	57.82	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(19.78)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>38.04</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**103233 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Sacred Heart Hospital on the Emerald Coast**

Type of Control: Nonprofit (Church)

County: Walton (66)

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

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	798,362.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		798,362.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		831,056.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,796
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		94.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		115.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		94.48
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9502) for Walton (66)		214.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,414,558.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	842.95	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	877.47	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**103284 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Sister Emmanuel Hospital**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

	IP (F)			OP (F)			IP (G)			OP (G)		Inflation / FPLI Data (H)	
1. Normalized Rate	1,266.31	0.00	County Ceiling Base	1,067.98	Exempt	Semester DRI Index	2.1860						
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	880.49	Exempt	Cost Report DRI Index	2.0990						
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015						
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263						

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**103373 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Select Specialty Hospital-Miami**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**103390 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Select Specialty Hospital - Orlando (South Campus)**

Type of Control: Government  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Orange (48)  
 District: 7

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0046) for Orange (48)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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**103411 - 2016/07**

**Outpatient Rate: 139.50**

**County Billing ONLY**

**Charlton Memorial Hospital**

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

Type of Action: Unaudited Cost Report

County: Out of State (69)  
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	571,735.00	5,145,817.00	20,873.00	257,965.00	Total Bed Days	5,490
2. Routine	987,901.00		57,473.00		Total Inpatient Days	1,066
3. Special Care	554,637.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	78
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	630
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0870213824
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	250
9. Total Cost	2,114,273.00	5,145,817.00	78,346.00	257,965.00	Property Rate Allowance	0.80
10. Charges	2,382,846.00	14,593,842.00	83,552.00	544,014.00	First Rate Semester in Effect	2013/07
11. Fixed Costs		173,254.00		0.00	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,979.30		1,121.65	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	217.14	835.33	Cost Report DRI Index	2.0110
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	257,965.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		257,965.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		280,413.47
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		250
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		1,121.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		867.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		867.20
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		212.04
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		212.04
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		544,014.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,176.06
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		2,365.42
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		212.04
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(72.54)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>139.50</b>



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**103420 - 2016/07**

**Outpatient Rate: 76.58**

**County Billing ONLY**

**Lakewood Ranch Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Manatee (41)  
 District: 6

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	643,031.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		643,031.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		670,322.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,759
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		116.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		128.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.40
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9928) for Manatee (41)		224.53
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		116.40
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		116.40
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	6,532,704.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,134.35	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,182.49	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	116.40	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.82)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>76.58</b>



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**103438 - 2016/07**  
**Outpatient Rate: 12.52**

**County Billing ONLY**

**Select Specialty Hospital-Panama City**

Type of Control: Proprietary  
 Fiscal Year: 8/1/2014 - 7/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Bay (3)  
 District: 2

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9502) for Bay (3)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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**103454 - 2016/07**

**Outpatient Rate: 84.11**

**County Billing ONLY**

**Memorial Hospital Miramar**

Type of Control: Government  
 Fiscal Year: 5/1/2014 - 4/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,434,559.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,434,559.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,530,644.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,239
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		166.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.84
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.84
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		127.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		127.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	15,753,492.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,033.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,074.56	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	127.84	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(43.73)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>84.11</b>





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**103462 - 2016/07**

**Outpatient Rate: 55.91**

**County Billing ONLY**

**St Cloud Regional Medical Center**

Type of Control: Proprietary

County: Osceola (49)

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

Type of Action: Amended Cost Report

District: 7

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,366,780.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,366,780.18
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,424,788.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,081
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		84.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		84.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9813) for Osceola (49)		221.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		84.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		84.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,118,478.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,085.88	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,131.96	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	84.99	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.07)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>55.91</b>



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

**103535 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Kindred Hospital Ocala**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Marion (42)  
 District: 3

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9441) for Marion (42)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**103543 - 2016/07**

**Outpatient Rate: 152.70**

**County Billing ONLY**

**Doctors Hospital**

Type of Control: Nonprofit (Other)

County: Dade (13)

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

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	480,944.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		480,944.29
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		500,878.61
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,324
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		378.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		259.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		259.46
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		232.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		232.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,230,616.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,684.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,754.59
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		232.10
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(79.40)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>152.70</b>



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

**103551 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**HealthSouth Rehabilitation Hospital of Spring Hill**

Type of Control: Proprietary

County: Hernando (27)

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

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		42.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9635) for Hernando (27)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.30
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**103560 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Healthsouth Ridgeland Hospital**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Sarasota (58)  
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,050,785.00	2,821.00	70,369.00	0.00	Total Bed Days	103,560
2. Routine	11,839,846.00		110,831.00		Total Inpatient Days	14,600
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	116
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,425
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(165,739.25)	(24.75)	(1,589.78)	0.00	Medicaid Paid Claims	0
9. Total Cost	18,724,891.75	2,796.25	179,610.22	0.00	Property Rate Allowance	0.80
10. Charges	51,881,738.00	22,558.00	484,472.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,312,292.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0162) for Sarasota (58)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**County Billing ONLY**

**Select Specialty Hospital Pensacola Inc**

Type of Control: Proprietary  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Escambia (17)  
 District: 1

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

**Ceiling and Target Information**

	IP (F)		OP (F)			IP (G)		OP (G)		Inflation / FPLI Data (H)	
1. Normalized Rate	998.49	0.00			County Ceiling Base	1,555.74	Exempt			Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07			Variable Cost Base	1,018.47	Exempt			Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,723.73	226.15			FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158			County Ceiling	1,654.09	217.02			FPLI	0.9596

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9596) for Escambia (17)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**County Billing ONLY**

**BayCare Alliant Hospital**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Pinellas (52)  
 District: 5

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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**103730 - 2016/07**

**Outpatient Rate: 68.62**

**County Billing ONLY**

**St. Vincent's Medical Center Southside**

Type of Control: Nonprofit (Church)

County: Duval (16)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	792,819.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		792,819.74
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		825,287.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		149.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		104.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.30
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		229.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		204.98
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		204.98
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		104.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	83,989,376.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	15,204.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	15,827.11	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	104.30	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.68)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>68.62</b>





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**103748 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Select Specialty Hospital - Tallahassee**

Type of Control: Proprietary

County: Leon (37)

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

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9581) for Leon (37)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**103764 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Select Specialty Hospital-Palm Beach**

Type of Control: Proprietary  
 Fiscal Year: 12/1/2013 - 11/30/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**103772 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Select Speciality Hospital Gainesville Inc.**

Type of Control: Proprietary  
 Fiscal Year: 8/1/2014 - 7/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Alachua (1)  
 District: 3

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9583) for Alachua (1)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	0.00	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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**104591 - 2016/07**

**Outpatient Rate: 44.18**

**County Billing ONLY**

**Northwest Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,386,921.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,386,921.69
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,445,784.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		21,531
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		67.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		71.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		67.15
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		67.15
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		67.15
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	18,869,409.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	876.38	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	913.58	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	67.15	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(22.97)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>44.18</b>



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**104604 - 2016/07**

**Outpatient Rate: 72.88**

**County Billing ONLY**

**Palmetto General Hospital**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	5,161,671.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,161,671.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		5,380,740.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		48,575
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	51,647,821.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,063.26	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,108.39	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	110.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.90)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>72.88</b>



**Florida Agency for Health Care Administration**  
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**105520 - 2016/07**

**Outpatient Rate: 37.87**

**County Billing ONLY**

**Medical Center of Trinity**

Type of Control: Proprietary  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: Special IP

Type of Action: Unaudited Cost Report

County: Pasco (51)  
 District: 5

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,231,045.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,231,045.25
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,281,459.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,650
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		57.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		57.56
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9827) for Pasco (51)		222.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.99
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		57.56
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		57.56
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	22,720,817.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,950.28	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,030.15	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	57.56	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(19.69)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>37.87</b>



**Florida Agency for Health Care Administration**  
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**106470 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Specialty Hospital Jacksonville**

Type of Control: Proprietary

County: Duval (16)

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

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: General

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	<b>Reimbursed by Diagnosis Related Groups</b>	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0146) for Duval (16)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**108219 - 2016/07**

**Outpatient Rate: 81.73**

**County Billing ONLY**

**Broward Health Imperial Point**

Type of Control: Government  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	497,179.93
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		497,179.93
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		517,540.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,166
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		141.18
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		124.23
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		124.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		124.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,660,505.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	638.62	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	664.78	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	124.23	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(42.50)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>81.73</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**108227 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Lake Butler Hospital**

Type of Control: Proprietary

County: Union (63)

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

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Rural Hospital

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

**Ceiling and Target Information**

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

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	403,346.14
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		403,346.14
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		420,464.79
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,731
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.66
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.69
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9541) for Union (63)		215.77
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,404,193.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		376.36
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		392.33
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**108626 - 2016/07**

**Outpatient Rate: 86.10**

**County Billing ONLY**

**North Florida Regional Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 3/1/2014 - 2/28/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Alachua (1)  
 District: 3

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,823,880.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,823,880.35
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,936,728.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,441
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		130.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		136.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		130.86
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9583) for Alachua (1)		216.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		182.30
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		182.30
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		130.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		130.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	51,559,013.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,297.54	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,389.35	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	130.86	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(44.77)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>86.10</b>



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**109592 - 2016/07**

**Outpatient Rate: 59.26**

**County Billing ONLY**

**Bayfront Health Dade City**

Type of Control: Proprietary  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Pasco (51)  
 District: 5

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,067,539.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,067,539.48
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,111,787.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,287
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		176.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		90.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		90.07
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9827) for Pasco (51)		222.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.99
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		90.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		90.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,465,623.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,823.70	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,899.29	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	90.07	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.81)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>59.26</b>



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**109606 - 2016/07**

**Outpatient Rate: 75.23**

**County Billing ONLY**

**Coral Gables Hospital**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,085,371.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,085,371.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,131,435.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,894
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.36
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		145.22
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.36
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		114.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		114.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	12,382,966.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,251.56	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,304.68	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	114.36	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.12)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>75.23</b>



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**109886 - 2016/07**  
**Outpatient Rate: 41.85**

**County Billing ONLY**

**Ocala Regional Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Marion (42)  
 District: 3

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

**Ceiling and Target Information**

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

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,836,194.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,836,194.03
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,912,301.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,695
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		63.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		63.61
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9441) for Marion (42)		213.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		181.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		181.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		63.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		63.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	22,891,122.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,224.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,275.20	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	63.61	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(21.76)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>41.85</b>



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**110213 - 2016/07**  
**Outpatient Rate: 62.97**

**County Billing ONLY**

**Blake Memorial Hospital**

Type of Control: Proprietary  
 Fiscal Year: 5/1/2014 - 4/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Manatee (41)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,303,556.00	38,060,547.00	2,423,032.00	919,416.00	Total Bed Days	139,795
2. Routine	45,252,118.00		1,436,869.00		Total Inpatient Days	75,772
3. Special Care	11,018,190.00		438,209.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,647
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	37,392
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(2,300,007.59)	(650,494.41)	(73,459.18)	(15,713.78)	Medicaid Paid Claims	8,204
9. Total Cost	132,273,856.41	37,410,052.59	4,224,650.82	903,702.22	Property Rate Allowance	0.80
10. Charges	1,041,690,167.00	376,380,695.00	33,250,211.00	10,918,452.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		13,909,308.00		443,977.91	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,495.42		115.33	County Ceiling Base	1,009.66	192.06
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	789.04	92.20	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,711.32	224.53	FPLI	0.9928

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	903,702.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		903,702.22
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		939,369.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,204
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		95.72
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		95.72
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9928) for Manatee (41)		224.53
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		95.72
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		95.72
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,918,452.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,330.87	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,383.40	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	95.72	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(32.74)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>62.97</b>



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**111325 - 2016/07**

**Outpatient Rate: 40.11**

**County Billing ONLY**

**Ft. Walton Beach Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Okaloosa (46)  
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,082,548.00	48,001,583.00	4,251,349.00	3,225,093.00	Total Bed Days	93,805
2. Routine	31,603,648.00		1,838,895.00		Total Inpatient Days	58,960
3. Special Care	11,311,777.00		2,053,550.00		Total Newborn Days	2,192
4. Newborn Routine	786,527.00		261,221.00		Medicaid Inpatient Days	6,571
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	54
6. Home Health					Medicare Inpatient Days	26,721
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(1,731,420.94)	(915,475.06)	(160,298.50)	(61,508.23)	Medicaid Paid Claims	18,052
9. Total Cost	89,053,079.06	47,086,107.94	8,244,716.50	3,163,584.77	Property Rate Allowance	0.80
10. Charges	978,275,092.00	733,415,716.00	84,135,620.00	51,304,094.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	11,198,589.00		963,124.01		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,166.08		185.93	County Ceiling Base	976.00	180.34
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	751.80	58.73	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,690.46	221.79	FPLI	0.9807

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,163,584.77
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,163,584.77
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,291,573.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,052
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		182.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		60.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		60.97
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9807) for Okaloosa (46)		221.79
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		187.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		60.97
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		60.97
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	51,304,094.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,842.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,957.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	60.97	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(20.86)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>40.11</b>



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**111341 - 2016/07**

**Outpatient Rate: 77.69**

**County Billing ONLY**

**Gulf Coast Medical Center Lee Memorial Health System**

Type of Control: Proprietary

County: Lee (36)

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

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	123,564,060.00	65,375,305.00	3,793,771.00	1,452,161.00	Total Bed Days	127,385
2. Routine	91,450,817.00		4,549,651.00		Total Inpatient Days	106,701
3. Special Care	19,659,473.00		926,703.00		Total Newborn Days	3,298
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	5,787
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	62
6. Home Health					Medicare Inpatient Days	50,908
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(3,389,218.49)	(944,164.51)	(133,881.18)	(20,972.43)	Medicaid Paid Claims	10,828
9. Total Cost	231,285,131.51	64,431,140.49	9,136,243.82	1,431,188.57	Property Rate Allowance	0.80
10. Charges	1,105,712,556.00	435,684,865.00	35,971,796.00	13,875,772.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	38,966,235.00		1,267,676.17		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,390.75		136.64	County Ceiling Base	1,032.95	193.58
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	988.04	113.74	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,736.48	227.83	FPLI	1.0074

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,431,188.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,431,188.57
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,490,508.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,828
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		137.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.08
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0074) for Lee (36)		227.83
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		118.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,875,772.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,281.47	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,334.59	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	118.08	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.40)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>77.69</b>





**Florida Agency for Health Care Administration**  
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**111741 - 2016/07**

**Outpatient Rate: 72.71**

**County Billing ONLY**

**Orange Park Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Clay (10)  
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	61,772,111.00	47,590,686.00	4,116,241.00	2,314,944.00	Total Bed Days	108,405
2. Routine	51,712,463.00		2,243,081.00		Total Inpatient Days	74,809
3. Special Care	13,470,407.00		2,070,964.00		Total Newborn Days	3,967
4. Newborn Routine	1,664,102.00		207,228.00		Medicaid Inpatient Days	5,394
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	65
6. Home Health					Medicare Inpatient Days	28,023
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(2,145,434.23)	(793,837.77)	(144,078.29)	(38,614.49)	Medicaid Paid Claims	16,836
9. Total Cost	126,473,648.77	46,796,848.23	8,493,435.71	2,276,329.51	Property Rate Allowance	0.80
10. Charges	1,405,507,989.00	755,234,602.00	90,420,813.00	41,524,651.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	19,702,104.00		1,267,499.21		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,390.40		142.02	County Ceiling Base	925.56	186.45
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	874.31	106.46	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,708.21	224.12	FPLI	0.9910

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,276,329.51
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,276,329.51
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,369,550.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,836
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		140.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.53
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9910) for Clay (10)		224.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		193.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	41,524,651.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,466.42	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,567.43	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	110.53	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.81)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>72.71</b>



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**112305 - 2016/07**

**Outpatient Rate: 43.90**

**County Billing ONLY**

**Westside Regional Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 2/1/2014 - 1/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	63,087,922.00	28,500,734.00	2,911,536.00	625,966.00	Total Bed Days	81,760
2. Routine	36,971,492.00		1,161,327.00		Total Inpatient Days	62,969
3. Special Care	17,209,471.00		797,005.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,222
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,876
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(2,048,071.80)	(497,758.20)	(85,051.03)	(10,932.34)	Medicaid Paid Claims	7,705
9. Total Cost	115,220,813.20	28,002,975.80	4,784,816.97	615,033.66	Property Rate Allowance	0.80
10. Charges	1,028,241,061.00	314,710,672.00	35,880,004.00	8,071,853.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	9,830,439.00		343,028.70		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,016.72		80.53	County Ceiling Base	1,030.24	215.14
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	967.09	64.28	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	615,033.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		615,033.66
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		640,525.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,705
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		83.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		66.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		66.73
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.35
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		66.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		66.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	8,071,853.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,047.61	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,091.03	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	66.73	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(22.83)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>43.90</b>



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**112798 - 2016/07**

**Outpatient Rate: 114.12**

**County Billing ONLY**

**Memorial Hospital Of Tampa**

Type of Control: Proprietary  
 Fiscal Year: 11/1/2014 - 10/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Hillsborough (29)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,270,893.00	23,889,481.00	310,340.00	280,054.00	Total Bed Days	66,795
2. Routine	20,309,414.00		543,333.00		Total Inpatient Days	27,355
3. Special Care	3,160,977.00		26,735.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	777
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,983
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(644,670.84)	(344,220.16)	(12,685.67)	(4,035.26)	Medicaid Paid Claims	1,654
9. Total Cost	44,096,613.16	23,545,260.84	867,722.33	276,018.74	Property Rate Allowance	0.80
10. Charges	303,476,542.00	281,769,448.00	5,623,723.00	3,101,889.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	6,910,062.00		128,050.34		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	980.02		171.80	County Ceiling Base	988.33	190.95
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	732.03	171.72	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	276,018.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		276,018.74
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		286,912.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,654
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		173.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		178.28
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		173.47
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		173.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		173.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,101,889.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,875.39	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,949.40	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	173.47	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(59.34)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>114.12</b>



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**112801 - 2016/07**

**Outpatient Rate: 54.77**

**County Billing ONLY**

**University Hospital and Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 5/1/2014 - 4/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,288,132.00	20,588,127.00	909,015.00	709,451.00	Total Bed Days	115,705
2. Routine	41,057,329.00		1,382,796.00		Total Inpatient Days	54,034
3. Special Care	5,801,398.00		277,643.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,173
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,632
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(1,074,650.09)	(294,423.92)	(36,744.90)	(10,145.62)	Medicaid Paid Claims	7,284
9. Total Cost	74,072,208.92	20,293,703.09	2,532,709.10	699,305.38	Property Rate Allowance	0.80
10. Charges	610,164,604.00	280,347,694.00	20,409,386.00	11,196,567.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	6,601,953.00		220,828.62		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,071.30		96.67	1,030.24	215.14	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	559.44	80.19	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) : Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	699,305.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		699,305.38
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		726,905.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,284
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		83.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		83.25
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.35
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		83.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		83.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,196,567.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,537.15	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,597.81	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	83.25	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(28.48)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>54.77</b>



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**113212 - 2016/07**

**Outpatient Rate: 58.66**

**County Billing ONLY**

**West Florida Hospital**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Escambia (17)  
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,189,176.00	54,177,738.00	3,290,590.00	2,075,489.00	Total Bed Days	187,975
2. Routine	44,366,128.00		1,510,025.00		Total Inpatient Days	75,243
3. Special Care	10,852,911.00		612,427.00		Total Newborn Days	1,299
4. Newborn Routine	576,714.00		88,350.00		Medicaid Inpatient Days	4,923
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	6
6. Home Health					Medicare Inpatient Days	36,669
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(2,064,040.07)	(909,257.93)	(92,329.15)	(34,832.66)	Medicaid Paid Claims	12,287
9. Total Cost	120,920,888.93	53,268,480.07	5,409,062.85	2,040,656.34	Property Rate Allowance	0.80
10. Charges	898,564,646.00	602,227,893.00	47,951,233.00	24,293,768.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	14,927,477.00		796,593.69		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,014.63		180.08	977.70	191.62	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	749.62	85.88	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,654.09	217.02	FPLI	0.9596

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,040,656.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,040,656.34
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,123,215.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,287
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		172.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		89.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.16
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9596) for Escambia (17)		217.02
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.93
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.93
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		89.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		89.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	24,293,768.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,977.19	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,057.18	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	89.16	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.50)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>58.66</b>



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**113514 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Putnam Community Hospital**

Type of Control: Proprietary

County: Putnam (54)

Fiscal Year: 5/1/2015 - 8/31/2015

Type of Action: Unaudited Cost Report

District: 3

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,396,549.00	8,039,413.00	330,649.00	280,343.00	Total Bed Days	12,177
2. Routine	3,998,443.00		121,935.00		Total Inpatient Days	6,478
3. Special Care	962,272.00		29,400.00		Total Newborn Days	167
4. Newborn Routine	18,252.00		4,262.00		Medicaid Inpatient Days	214
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,451
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0350378788
8. Adjustments	(151,014.91)	(117,013.09)	(7,077.28)	(4,080.37)	Medicaid Paid Claims	2,853
9. Total Cost	10,224,501.09	7,922,399.91	479,168.72	276,262.63	Property Rate Allowance	1.00
10. Charges	53,695,079.00	61,515,367.00	1,767,830.00	2,821,032.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		1,695,189.00		55,811.56	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	IP (G)		OP (G)		Inflation / FPLI Data (H)	
1. Normalized Rate	2,147.93	105.13	County Ceiling Base	Exempt	Exempt	Semester DRI Index		2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,582.48	107.61	Cost Report DRI Index		2.1120
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used		2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,643.23	215.59	FPLI		0.9533

