



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

260011 - 2021/07

Medicaid Reimbursement Rate Change Form

Florida State Hospital  
 Building 260  
 Chattahoochee, FL 32324-

Provider Number: 0260011-00  
 Date: 3/31/2022  
 Fiscal Year End: 6/30/2020  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	442.21	287.91	7/1/2021
Outpatient	0.00	0.00	7/1/2021
<b>Inpatient County Billing Rate</b>			<b>7/1/2021</b>

Rate Type:

<u>Interim</u>	X	<u>Prospective</u>
Total Interim		X Total Prospective
Settlement Based on Cost		

**BASIS:**

- Budget
- X          Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

260029 - 2021/07

Medicaid Reimbursement Rate Change Form

Northeast Florida State Hospital  
 HWY 121 SOUTH  
 Macclenny, FL 32063-

Provider Number: 0260029-00  
 Date: 3/31/2022  
 Fiscal Year End: 6/30/2020  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>271.53</u>	<u>301.42</u>	<u>7/1/2021</u>
Outpatient	<u>0.00</u>	<u>0.00</u>	<u>7/1/2021</u>
<b>Inpatient County Billing Rate</b>			<u>7/1/2021</u>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u>        </u> Total Interim		<u>X</u> Total Prospective
<u>        </u> Settlement Based on Cost		

**BASIS:**

- Budget
- X          Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

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260045 - 2021/07

Medicaid Reimbursement Rate Change Form

South Florida State Hospital  
 800 East Cypress Dr  
 Pembroke Pines, FL 33025-

Provider Number: 0260045-00  
 Date: 3/31/2022  
 Fiscal Year End: 6/30/2020  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>184.59</b>	<b>204.53</b>	<b>7/1/2021</b>
Outpatient	<b>0.00</b>	<b>0.00</b>	<b>7/1/2021</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2021</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u>        </u> Total Interim		<u>X</u> Total Prospective
<u>        </u> Settlement Based on Cost		

**BASIS:**

- Budget
- X          Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

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Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate