

Florida Agency For Health Care Administration

260011 - 2021/07

Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Rate Change Form

Florida State H	Hospital					Р	rovider Number:	0260011-00	
Building 260	·						Date:	3/31/2022	
Chattahoochee, FL 32324-							Fiscal Year End:	l: 6/30/2020	
	o, o_o_						Audit Status:	Unaudited Cos	t Report
Provider Ty	<u>/pe:</u>								
-	HOSE	PITAL		<u>Curre</u>	nt Rate		New Rate	<u>Effect</u>	tive Date
	Inpatient			44	442.21 287.91			7/1/2021	
Outpatient			0.00			0.00	7/1/2021		
Inpatie	ent Coun	ty Billing	Rate					7/1	/2021
Rate Type:									
	<u>Interim</u>				Χ	Prospective			
	-	Total Inte	rim			Χ	Total Prospec	tive	
		Settleme	nt Based on	Cost	•		_		
		_			BASIS:				
		_		Budget					
		_	Х	Unaudited					
		_		Field Aud					
		_		Revised F					
		-		Cost Rep	ort Late	rest			
								THE	
	W. Rydell Samuel								
		Medicaid Cost Reimbursement Analysis							
						F	or Information or	nly - No Change	in rate
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Florida Agency For Health Care Administration

260029 - 2021/07

Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Rate Change Form

		<u>iviedicald Reili</u>	ibursement Rate Cha	inge romi				
Northeast Florida S	State Hospit	al		Pro	ovider Number:	0260029-00		
HWY 121 SOUTH	·				Date:	3/31/2022		
Macclenny, FL 32063-				F	Fiscal Year End: 6/30/2020			
3,					Audit Status:	Unaudited Cost Report		
Provider Type:								
	- HOSPITA	<u>L</u>	Current Rate	ļ	New Rate	Effective Date		
	Inpa	tient	271.53		301.42	7/1/2021		
Outpatient		atient	0.00		0.00	7/1/2021		
Inpatient County Billing Rate						7/1/2021		
Rate Type:						_		
	<u>erim</u>		X	<u>Prospective</u>				
	To	tal Interim	-	. X	Total Prospec	tive		
	Se	ttlement Based o	on Cost		-			
			BASIS:	-				
			Budget					
		X	Unaudited Costs					
			Field Audited Cos					
			Revised Field Au					
			Cost Report Late	Test				
			\M/ D	dell Camarial		THE		
			w. Ry	dell Samuel		PU		
			Medica	aid Cost Reimb	oursement Analy	ysis		
				Fo	r Information or	nly - No Change in rate		
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Florida Agency For Health Care Administration

260045 - 2021/07

Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Rate Change Form

South Florida State Hospital					Provider Number: 0260045-00			
800 East Cypress Dr					Date: 3	/31/2022		
Pembroke Pines, FL 33025-				Fiscal Year End: 6/30/2020				
					Audit Status: U	Inaudited Cost Report		
Provider Type:								
	SPITAL		Current R	<u>ate</u>	New Rate	Effective Date		
	Inpatient)	204.53	7/1/2021 7/1/2021		
Outpatient			0.00		0.00			
Inpatient County Billing Rate						7/1/2021		
Rate Type:								
Interim	<u>1</u>		Χ	<u>Prospecti</u>	ve			
	Total Inte	erim		X	Total Prospectiv	⁄e		
	Settleme	nt Based on C	Cost	-				
			BAS	<u>IS:</u>				
			Budget					
			Unaudited Co					
			Field Audited					
			Revised Field					
			Cost Report L	ate Test				
						R		
			W.	Rydell Samue	l	PU		
			Me	licaid Cost Reimbursement Analysis				
					For Information only	- No Change in rate		
Batch ID:3QQ1O				ı	- Printed on : 3/31/2022 3:49	9 PM		