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	276,262.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		276,262.63
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		285,942.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,853
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		111.72
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		100.23
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9533) for Putnam (54)		215.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,821,032.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	988.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,023.44	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**115193 - 2016/07**

**Outpatient Rate: 64.31**

**County Billing ONLY**

**Northside Hospital**

Type of Control: Proprietary

County: Pinellas (52)

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

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: CHEP

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	51,988,338.00	32,472,545.00	2,829,940.00	609,476.00	Total Bed Days	77,551
2. Routine	33,342,593.00		1,588,371.00		Total Inpatient Days	49,643
3. Special Care	16,066,010.00		1,216,774.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,845
5. Intern-Resident	0.00		235,360.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,670
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,526,872.46)	(488,983.54)	(88,399.32)	(9,177.71)	Medicaid Paid Claims	6,396
9. Total Cost	99,870,068.54	31,983,561.46	5,782,045.68	600,298.29	Property Rate Allowance	0.80
10. Charges	992,383,875.00	466,984,311.00	45,738,047.00	13,281,671.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		8,798,007.00		405,491.93	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,952.34		96.96	County Ceiling Base	986.27	193.25
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	649.41	100.44	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	600,298.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		600,298.29
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		625,179.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,396
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		97.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		104.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		97.75
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		97.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		97.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,281,671.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,076.56	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,162.63	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	97.75	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.44)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>64.31</b>



**Florida Agency for Health Care Administration**  
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**116483 - 2016/07**  
**Outpatient Rate: 145.48**

**County Billing ONLY**

**Anne Bates Leach Eye Hospital**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	493,512.00	99,923,188.00	2,706.00	3,644,053.00	Total Bed Days	20,440
2. Routine	4,618,329.00		16,036.00		Total Inpatient Days	215
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	55
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(52,539.84)	(1,027,017.16)	(192.63)	(37,453.82)	Medicaid Paid Claims	7,368
9. Total Cost	5,059,301.16	98,896,170.84	18,549.37	3,606,599.18	Property Rate Allowance	0.80
10. Charges	2,906,542.00	393,514,692.00	17,344.00	16,369,287.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,921,284.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	Inflation / FPLI Data (H)		
			IP (G)	OP (G)	
1. Normalized Rate	5,366.12	496.25	County Ceiling Base	Exempt	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,592.49	213.00
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10
			Semester DRI Index		2.1860
			Cost Report DRI Index		2.1010
			FPLI Year Used		2015
			FPLI		1.0263

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,606,599.18
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		3,606,599.18
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,752,511.10
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		7,368
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		509.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		221.13
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		221.13
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		221.13
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		16,369,287.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,221.67
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		2,311.56
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		221.13
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(75.65)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>145.48</b>





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**117463 - 2016/07**

**Outpatient Rate: 72.66**

**County Billing ONLY**

**Fawcett Memorial Hospital**

Type of Control: Proprietary

County: Charlotte (8)

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

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	53,079,470.00	29,236,461.00	1,519,275.00	759,105.00	Total Bed Days	86,505
2. Routine	35,276,123.00		1,217,669.00		Total Inpatient Days	57,436
3. Special Care	8,431,269.00		255,448.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,053
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	33,192
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,581,180.06)	(477,627.94)	(48,885.88)	(12,401.29)	Medicaid Paid Claims	6,091
9. Total Cost	95,205,681.94	28,758,833.06	2,943,506.12	746,703.71	Property Rate Allowance	0.80
10. Charges	982,954,453.00	394,149,426.00	28,330,533.00	13,065,293.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		8,486,263.00		244,589.52	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,396.96		130.27	1,000.32	194.21	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	746.45	106.38	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,690.98	221.86	FPLI	0.9810

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	746,703.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		746,703.71
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		778,395.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,091
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		127.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		110.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		110.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9810) for Charlotte (8)		221.86
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		201.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		201.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		110.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		110.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,065,293.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,145.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,236.05	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	110.44	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.78)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>72.66</b>



**Florida Agency for Health Care Administration**  
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**117617 - 2016/07**  
**Outpatient Rate: 59.58**

**County Billing ONLY**

**Gulf Coast Regional Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 2/1/2014 - 1/31/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Bay (3)  
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,498,544.00	41,843,542.00	4,165,069.00	2,217,614.00	Total Bed Days	79,570
2. Routine	25,861,699.00		2,232,234.00		Total Inpatient Days	50,152
3. Special Care	15,072,286.00		3,806,098.00		Total Newborn Days	3,762
4. Newborn Routine	1,479,011.00		339,280.00		Medicaid Inpatient Days	6,866
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	40
6. Home Health					Medicare Inpatient Days	18,284
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,759,336.08)	(837,396.92)	(210,986.17)	(44,380.16)	Medicaid Paid Claims	24,991
9. Total Cost	86,152,203.92	41,006,145.08	10,331,694.83	2,173,233.84	Property Rate Allowance	0.80
10. Charges	821,855,912.00	598,712,202.00	75,334,109.00	37,484,310.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	10,850,609.00		994,603.74		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,481.86		95.31	County Ceiling Base	973.76	178.21
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	727.89	95.07	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,637.89	214.89	FPLI	0.9502

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,173,233.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,173,233.84
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,263,310.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,991
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		90.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		98.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		90.57
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9502) for Bay (3)		214.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		185.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		90.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		90.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	37,484,310.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,499.91	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,562.08	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	90.57	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.98)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>59.58</b>



**Florida Agency for Health Care Administration**  
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**118079 - 2016/07**

**Outpatient Rate: 65.11**

**County Billing ONLY**

**Brandon Regional Hospital**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Hillsborough (29)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	79,208,039.00	74,891,108.00	6,947,166.00	4,127,004.00	Total Bed Days	148,823
2. Routine	66,412,508.00		4,591,684.00		Total Inpatient Days	105,097
3. Special Care	26,724,175.00		3,830,362.00		Total Newborn Days	6,172
4. Newborn Routine	2,218,015.00		688,553.00		Medicaid Inpatient Days	10,250
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	61
6. Home Health					Medicare Inpatient Days	30,008
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(3,378,763.12)	(1,449,560.88)	(310,807.36)	(79,880.56)	Medicaid Paid Claims	42,630
9. Total Cost	171,183,973.88	73,441,547.12	15,746,957.64	4,047,123.44	Property Rate Allowance	0.80
10. Charges	1,677,174,949.00	1,104,629,807.00	113,376,161.00	71,278,239.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	17,452,275.00		1,179,764.78		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,458.59		98.01	County Ceiling Base	988.33	190.95
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	919.71	103.70	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	4,047,123.44
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,047,123.44
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		4,218,889.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		42,630
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		98.97
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		107.65
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		98.97
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		98.97
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		98.97
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	71,278,239.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,672.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,742.98	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	98.97	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.86)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>65.11</b>



**Florida Agency for Health Care Administration**  
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**119695 - 2016/07**

**Outpatient Rate: 68.73**

**County Billing ONLY**

**Lawnwood Regional Medical Center & Heart Institute**

Type of Control: Proprietary

County: St Lucie (56)

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

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	81,346,127.00	43,269,630.00	7,898,171.00	1,770,183.00	Total Bed Days	135,050
2. Routine	65,459,738.00		4,720,604.00		Total Inpatient Days	104,595
3. Special Care	22,835,338.00		3,195,203.00		Total Newborn Days	2,062
4. Newborn Routine	1,454,307.00		366,046.00		Medicaid Inpatient Days	9,465
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	16
6. Home Health					Medicare Inpatient Days	36,993
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(3,317,066.99)	(838,878.01)	(313,685.75)	(34,318.93)	Medicaid Paid Claims	17,305
9. Total Cost	167,778,443.01	42,430,751.99	15,866,338.25	1,735,864.07	Property Rate Allowance	0.80
10. Charges	1,691,572,010.00	571,349,498.00	145,842,783.00	26,870,463.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	16,887,014.00		1,455,952.87		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,606.54		106.03	County Ceiling Base	1,037.38	199.76
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	903.31	111.09	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,698.39	222.83	FPLI	0.9853

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,735,864.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,735,864.07
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,807,812.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,305
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		115.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.47
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9853) for St Lucie (56)		222.83
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		207.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		207.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		104.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	26,870,463.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,552.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,617.12	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	104.47	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.74)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>68.73</b>



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**119717 - 2016/07**

**Outpatient Rate: 56.04**

**County Billing ONLY**

**Cape Coral Hospital**

Type of Control: Government

County: Lee (36)

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

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	61,350,427.00	53,927,462.00	2,075,138.00	1,487,272.00	Total Bed Days	106,215
2. Routine	49,330,192.00		2,594,113.00		Total Inpatient Days	67,016
3. Special Care	9,113,947.00		529,086.00		Total Newborn Days	7,742
4. Newborn Routine	6,721,935.00		1,165,178.00		Medicaid Inpatient Days	3,873
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,342
6. Home Health					Medicare Inpatient Days	31,848
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,883,504.24)	(802,840.76)	(94,736.32)	(22,141.64)	Medicaid Paid Claims	13,254
9. Total Cost	124,632,996.76	53,124,621.24	6,268,778.68	1,465,130.36	Property Rate Allowance	0.80
10. Charges	616,412,654.00	390,973,843.00	19,957,548.00	13,232,936.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		13,418,582.00		434,452.46	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,156.57		114.28	County Ceiling Base	1,032.95	193.58
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,024.27	82.04	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,736.48	227.83	FPLI	1.0074

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,465,130.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,465,130.36
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,525,857.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,254
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		115.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		85.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		85.17
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0074) for Lee (36)		227.83
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.97
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.97
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		85.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		85.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	13,232,936.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	998.41	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,039.79	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	85.17	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.14)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>56.04</b>



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**119733 - 2016/07**

**Outpatient Rate: 50.59**

**County Billing ONLY**

**Venice Regional Bayfront Health**

Type of Control: Proprietary

County: Sarasota (58)

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

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	53,805,175.00	55,444,390.00	1,160,334.00	552,228.00	Total Bed Days	113,880
2. Routine	27,977,414.00		2,004,976.00		Total Inpatient Days	45,936
3. Special Care	8,114,654.00		376,274.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	941
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,257
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,092,974.66)	(674,095.35)	(43,058.73)	(6,714.01)	Medicaid Paid Claims	5,011
9. Total Cost	88,804,268.35	54,770,294.66	3,498,525.27	545,513.99	Property Rate Allowance	0.80
10. Charges	674,968,608.00	556,341,058.00	14,681,492.00	7,742,900.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	6,337,124.00		137,841.13		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	3,663.62		111.67	County Ceiling Base	1,001.35	198.78
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	665.11	74.07	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,751.65	229.82	FPLI	1.0162

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	545,513.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		545,513.99
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		568,666.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,011
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		76.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		76.90
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0162) for Sarasota (58)		229.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		206.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		206.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		76.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		76.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,742,900.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,545.18	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,610.76	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	76.90	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(26.31)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>50.59</b>



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**119741 - 2016/07**

**Outpatient Rate: 74.99**

**County Billing ONLY**

**Largo Medical Center**

Type of Control: Proprietary

County: Pinellas (52)

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

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: Statutory Teaching Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	83,166,068.00	43,961,053.00	2,814,172.00	1,159,471.00	Total Bed Days	127,312
2. Routine	58,310,278.00		2,614,797.00		Total Inpatient Days	95,503
3. Special Care	13,774,579.00		671,464.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,491
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,604
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0399619410
8. Adjustments	(2,409,916.05)	(682,394.95)	(94,695.29)	(17,998.14)	Medicaid Paid Claims	10,414
9. Total Cost	152,841,008.95	43,278,658.05	6,005,737.71	1,141,472.86	Property Rate Allowance	0.80
10. Charges	1,385,227,283.00	531,854,499.00	50,502,666.00	16,058,585.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	16,343,858.00		595,864.96		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,242.68		113.07	County Ceiling Base	986.27	193.25
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,175.33	110.41	Cost Report DRI Index	2.1020
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,141,472.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,141,472.86
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,187,088.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,414
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		114.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.99
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		113.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,058,585.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,542.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,603.64	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	113.99	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.00)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>74.99</b>



**Florida Agency for Health Care Administration**  
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**119750 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Raulerson Hospital**

Type of Control: Proprietary

County: Okeechobee (47)

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

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,919,524.00	18,060,799.00	1,171,764.00	1,251,456.00	Total Bed Days	36,500
2. Routine	14,933,181.00		865,219.00		Total Inpatient Days	21,572
3. Special Care	4,458,422.00		258,996.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,336
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,872
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(646,969.64)	(321,796.36)	(40,908.36)	(22,297.68)	Medicaid Paid Claims	13,231
9. Total Cost	35,664,157.36	17,739,002.64	2,255,070.64	1,229,158.32	Property Rate Allowance	1.00
10. Charges	267,107,646.00	198,128,630.00	17,368,723.00	14,244,248.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,267,108.00		277,469.47		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,585.43	99.50	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,431.35	97.44	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,672.88	219.48	FPLI	0.9705

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,229,158.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,229,158.32
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,277,670.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,231
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		96.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		101.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.57
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9705) for Okeechobee (47)		219.48
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	14,244,248.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,076.58	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,119.07	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>





**Florida Agency for Health Care Administration**  
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**119768 - 2016/07**  
**Outpatient Rate: 75.53**

**County Billing ONLY**

**Lake City Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 11/1/2014 - 10/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Columbia (12)  
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,320,034.00	21,131,880.00	377,626.00	753,970.00	Total Bed Days	24,455
2. Routine	12,802,554.00		362,184.00		Total Inpatient Days	18,026
3. Special Care	2,743,325.00		61,837.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	563
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,561
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(491,027.36)	(386,226.64)	(14,651.67)	(13,780.28)	Medicaid Paid Claims	5,456
9. Total Cost	26,374,885.64	20,745,653.36	786,995.33	740,189.72	Property Rate Allowance	0.80
10. Charges	186,252,325.00	252,458,484.00	5,827,373.00	10,924,102.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,799,706.00		150,170.89		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,257.91		150.87	County Ceiling Base	945.24	179.71
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	543.80	110.58	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,611.17	211.39	FPLI	0.9347

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	740,189.72
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		740,189.72
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		769,403.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,456
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		141.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		114.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.80
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9347) for Columbia (12)		211.39
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.56
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		186.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		114.80
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		114.80
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,924,102.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,002.22	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,081.24	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	114.80	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.27)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>75.53</b>



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**119784 - 2016/07**  
**Outpatient Rate: 12.52**

**County Billing ONLY**

**Florida State Hospital-Med**

Type of Control: Government  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Gadsden (20)  
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,360,063.00	0.00	0.00	0.00	Total Bed Days	8,760
2. Routine	2,488,473.00		0.00		Total Inpatient Days	2,325
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	12,848,536.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	12,848,536.00	0.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	50,545.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	6,142.07		0.00	County Ceiling Base	962.61	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	680.87	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,608.07	210.98	FPLI	0.9329

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9329) for Gadsden (20)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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**119806 - 2016/07**

**Outpatient Rate: 71.27**

**County Billing ONLY**

**Capital Regional Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 5/1/2014 - 4/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Leon (37)  
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,077,320.00	47,599,467.00	2,563,254.00	2,092,350.00	Total Bed Days	88,330
2. Routine	32,710,267.00		1,671,246.00		Total Inpatient Days	47,477
3. Special Care	4,578,061.00		325,905.00		Total Newborn Days	1,989
4. Newborn Routine	835,818.00		97,911.00		Medicaid Inpatient Days	2,947
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	37
6. Home Health					Medicare Inpatient Days	16,939
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(1,465,314.60)	(858,952.40)	(84,061.27)	(37,757.34)	Medicaid Paid Claims	19,384
9. Total Cost	79,736,151.40	46,740,514.60	4,574,254.73	2,054,592.66	Property Rate Allowance	0.80
10. Charges	605,512,205.00	478,613,927.00	31,133,809.00	24,446,337.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	12,915,736.00		664,092.41		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,421.66		115.00	County Ceiling Base	1,002.98	192.97
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	975.93	104.35	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,651.50	216.68	FPLI	0.9581

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,054,592.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,054,592.66
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,135,682.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,384
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		108.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		108.33
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9581) for Leon (37)		216.68
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		108.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		108.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	24,446,337.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,261.16	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,310.94	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	108.33	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(37.06)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>71.27</b>



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**119849 - 2016/07**

**Outpatient Rate: 69.07**

**County Billing ONLY**

**Tampa Community Hospital**

Type of Control: Proprietary  
 Fiscal Year: 11/1/2014 - 10/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Hillsborough (29)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,715,177.00	18,144,428.00	868,442.00	478,175.00	Total Bed Days	67,890
2. Routine	18,917,354.00		799,834.00		Total Inpatient Days	22,795
3. Special Care	3,564,295.00		183,548.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,037
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,996
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(596,890.21)	(276,303.79)	(28,199.62)	(7,281.66)	Medicaid Paid Claims	4,281
9. Total Cost	38,599,935.79	17,868,124.21	1,823,624.38	470,893.34	Property Rate Allowance	0.80
10. Charges	300,726,849.00	246,241,700.00	12,948,134.00	7,615,784.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	5,505,348.00		237,038.97		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,575.08		113.24	County Ceiling Base	976.78	189.88
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	672.02	101.12	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	470,893.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		470,893.34
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		489,478.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,281
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		104.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.98
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		104.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,615,784.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,778.97	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,849.18	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	104.98	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.91)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>69.07</b>



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**119881 - 2016/07**  
**Outpatient Rate: 67.39**

**County Billing ONLY**

**Regional Medical Center Bayonet Point**

Type of Control: Proprietary  
 Fiscal Year: 3/1/2014 - 2/28/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Pasco (51)  
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	65,116,064.00	34,702,175.00	3,134,636.00	1,025,108.00	Total Bed Days	99,787
2. Routine	37,802,592.00		1,982,575.00		Total Inpatient Days	65,640
3. Special Care	18,838,045.00		1,098,992.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,770
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,567
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0399619410
8. Adjustments	(2,069,888.13)	(589,943.87)	(105,676.69)	(17,427.04)	Medicaid Paid Claims	10,230
9. Total Cost	119,686,812.87	34,112,231.13	6,110,526.31	1,007,680.96	Property Rate Allowance	0.80
10. Charges	1,223,766,875.00	462,320,334.00	57,100,970.00	19,300,146.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		11,589,249.00		540,754.43	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,563.48		104.24	County Ceiling Base	893.96	190.71
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	869.89	103.22	Cost Report DRI Index	2.1020
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,693.91	222.24	FPLI	0.9827

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,007,680.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,007,680.96
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,047,949.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,230
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		107.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.44
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9827) for Pasco (51)		222.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.99
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.99
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		102.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		102.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	19,300,146.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,886.62	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,962.02	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	102.44	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.04)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>67.39</b>



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**119938 - 2016/07**  
**Outpatient Rate: 12.52**

**County Billing ONLY**

**Kindred Hospital-South Florida-Coral Gables**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,925,011.00	0.00	0.00	0.00	Total Bed Days	20,075
2. Routine	10,260,149.00		0.00		Total Inpatient Days	16,619
3. Special Care	1,802,082.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(384,402.00)	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	22,602,840.00	0.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	122,301,824.00	0.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,450,464.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,169.45		0.00	County Ceiling Base	1,067.98	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	896.04	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**119946 - 2016/07**

**Outpatient Rate: 65.31**

**County Billing ONLY**

**South Bay Hospital**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Hillsborough (29)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,124,780.00	18,479,705.00	414,132.00	298,991.00	Total Bed Days	40,880
2. Routine	23,282,388.00		330,016.00		Total Inpatient Days	32,406
3. Special Care	3,942,214.00		87,190.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	511
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,017
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(774,594.74)	(263,375.26)	(11,848.34)	(4,261.26)	Medicaid Paid Claims	3,092
9. Total Cost	53,574,787.26	18,216,329.74	819,489.66	294,729.74	Property Rate Allowance	0.80
10. Charges	497,714,638.00	234,892,964.00	7,409,808.00	5,189,030.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	5,349,113.00		79,635.79		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,493.38		98.32	County Ceiling Base	988.33	190.95
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	884.78	101.12	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	294,729.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		294,729.74
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		306,945.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,092
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		104.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.27
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		228.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		198.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		198.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		99.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		99.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	5,189,030.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,678.21	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,747.77	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	99.27	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.96)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>65.31</b>



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**119954 - 2016/07**  
**Outpatient Rate: 67.85**

**County Billing ONLY**

**Doctors Hospital Of Sarasota**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Sarasota (58)  
 District: 8

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,543,775.00	26,372,511.00	440,968.00	351,996.00	Total Bed Days	56,575
2. Routine	23,966,272.00		340,286.00		Total Inpatient Days	31,578
3. Special Care	4,259,569.00		143,453.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	527
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,172
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,041,887.58)	(417,779.42)	(14,648.72)	(5,576.14)	Medicaid Paid Claims	3,202
9. Total Cost	64,727,728.42	25,954,731.58	910,058.28	346,419.86	Property Rate Allowance	0.80
10. Charges	469,172,257.00	250,913,551.00	6,368,841.00	4,296,437.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		8,074,949.00		109,614.47	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,558.09		110.98	County Ceiling Base	1,001.35	198.78
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,042.52	99.34	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,751.65	229.82	FPLI	1.0162

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	346,419.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		346,419.86
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		361,122.47
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,202
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		103.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.13
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0162) for Sarasota (58)		229.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		206.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		206.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	4,296,437.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,341.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,398.75	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	103.13	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.28)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>67.85</b>





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**119971 - 2016/07**

**Outpatient Rate: 74.43**

**County Billing ONLY**

**St. Lucie Medical Center**

Type of Control: Proprietary

County: St Lucie (56)

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

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: CHEP

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,004,891.00	31,261,241.00	2,154,157.00	894,737.00	Total Bed Days	83,585
2. Routine	40,313,844.00		1,300,711.00		Total Inpatient Days	57,573
3. Special Care	7,357,782.00		196,530.00		Total Newborn Days	1,569
4. Newborn Routine	570,189.00		178,434.00		Medicaid Inpatient Days	2,103
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	98
6. Home Health					Medicare Inpatient Days	27,457
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,870,593.13)	(566,381.87)	(69,387.76)	(16,210.58)	Medicaid Paid Claims	7,980
9. Total Cost	101,376,112.87	30,694,859.13	3,760,444.24	878,526.42	Property Rate Allowance	0.80
10. Charges	977,599,171.00	347,045,266.00	31,613,572.00	11,161,577.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	11,414,852.00		369,133.13		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,628.61		116.36	County Ceiling Base	1,037.38	199.76
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	839.04	108.98	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,698.39	222.83	FPLI	0.9853

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	878,526.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		878,526.42
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		914,939.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,980
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		113.14
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.14
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9853) for St Lucie (56)		222.83
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		207.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		207.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		113.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		113.14
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	11,161,577.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,398.69	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,456.67	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	113.14	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(38.70)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>74.43</b>



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**119989 - 2016/07**

**Outpatient Rate: 53.02**

**County Billing ONLY**

**Seven Rivers Regional Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Citrus (9)  
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,297,386.00	20,921,575.00	563,752.00	609,116.00	Total Bed Days	46,720
2. Routine	14,606,199.00		317,944.00		Total Inpatient Days	28,119
3. Special Care	4,859,442.00		0.00		Total Newborn Days	471
4. Newborn Routine	223,671.00		209,901.00		Medicaid Inpatient Days	711
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,389
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(744,683.03)	(331,581.97)	(17,300.51)	(9,653.76)	Medicaid Paid Claims	7,740
9. Total Cost	46,242,014.97	20,589,993.03	1,074,296.49	599,462.24	Property Rate Allowance	0.80
10. Charges	376,197,681.00	239,140,659.00	7,377,215.00	10,816,107.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	4,623,428.00		90,665.16		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,536.36		86.01	County Ceiling Base	891.95	180.67
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	760.09	86.09	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,614.96	211.88	FPLI	0.9369

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	599,462.24
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		599,462.24
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		623,714.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,740
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		80.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		89.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		80.58
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9369) for Citrus (9)		211.88
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.56
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		187.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		80.58
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		80.58
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,816,107.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,397.43	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,453.97	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	80.58	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(27.57)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>53.02</b>



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**120006 - 2016/07**  
**Outpatient Rate: 63.85**

**County Billing ONLY**

**Plantation General Hospital**

Type of Control: Proprietary  
 Fiscal Year: 9/1/2014 - 8/31/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	106,765,391.00	81,623,749.00	7,360,065.00	3,510,696.00	Total Bed Days	239,075
2. Routine	88,584,656.00		4,619,591.00		Total Inpatient Days	126,490
3. Special Care	30,197,599.00		5,189,332.00		Total Newborn Days	8,996
4. Newborn Routine	903,709.00		126,781.00		Medicaid Inpatient Days	11,050
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	92
6. Home Health					Medicare Inpatient Days	25,021
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(3,720,203.28)	(1,340,936.73)	(284,139.51)	(57,674.65)	Medicaid Paid Claims	24,455
9. Total Cost	222,731,151.73	80,282,812.28	17,011,629.49	3,453,021.35	Property Rate Allowance	0.80
10. Charges	1,854,153,954.00	1,033,777,049.00	140,604,891.00	49,317,487.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	24,856,601.00		1,884,935.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,369.66		142.45	County Ceiling Base	1,030.24	220.99
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,026.40	93.48	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,453,021.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,453,021.35
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,596,143.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,455
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		147.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		97.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		97.05
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		97.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		97.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	49,317,487.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,016.66	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,100.25	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	97.05	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.20)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>63.85</b>



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**120014 - 2016/07**

**Outpatient Rate: 63.68**

**County Billing ONLY**

**Sebastian Hospital**

Type of Control: Proprietary

County: Indian River (31)

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

Type of Action: Amended Cost Report

District: 9

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,052,031.00	112,234,185.00	254,645.00	364,156.00	Total Bed Days	44,165
2. Routine	19,521,266.00		1,091,944.00		Total Inpatient Days	24,328
3. Special Care	5,226,432.00		69,706.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,303
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,509
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(362,988.07)	(834,833.93)	(10,534.86)	(2,708.71)	Medicaid Paid Claims	3,798
9. Total Cost	48,436,740.93	111,399,351.07	1,405,760.14	361,447.29	Property Rate Allowance	0.80
10. Charges	414,301,979.00	464,601,132.00	4,821,465.00	7,443,700.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		7,328,390.00		85,284.59	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,062.86		99.81	982.17	182.81	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	795.60	93.23	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,711.66	224.57	FPLI	0.9930

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	361,447.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		361,447.29
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		376,428.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,798
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		99.11
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.79
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.79
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9930) for Indian River (31)		224.57
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		189.79
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		189.79
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		96.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		96.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,443,700.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,959.90	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,041.13	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	96.79	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(33.11)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>63.68</b>



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**120022 - 2016/07**  
**Outpatient Rate: 12.52**

**County Billing ONLY**

**St. Catherine's Rehabilitation Hospital**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,837,772.00	826,546.00	567,154.00	0.00	Total Bed Days	21,900
2. Routine	11,851,381.00		60,769.00		Total Inpatient Days	16,772
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	86
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,311
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(350,980.58)	(13,375.42)	(10,161.24)	0.00	Medicaid Paid Claims	0
9. Total Cost	21,338,172.42	813,170.58	617,761.76	0.00	Property Rate Allowance	0.80
10. Charges	46,694,078.00	1,803,203.00	2,586,261.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		2,110,538.00		0.00	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,163.33		0.00	County Ceiling Base	1,067.98	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	636.11	Exempt	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**120057 - 2016/07**  
**Outpatient Rate: 101.80**

**County Billing ONLY**

**Healthsouth Larkin Hospital-Miami**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Dade (13)  
 District: 11

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	26,711,415.00	17,670,327.00	561,681.00	636,505.00	Total Bed Days	46,720
2. Routine	20,673,396.00		707,071.00		Total Inpatient Days	32,815
3. Special Care	1,997,010.00		105,964.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,212
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,918
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(1,619,098.87)	(579,363.13)	(45,073.29)	(20,869.31)	Medicaid Paid Claims	2,765
9. Total Cost	47,762,722.13	17,090,963.87	1,329,642.71	615,635.69	Property Rate Allowance	0.80
10. Charges	226,993,020.00	127,580,817.00	7,209,237.00	3,347,424.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	10,785,086.00		342,531.42		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	827.26		226.15	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	684.60	149.05	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	615,635.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		615,635.69
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		641,764.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,765
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		232.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		154.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		154.74
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		154.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		154.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,347,424.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,210.64	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,262.02	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	154.74	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(52.94)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>101.80</b>



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**120073 - 2016/07**  
**Outpatient Rate: 56.59**

**County Billing ONLY**

**Oak Hill Hospital**

Type of Control: Proprietary  
 Fiscal Year: 3/1/2014 - 2/28/2015  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Hernando (27)  
 District: 3

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	61,812,207.00	34,340,860.00	1,528,946.00	982,839.00	Total Bed Days	95,630
2. Routine	43,127,665.00		1,354,776.00		Total Inpatient Days	67,522
3. Special Care	14,776,520.00		497,575.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,306
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	34,097
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0399619410
8. Adjustments	(2,111,846.17)	(605,786.83)	(59,647.46)	(17,337.68)	Medicaid Paid Claims	11,673
9. Total Cost	117,604,545.83	33,735,073.17	3,321,649.54	965,501.32	Property Rate Allowance	0.80
10. Charges	1,348,041,578.00	567,255,122.00	35,279,854.00	24,231,344.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	15,081,856.00		394,710.14		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,370.00		89.28	County Ceiling Base	931.13	185.23
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	674.83	87.72	Cost Report DRI Index	2.1020
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,660.81	217.90	FPLI	0.9635

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) : Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	965,501.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		965,501.32
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,004,084.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,673
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		86.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		91.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.02
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9635) for Hernando (27)		217.90
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.30
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.30
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		86.02
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		86.02
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	24,231,344.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,075.85	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,158.80	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	86.02	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(29.43)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>56.59</b>



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**120081 - 2016/07**

**Outpatient Rate: 68.71**

**County Billing ONLY**

**Mease Countryside Hospital**

Type of Control: Nonprofit (Other)

County: Pinellas (52)

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

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,506,593.00	74,247,803.00	4,608,527.00	2,212,453.00	Total Bed Days	110,595
2. Routine	48,811,849.00		2,108,495.00		Total Inpatient Days	70,573
3. Special Care	11,248,826.00		684,533.00		Total Newborn Days	7,391
4. Newborn Routine	5,539,679.00		1,807,413.00		Medicaid Inpatient Days	3,928
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	851
6. Home Health					Medicare Inpatient Days	28,748
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(2,180,549.33)	(1,216,322.67)	(150,860.71)	(36,244.26)	Medicaid Paid Claims	16,328
9. Total Cost	130,926,397.67	73,031,480.33	9,058,107.29	2,176,208.74	Property Rate Allowance	0.80
10. Charges	660,114,516.00	563,444,718.00	39,976,194.00	16,670,793.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	13,774,989.00		834,206.22		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,779.46		137.82	County Ceiling Base	974.76	189.48
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	855.70	100.59	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,176,208.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,176,208.74
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,268,570.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,328
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		138.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		104.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.43
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		196.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		196.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		104.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		104.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,670,793.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,020.99	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,064.33	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	104.43	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.73)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>68.71</b>





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**120090 - 2016/07**

**Outpatient Rate: 77.75**

**County Billing ONLY**

**Delray Comm. Hosp.**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	102,716,723.00	47,647,992.00	4,354,914.00	831,484.00	Total Bed Days	168,265
2. Routine	71,623,138.00		2,825,175.00		Total Inpatient Days	108,865
3. Special Care	21,446,781.00		1,034,081.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,682
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	57,308
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	7,334
9. Total Cost	195,786,642.00	47,647,992.00	8,214,170.00	831,484.00	Property Rate Allowance	0.80
10. Charges	1,518,461,710.00	485,818,532.00	63,746,811.00	9,751,079.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		14,057,168.00		590,136.47	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,610.21		112.11	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	828.74	125.20	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	831,484.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		831,484.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		866,773.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,334
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.19
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		129.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.19
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		118.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,751,079.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,329.57	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,386.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	118.19	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(40.43)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>77.75</b>



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**120103 - 2016/07**

**Outpatient Rate: 75.56**

**County Billing ONLY**

**St. Petersburg General Hospital**

Type of Control: Proprietary  
 Fiscal Year: 5/1/2014 - 4/30/2015  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report

County: Pinellas (52)  
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,077,852.00	30,629,582.00	1,711,183.00	1,313,252.00	Total Bed Days	58,035
2. Routine	17,782,280.00		987,775.00		Total Inpatient Days	24,455
3. Special Care	6,126,767.00		403,512.00		Total Newborn Days	1,301
4. Newborn Routine	1,951,307.00		355,464.00		Medicaid Inpatient Days	1,597
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	37
6. Home Health					Medicare Inpatient Days	8,804
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0394674275
8. Adjustments	(738,032.20)	(452,671.80)	(51,104.49)	(19,408.43)	Medicaid Paid Claims	11,710
9. Total Cost	49,200,173.80	30,176,910.20	3,406,829.51	1,293,843.57	Property Rate Allowance	0.80
10. Charges	445,051,743.00	411,953,894.00	26,634,007.00	26,245,698.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	6,623,812.00		396,400.32		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,899.69		113.93	County Ceiling Base	986.27	193.25
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	921.76	120.90	Cost Report DRI Index	2.1030
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,293,843.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,293,843.57
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,344,908.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,710
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		125.52
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		114.85
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		114.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		114.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	26,245,698.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,241.31	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,329.76	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	114.85	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(39.29)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>75.56</b>



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**120111 - 2016/07**

**Outpatient Rate: 86.06**

**County Billing ONLY**

**Palms Of Pasadena Hospital**

Type of Control: Proprietary

County: Pinellas (52)

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

Type of Action: Unaudited Cost Report

District: 5

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,078,707.00	20,538,151.00	480,762.00	159,201.00	Total Bed Days	68,255
2. Routine	21,598,174.00		441,720.00		Total Inpatient Days	28,552
3. Special Care	4,032,221.00		92,067.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	623
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,281
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,015,926.58)	(381,385.42)	(18,839.78)	(2,956.30)	Medicaid Paid Claims	1,244
9. Total Cost	53,693,175.42	20,156,765.58	995,709.22	156,244.70	Property Rate Allowance	0.80
10. Charges	503,296,863.00	292,787,646.00	8,865,194.00	3,533,494.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	7,580,126.00		133,518.19		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,429.72		129.75	986.27	193.25	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	943.06	145.90	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	156,244.70
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		156,244.70
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		162,720.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,244
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		130.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		151.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		130.80
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		130.80
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		130.80
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,533,494.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,840.43	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,958.16	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	130.80	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(44.75)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>86.06</b>



**Florida Agency for Health Care Administration**  
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**120138 - 2016/07**

**Outpatient Rate: 65.81**

**County Billing ONLY**

**Kendall Regional Medical Center**

Type of Control: Proprietary

County: Dade (13)

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

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	102,403,406.00	59,722,366.00	15,812,039.00	3,585,312.00	Total Bed Days	152,205
2. Routine	62,785,484.00		6,981,181.00		Total Inpatient Days	105,654
3. Special Care	26,861,996.00		5,588,657.00		Total Newborn Days	3,703
4. Newborn Routine	2,355,482.00		890,540.00		Medicaid Inpatient Days	15,574
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10
6. Home Health					Medicare Inpatient Days	18,926
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(3,935,354.37)	(1,208,955.63)	(592,559.47)	(72,577.22)	Medicaid Paid Claims	36,605
9. Total Cost	190,471,013.63	58,513,410.37	28,679,857.53	3,512,734.78	Property Rate Allowance	0.80
10. Charges	2,025,666,754.00	772,028,458.00	250,017,219.00	66,779,400.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		25,986,326.00		3,207,353.31	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,660.24		97.47	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,045.23	108.34	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) : Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	3,512,734.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,512,734.78
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		3,661,820.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,605
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.04
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		112.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		100.04
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		100.04
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		100.04
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	66,779,400.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,824.32	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,901.75	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	100.04	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(34.22)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>65.81</b>



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**120227 - 2016/07**  
**Outpatient Rate: 95.89**  
**County Billing ONLY**

**St Anthonys Hospital**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Pinellas (52)  
 District: 5

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	68,237,035.00	53,349,209.00	4,590,299.00	2,115,991.00	Total Bed Days	112,420
2. Routine	69,069,513.00		4,181,580.00		Total Inpatient Days	87,334
3. Special Care	12,120,717.00		917,877.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	5,995
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	36,122
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(2,185,811.52)	(780,388.48)	(141,741.07)	(30,952.57)	Medicaid Paid Claims	14,069
9. Total Cost	147,241,453.48	52,568,820.52	9,548,014.93	2,085,038.43	Property Rate Allowance	0.80
10. Charges	715,976,529.00	435,788,701.00	49,234,673.00	16,435,590.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		14,773,091.00		1,015,882.89	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,471.69		153.25	County Ceiling Base	986.27	193.25
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	761.71	140.39	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,737.69	227.99	FPLI	1.0081

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	2,085,038.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,085,038.43
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,173,530.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,069
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		154.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		145.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		145.74
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0081) for Pinellas (52)		227.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		145.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		145.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,435,590.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,168.21	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,217.79	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	145.74	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(49.86)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>95.89</b>



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**120243 - 2016/07**

**Outpatient Rate: 74.20**

**County Billing ONLY**

**W. Boca Med. Ctr.**

Type of Control: Proprietary

County: Palm Beach (50)

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

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,523,502.00	37,328,251.00	4,133,607.00	1,973,843.00	Total Bed Days	71,175
2. Routine	24,069,370.00		3,167,046.00		Total Inpatient Days	40,508
3. Special Care	14,831,219.00		2,847,243.00		Total Newborn Days	4,129
4. Newborn Routine	2,030,582.00		563,591.00		Medicaid Inpatient Days	6,438
5. Intern-Resident	77,914.00		0.00		Medicaid Newborn IP Days	202
6. Home Health					Medicare Inpatient Days	9,239
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	18,243
9. Total Cost	81,532,587.00	37,328,251.00	10,711,487.00	1,973,843.00	Property Rate Allowance	0.80
10. Charges	352,251,342.00	213,893,230.00	38,115,069.00	9,750,071.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		9,007,176.00		974,614.13	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,450.04		106.99	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,279.40	113.55	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	1,973,843.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	1,973,843.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,057,616.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,243
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		117.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.79
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		112.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		112.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,750,071.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		534.46
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		557.14
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		112.79
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(38.59)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>74.20</b>



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**120260 - 2016/07**

**Outpatient Rate: 67.05**

**County Billing ONLY**

**Palms West Hospital**

Type of Control: Proprietary  
 Fiscal Year: 6/1/2014 - 5/31/2015  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,416,349.00	35,945,268.00	4,412,236.00	1,742,563.00	Total Bed Days	74,460
2. Routine	37,254,400.00		3,066,638.00		Total Inpatient Days	55,753
3. Special Care	6,990,526.00		734,770.00		Total Newborn Days	3,442
4. Newborn Routine	1,299,062.00		276,642.00		Medicaid Inpatient Days	4,885
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	54
6. Home Health					Medicare Inpatient Days	12,371
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0404569253
8. Adjustments	(1,612,060.53)	(616,706.47)	(145,666.30)	(29,896.84)	Medicaid Paid Claims	15,524
9. Total Cost	92,348,276.47	35,328,561.53	8,344,619.70	1,712,666.16	Property Rate Allowance	0.80
10. Charges	778,254,375.00	393,121,794.00	63,172,765.00	20,198,091.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	12,194,358.00		989,845.14		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,469.71		108.89	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	919.92	98.17	Cost Report DRI Index	2.1010
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,712,666.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,712,666.16
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,781,955.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		101.92
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		101.92
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		101.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		101.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	20,198,091.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,301.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,353.73	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	101.92	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(34.87)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>67.05</b>



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**120278 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**HealthSouth Rehabilitation Hospital-Sunrise**

Type of Control: Proprietary

County: Broward (6)

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

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,337,628.00	2,231,918.00	134,870.00	0.00	Total Bed Days	45,990
2. Routine	17,486,690.00		207,331.00		Total Inpatient Days	31,544
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	374
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	21,007
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	159
9. Total Cost	31,824,318.00	2,231,918.00	342,201.00	0.00	Property Rate Allowance	0.80
10. Charges	61,074,971.00	9,506,107.00	667,126.00	1,504.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,198,493.00		34,937.35		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	829.63		0.00	1,030.24	215.14	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	534.48	38.97	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		159
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		40.45
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		223.35
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		223.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,504.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9.46	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9.86	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>





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

**120294 - 2016/07**

**Outpatient Rate: 68.06**

**County Billing ONLY**

**Jupiter Hospital**

Type of Control: Nonprofit (Other)

County: Palm Beach (50)

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

Type of Action: Unaudited Cost Report

District: 9

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,179,539.00	64,192,937.00	379,528.00	387,411.00	Total Bed Days	71,175
2. Routine	28,908,875.00		312,545.00		Total Inpatient Days	44,560
3. Special Care	6,199,039.00		96,454.00		Total Newborn Days	2,874
4. Newborn Routine	677,650.00		45,036.00		Medicaid Inpatient Days	585
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	25
6. Home Health					Medicare Inpatient Days	20,970
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(1,130,289.84)	(844,024.16)	(10,959.89)	(5,093.77)	Medicaid Paid Claims	3,849
9. Total Cost	84,834,813.16	63,348,912.84	822,603.11	382,317.23	Property Rate Allowance	0.80
10. Charges	423,470,697.00	453,683,216.00	4,037,955.00	2,910,816.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	18,673,042.00		178,054.59		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,043.86		98.13	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	973.55	102.29	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	382,317.23
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		382,317.23
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		398,163.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,849
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.45
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		103.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		103.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,910,816.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	756.25	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	787.60	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	103.45	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(35.39)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>68.06</b>



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

**120308 - 2016/07**

**Outpatient Rate: 51.12**

**County Billing ONLY**

**West Palm Hospital**

Type of Control: Proprietary  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report

County: Palm Beach (50)  
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,804,232.00	23,448,772.00	1,406,401.00	817,260.00	Total Bed Days	83,585
2. Routine	28,969,172.00		1,166,256.00		Total Inpatient Days	41,096
3. Special Care	3,563,710.00		295,235.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,593
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,605
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(696,598.60)	(312,099.40)	(38,171.18)	(10,877.60)	Medicaid Paid Claims	5,876
9. Total Cost	51,640,515.40	23,136,672.60	2,829,720.82	806,382.40	Property Rate Allowance	0.80
10. Charges	399,841,815.00	265,573,106.00	30,171,852.00	9,552,263.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	6,365,377.00		480,327.98		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	645.66		135.51	County Ceiling Base	1,071.17	209.37
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	616.73	74.85	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,817.15	238.41	FPLI	1.0542

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	806,382.40
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		806,382.40
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		839,405.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,876
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		142.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		77.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		77.70
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0542) for Palm Beach (50)		238.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		217.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		217.36
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		77.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		77.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,552,263.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,625.64	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,692.21	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	77.70	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(26.58)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>51.12</b>



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

**120324 - 2016/07**

**Outpatient Rate: 130.42**

**County Billing ONLY**

**H Lee Moffitt Cancer Center & Research Institute Hospital**

Type of Control: Nonprofit (Other)

County: Hillsborough (29)

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

Type of Action: Unaudited Cost Report

District: 6

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	89,131,378.00	412,209,613.00	5,869,007.00	13,514,020.00	Total Bed Days	75,190
2. Routine	61,230,133.00		2,811,329.00		Total Inpatient Days	57,527
3. Special Care	10,573,162.00		337,487.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,631
5. Intern-Resident	1,791,634.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,806
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	25,611
9. Total Cost	162,726,307.00	412,209,613.00	9,017,823.00	13,514,020.00	Property Rate Allowance	0.80
10. Charges	526,493,012.00	1,712,864,555.00	25,807,781.00	59,213,870.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		40,982,721.00		2,008,902.42	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2,746.43		544.00	Exempt	190.95	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,981.99	313.88	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,740.45	228.35	FPLI	1.0097

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	13,514,020.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		13,514,020.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		14,067,451.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,611
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		549.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		325.86
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0097) for Hillsborough (29)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		198.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		198.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	59,213,870.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,312.05	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,406.73	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	198.23	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(67.82)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>130.42</b>



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

**120332 - 2016/07**

**Outpatient Rate: 59.55**

**County Billing ONLY**

**HealthSouth Rehabilitation Hospital of Tallahassee**

Type of Control: Proprietary

County: Leon (37)

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

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,092,235.00	302,811.00	102,342.00	6,089.00	Total Bed Days	27,740
2. Routine	9,492,813.00		172,449.00		Total Inpatient Days	16,514
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	300
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,313
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	67
9. Total Cost	15,585,048.00	302,811.00	274,791.00	6,089.00	Property Rate Allowance	0.80
10. Charges	24,055,247.00	11,442,967.00	431,722.00	16,568.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,452,064.00		26,060.34		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	902.09		98.88	County Ceiling Base	1,002.98	192.97
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	509.56	87.19	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,651.50	216.68	FPLI	0.9581

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	6,089.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,089.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		6,347.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		67
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		94.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		90.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		90.51
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9581) for Leon (37)		216.68
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		200.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		200.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		90.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		90.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,568.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	247.28	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	257.78	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	90.51	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(30.97)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>59.55</b>



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

**120341 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**HealthSouth Treasure Coast Rehabilitation Hospital**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Indian River (31)  
 District: 9

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,037,429.00	0.00	123,233.00	0.00	Total Bed Days	29,200
2. Routine	12,063,785.00		181,181.00		Total Inpatient Days	20,508
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	308
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,261
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	20,101,214.00	0.00	304,414.00	0.00	Property Rate Allowance	0.80
10. Charges	36,944,849.00	0.00	530,875.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	3,155,943.00		45,348.98		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	883.00		0.00	County Ceiling Base	982.17	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	506.28	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,711.66	224.57	FPLI	0.9930

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	<b>Reimbursed by Diagnosis Related Groups</b>	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9930) for Indian River (31)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
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**120375 - 2016/07**

**Outpatient Rate: 36.29**

**County Billing ONLY**

**Aventura Hospital and Medical Center**

Type of Control: Proprietary

County: Dade (13)

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

Type of Action: Unaudited Cost Report

District: 11

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	114,447,130.00	51,051,934.00	5,190,961.00	1,249,790.00	Total Bed Days	148,555
2. Routine	76,257,401.00		4,205,459.00		Total Inpatient Days	113,514
3. Special Care	20,164,892.00		865,546.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	6,558
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	41,895
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	(3,579,772.50)	(866,670.50)	(174,209.72)	(21,216.75)	Medicaid Paid Claims	13,844
9. Total Cost	207,289,650.50	50,185,263.50	10,087,756.28	1,228,573.25	Property Rate Allowance	0.80
10. Charges	1,696,954,132.00	546,604,812.00	82,341,982.00	16,163,601.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	19,643,861.00		953,186.90		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,414.80		90.14	County Ceiling Base	1,067.98	238.84
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	678.31	53.13	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,769.06	232.10	FPLI	1.0263

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,228,573.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,228,573.25
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		1,280,715.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,844
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		55.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		55.16
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0263) for Dade (13)		232.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		247.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		232.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		55.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		55.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,163,601.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,167.55	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,217.11	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	55.16	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(18.87)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>36.29</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**120383 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**HealthSouth Rehabilitation Hospital Sarasota**

Type of Control: Proprietary

County: Sarasota (58)

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

Type of Action: Unaudited Cost Report

District: 8

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,776,493.00	0.00	50,146.00	0.00	Total Bed Days	35,040
2. Routine	14,905,915.00		80,094.00		Total Inpatient Days	29,205
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	157
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,948
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	24,682,408.00	0.00	130,240.00	0.00	Property Rate Allowance	0.80
10. Charges	53,014,680.00	72.00	286,254.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	2,180,674.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	790.37		0.00	County Ceiling Base	1,001.35	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	464.31	Exempt	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,751.65	229.82	FPLI	1.0162

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0162) for Sarasota (58)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**120405 - 2016/07**  
**Outpatient Rate: 78.91**

**County Billing ONLY**

**Broward Health Coral Springs**

Type of Control: Government  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,397,750.00	55,544,657.00	4,230,525.00	2,017,071.00	Total Bed Days	71,540
2. Routine	26,271,677.00		2,174,651.00		Total Inpatient Days	48,145
3. Special Care	17,732,389.00		2,329,410.00		Total Newborn Days	4,816
4. Newborn Routine	361,435.00		107,772.00		Medicaid Inpatient Days	5,020
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	9
6. Home Health					Medicare Inpatient Days	8,811
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	(1,047,409.91)	(678,356.09)	(107,990.00)	(24,634.10)	Medicaid Paid Claims	17,292
9. Total Cost	84,715,841.09	54,866,300.91	8,734,368.00	1,992,436.90	Property Rate Allowance	0.80
10. Charges	320,750,671.00	313,006,924.00	41,164,578.00	9,927,189.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		9,383,486.00		1,204,260.12	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,509.89		116.19	County Ceiling Base	1,030.24	220.99
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,159.04	116.99	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	1,992,436.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,992,436.90
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,074,031.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,292
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		121.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.94
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)		233.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		229.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		229.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		119.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		119.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,927,189.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	574.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	597.60	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	119.94	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(41.03)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>78.91</b>





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**120413 - 2016/07**  
**Outpatient Rate: 49.02**

**County Billing ONLY**

**Bartow Regional Medical Center**

Type of Control: Proprietary  
 Fiscal Year: 10/1/2014 - 9/30/2015  
 Hospital Classification: General

Type of Action: Amended Cost Report

County: Polk (53)  
 District: 6

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,660,141.00	19,991,012.00	451,314.00	665,481.00	Total Bed Days	26,280
2. Routine	8,618,848.00		317,388.00		Total Inpatient Days	13,918
3. Special Care	4,362,300.00		254,429.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	618
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,372
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0414483087
8. Adjustments	(303,582.02)	(227,800.98)	(11,658.75)	(7,583.27)	Medicaid Paid Claims	6,806
9. Total Cost	26,337,706.98	19,763,211.02	1,011,472.25	657,897.73	Property Rate Allowance	0.80
10. Charges	169,642,588.00	185,080,592.00	4,600,811.00	7,316,565.00	First Rate Semester in Effect	2016/07
11. Fixed Costs		6,481,683.00		175,787.22	Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,461.79		104.50	930.66	192.56	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	902.44	71.77	Cost Report DRI Index	2.0990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,660.64	217.88	FPLI	0.9634

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	657,897.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		657,897.73
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		685,166.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,806
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		74.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		74.51
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9634) for Polk (53)		217.88
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.91
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.91
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		74.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		74.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,316,565.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,075.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,119.57	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	74.51	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(25.49)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>49.02</b>



**Florida Agency for Health Care Administration**  
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**120421 - 2016/07**  
**Outpatient Rate: 12.52**

**County Billing ONLY**

**HealthSouth Rehabilitation Hospital-Sea Pines**

Type of Control: Proprietary  
 Fiscal Year: 1/1/2014 - 12/31/2014  
 Hospital Classification: General

Type of Action: Unaudited Cost Report

County: Brevard (5)  
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,697,494.00	221,183.00	129,518.00	0.00	Total Bed Days	32,850
2. Routine	11,161,433.00		167,296.00		Total Inpatient Days	20,949
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	314
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,961
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0424415832
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	11
9. Total Cost	19,858,927.00	221,183.00	296,814.00	0.00	Property Rate Allowance	0.80
10. Charges	38,224,722.00	972,254.00	584,161.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	1,619,109.00		24,743.68		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	916.16		0.00	County Ceiling Base	1,014.52	190.35
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	514.37	44.08	Cost Report DRI Index	2.0970
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,699.42	222.97	FPLI	0.9859

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		45.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9859) for Brevard (5)		222.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		197.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.62
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	0.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**141144 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**Kingsbay Community Hospital**

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

Type of Action: Interim Budget

County: Out of State (69)  
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,727,830.00	24,811,083.00	466,737.00	722,080.00	Total Bed Days	40
2. Routine	7,194,246.00		388,184.00		Total Inpatient Days	6,313
3. Special Care	1,422,776.00		83,953.00		Total Newborn Days	1,617
4. Newborn Routine	547,602.00		27,431.00		Medicaid Inpatient Days	370
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	81
6. Home Health					Medicare Inpatient Days	1,830
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	17,892,454.00	24,811,083.00	966,305.00	722,080.00	Property Rate Allowance	0.80
10. Charges	30,610,233.00	67,912,039.00	1,529,529.00	2,141,999.00	First Rate Semester in Effect	2014/07
11. Fixed Costs	4,231,859.00		211,457.10		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,673.72		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0720
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	722,080.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		722,080.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		722,080.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,141,999.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.51)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**142355 - 2016/07**  
**Outpatient Rate: 12.52**

**County Billing ONLY**

**Healthsouth Rehabilitation of Altamonte Springs**

Type of Control: Nonprofit (Other)  
 Fiscal Year: 1/1/2015 - 12/31/2015  
 Hospital Classification: General

Type of Action: Interim Budget

County: Seminole (59)  
 District: 7

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	0.00	0.00	Total Bed Days	18,250
2. Routine	13,911,180.00		20,867.00		Total Inpatient Days	12,649
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	194
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,372
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0000000000
8. Adjustments	(31,116.00)	0.00	(46.67)	0.00	Medicaid Paid Claims	0
9. Total Cost	13,880,064.00	0.00	20,820.33	0.00	Property Rate Allowance	0.80
10. Charges	23,654,379.00	0.00	362,399.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	1,369,914.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	998.71		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.1120
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,707.01	223.96	FPLI	0.9903

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9903) for Seminole (59)		0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



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

**10281400 - 2016/07**

**Outpatient Rate: 12.52**

**County Billing ONLY**

**University of South Alabama Medical Center**

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

Type of Action: Unaudited Cost Report

County: Out of State (69)  
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,244,758.00	46,782,388.00	0.00	0.00	Total Bed Days	49,640
2. Routine	17,710,202.00		0.00		Total Inpatient Days	39,398
3. Special Care	11,297,488.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,506
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0449330784
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	39
9. Total Cost	76,252,448.00	46,782,388.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	184,987,242.00	150,839,974.00	0.00	0.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	5,300,285.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,881.83		0.00	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,648.28	Exempt	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	0.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		39
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	0.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	0.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	0.00	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	19.03	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(6.51)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.52</b>



**Florida Agency for Health Care Administration**  
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**10281402 - 2016/07**

**Outpatient Rate: 12.85**

**County Billing ONLY**

**Infirmiry West**

Type of Control: Nonprofit (Other)

County: Out of State (69)

Fiscal Year: 4/1/1999 - 3/31/2000

Type of Action: Interim Budget

District: 0

Hospital Classification: General

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	11,273,651.00	0.00	253.00	Total Bed Days	24
2. Routine	16,108,910.00		2,762,788.00		Total Inpatient Days	14,600
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,504
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	57,003.62	39,893.38	9,776.51	0.90	Prospective Inflation Factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	13
9. Total Cost	16,165,913.62	11,313,544.38	2,772,564.51	253.90	Property Rate Allowance	0.80
10. Charges	34,583,000.00	23,744,000.00	4,535,408.00	533.00	First Rate Semester in Effect	1999/01
11. Fixed Costs	320,000.00		41,966.59		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,090.49		19.53	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,086.59	19.53	Cost Report DRI Index	1.2070
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	253.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		253.90
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		253.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		19.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		20.28
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		19.53
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		19.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		19.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		533.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		41.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		41.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		19.53
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)		(6.68)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>12.85</b>



**Florida Agency for Health Care Administration**  
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**10281401 - 2016/07**

**Outpatient Rate: 119.59**

**County Billing ONLY**

**U.S.A Children's & Women's Hospital**

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

Type of Action: Unaudited Cost Report

County: Out of State (69)  
 District: 0

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,340,869.00	13,624,943.00	26,137,336.00	9,078,582.00	Total Bed Days	98,915
2. Routine	21,339,697.00		16,025,216.00		Total Inpatient Days	61,279
3. Special Care	29,351,025.00		22,368,003.00		Total Newborn Days	4,973
4. Newborn Routine	1,396,563.00		1,230,597.00		Medicaid Inpatient Days	46,870
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	4,382
6. Home Health					Medicare Inpatient Days	260
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0449330784
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	32
9. Total Cost	90,428,154.00	13,624,943.00	65,761,152.00	9,078,582.00	Property Rate Allowance	0.80
10. Charges	164,052,430.00	37,399,603.00	122,072,009.00	19,212,297.00	First Rate Semester in Effect	2015/07
11. Fixed Costs	7,299,949.00		5,431,918.56		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	1,230.00		296,453.46	County Ceiling Base	998.96	204.24
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	1,164.08	175.09	Cost Report DRI Index	2.0920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,723.73	226.15	FPLI	1.0000

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by Diagnosis Related Groups	9,078,582.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,078,582.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		9,486,510.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		296,453.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		181.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		181.77
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0000) for Out of State (69)		226.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		212.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		212.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		181.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		181.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	19,212,297.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	600,384.28	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	627,361.40	
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	181.77	
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	(62.18)	
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>119.59</b>



**Florida Agency for Health Care Administration**  
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**260011 - 2016/07**

**0.00 / 12.52**

**County Billing ONLY**

**Florida State Hospital**

Type of Control: Government  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Gadsden (20)  
 District: 2

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	0.00	0.00	Total Bed Days	12,410
2. Routine	4,831,291.00		2,886,046.00		Total Inpatient Days	10,414
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	6,221
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	4,831,291.00	0.00	2,886,046.00	0.00	Property Rate Allowance	1.00
10. Charges	4,831,291.00	77,822.00	2,886,046.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	0.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	517.65		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	656.28	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,608.07	210.98	FPLI	0.9329

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	2,886,046.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	0.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,886,046.00	0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	3,004,236.46	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,221	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	482.92	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	667.62	0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	482.92	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9329) for Gadsden (20)	1,608.07	0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	0.00	0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	0.00	0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	0.00	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	0.00	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	0.00	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,886,046.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	463.92	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	482.92	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	0.00	19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	0.00	(6.51)
AV			
AW			
AX			
<b>AY</b>	<b>Final Prospective Rates</b>	<b>0.00</b>	<b>12.52</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**260029 - 2016/07**

**12.63 / 12.52**

**County Billing ONLY**

**Northeast Florida State Hospital**

Type of Control: Government  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Baker (2)  
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,072,249.00	0.00	22,581.00	0.00	Total Bed Days	18,250
2. Routine	5,271,458.00		1,903,164.00		Total Inpatient Days	16,882
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	6,095
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	7,343,707.00	0.00	1,925,745.00	0.00	Property Rate Allowance	1.00
10. Charges	7,343,707.00	0.00	1,925,745.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	293,541.00		76,975.44		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	325.31	0.00	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1860
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	362.40	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,673.05	219.51	FPLI	0.9706

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	1,925,745.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	76,975.44	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,848,769.56	0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	1,924,481.07	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,095	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	315.75	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	368.66	0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	315.75	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9706) for Baker (2)	1,673.05	0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	0.00	0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	0.00	0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	0.00	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	12.63	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	12.63	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,925,745.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	315.95	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	328.89	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	12.63	19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	0.00	(6.51)
AV			
AW			
AX			
<b>AY</b>	<b>Final Prospective Rates</b>	<b>12.63</b>	<b>12.52</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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**260045 - 2016/07**

**7.35 / 12.52**

**County Billing ONLY**

**So. Fla. State Hosp**

Type of Control: Government  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Broward (6)  
 District: 10

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	370,799.00	0.00	14,908.00	0.00	Total Bed Days	17,673
2. Routine	3,874,600.00		1,015,958.00		Total Inpatient Days	17,673
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,634
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	4,245,399.00	0.00	1,030,866.00	0.00	Property Rate Allowance	1.00
10. Charges	4,245,399.00	0.00	1,030,866.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	140,191.00		34,041.12		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	216.91		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	269.84	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,779.40	233.46	FPLI	1.0323

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	1,030,866.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	34,041.12	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	996,824.88	0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	1,037,647.23	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,634	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	223.92	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	274.50	0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	223.92	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0323) for Broward (6)	1,779.40	0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	0.00	0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	0.00	0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	0.00	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	7.35	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	7.35	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,030,866.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	222.46	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	231.57	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	7.35	19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	0.00	(6.51)
AV			
AW			
AX			
<b>AY</b>	<b>Final Prospective Rates</b>	<b>7.35</b>	<b>12.52</b>



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

**260053 - 2016/07**

**6.47 / 12.52**

**County Billing ONLY**

**W. Fla. Comm. Care**

Type of Control: Government  
 Fiscal Year: 7/1/2014 - 6/30/2015  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report

County: Santa Rosa (57)  
 District: 1

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	0.00	0.00	Total Bed Days	36,500
2. Routine	7,178,885.00		0.00		Total Inpatient Days	28,359
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	973
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0409523810
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	7,178,885.00	0.00	0.00	0.00	Property Rate Allowance	1.00
10. Charges	17,579,673.00	0.00	0.00	0.00	First Rate Semester in Effect	2016/07
11. Fixed Costs	183,374.00		0.00		Last Rate Semester in Effect	2016/07

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	268.93		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2015/07	2015/07	Variable Cost Base	260.64	Exempt	Cost Report DRI Index	2.1000
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,723.73	226.15	FPLI Year Used	2015
4. Rate of Increase (Year/Sem.)	1.017280	1.038158	County Ceiling	1,645.82	215.93	FPLI	0.9548

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	7,178,885.00	0.00
AB	Total Fixed Costs	183,374.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,995,511.00	0.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	7,281,993.83	0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	28,359	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	256.78	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	265.14	0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	256.78	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9548) for Santa Rosa (57)	1,645.82	0.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	0.00	0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	0.00	0.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	0.00	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	6.47	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	6.47	0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	17,579,673.00	0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	619.90	0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	645.28	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	6.47	19.03
AU	Medicaid Trend Adjustment (IP%: 0.0000 %, OP%: 34.2103 %)	0.00	(6.51)
AV			
AW			
AX			
<b>AY</b>	<b>Final Prospective Rates</b>	<b>6.47</b>	<b>12.52</b>