



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

004170 - 2015/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital The Palm Beaches  
 5555 W. Blue Heron Blvd  
 Riviera Beach, FL 33418-7813

Provider Number: 0004170-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

009496 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital at Connerton Long  
 Term Acute Care Hospital  
 9441 Health Center Drive  
 Land O' Lakes, FL 34637-

Provider Number: 0009496-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

016815 - 2015/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital Melbourne  
 765 W Nasa Blvd  
 Melbourne, FL 32901-

Provider Number: 0016815-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

020127 - 2015/07

Medicaid Reimbursement Rate Change Form

Sacred Heart Hospital on the Gulf  
 3801 E Hwy 98  
 Port St. Joe, FL 32456-

Provider Number: 0020127-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>216.72</b>	<b>242.60</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

025766 - 2015/07

Medicaid Reimbursement Rate Change Form

Shriners Hospital for Children-Tampa  
 12502 USF Pine Dr  
 Tampa, FL 33612-

Provider Number: 0025766-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>328.88</b>	<b>389.03</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

031588 - 2015/07

Medicaid Reimbursement Rate Change Form

Viera Hospital  
 8745 Wickham Rd  
 Melbourne, FL 32940-

Provider Number: 0031588-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>143.22</b>	<b>113.50</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

032265 - 2015/07

Medicaid Reimbursement Rate Change Form

West Kendall Baptist Hospital  
 9555 S.W. 162nd Court  
 Miami, FL 33196-4930

Provider Number: 0032265-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>179.44</b>	<b>174.37</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 11

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

032975 - 2015/07

Medicaid Reimbursement Rate Change Form

Palm Bay Hospital  
 1425 Malabar Road N.E.  
 Palm Bay, FL 32907-

Provider Number: 0032975-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>68.35</b>	<b>63.71</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

040876 - 2015/07

Medicaid Reimbursement Rate Change Form

Nemours Children's Hospital

Provider Number: 0040876-00

Date: 6/29/2015

13535 Nemours Parkway

Fiscal Year End: 12/31/2013

Orlando, FL 32827-

Audit Status: Interim Budget

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**CON Settlement Agreement Rate**

Current Rate

DRG

230.30

Avg of Prov #'s

New Rate

DRG

238.55

100609 & 101516

Effective Date

7/1/2015

7/1/2015

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Settlement Based on Cost

**BASIS:**

Budget

Unaudited Costs

Field Audited Costs

Revised Field Audit

Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Hospitals:

Managed Care

Contract Management

7

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

054568 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Wesley Chapel  
 2600 Bruce B Downs  
 Wesley Chapel, FL 33544-

Provider Number: 0054568-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>121.99</b>	<b>116.25</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

063447 - 2015/07

Medicaid Reimbursement Rate Change Form

Park Royal Hospital  
 9241 Royal Park Drive  
 Ft. Myers, FL 33908-

Provider Number: 0063447-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2012  
 Audit Status: Interim Budget

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>145.64</b>	<b>141.33</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<input checked="" type="checkbox"/> <u>Interim</u>	<input type="checkbox"/> <u>Prospective</u>
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input checked="" type="checkbox"/> Settlement Based on Cost	

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

083692 - 2015/07

Medicaid Reimbursement Rate Change Form

Healthsouth Rehabilitation Hospital of  
 Ocala  
 3660 Grandview Parkway Suite 200  
 Birmingham, AL 35243-

Provider Number: 0083692-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Interim Budget

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<input checked="" type="checkbox"/> <u>Interim</u>	<input type="checkbox"/> <u>Prospective</u>
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input checked="" type="checkbox"/> Settlement Based on Cost	

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

092683 - 2015/07

Medicaid Reimbursement Rate Change Form

Poinciana Medical Center  
 325 Cyrpress Parkway  
 Kissimmee, FL 34758-

Provider Number: 0092683-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2015  
 Audit Status: Interim Budget

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>145.88</b>	<b>141.76</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

**Rate Type:**

<input checked="" type="checkbox"/> <u>Interim</u>	<input type="checkbox"/> <u>Prospective</u>
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input checked="" type="checkbox"/> Settlement Based on Cost	

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

095875 - 2015/07

Medicaid Reimbursement Rate Change Form

Healthsouth Rehab of Martin  
 5850 SE Community Drive  
 Stuart, FL 34997-

Provider Number: 0095875-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Interim Budget

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<input checked="" type="checkbox"/> <u>Interim</u>	<input type="checkbox"/> <u>Prospective</u>
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input checked="" type="checkbox"/> Settlement Based on Cost	

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

097013 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Vincents Clay County  
 1670 St. Vincents Way  
 Middleburg, FL 32068-

Provider Number: 0097013-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>112.24</b>	<b>106.69</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100030 - 2015/07

Medicaid Reimbursement Rate Change Form

UF Health Shands Hospital

Provider Number: 0100030-00

Date: 10/29/2015

Box J-100336

Fiscal Year End: 6/30/2014

Gainesville, Fl 32610-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

**DRG**

**166.51**

New Rate

**DRG**

**159.82**

Effective Date

**7/1/2015**

**7/1/2015**

**7/1/2015**

**Rate Type:**

Interim

X

Prospective

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 or Chanda Farcas

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

100030 - 2015/07

Medicaid Reimbursement Rate Change Form

UF Health Shands Hospital

Provider Number: 0100030-01

Date: 10/29/2015

Box J-100336

Fiscal Year End: 6/30/2014

Gainesville, Fl 32610-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

**DRG**

**166.51**

New Rate

**DRG**

**159.82**

Effective Date

**7/1/2015**

**7/1/2015**

**7/1/2015**

**Rate Type:**

Interim

X

Prospective

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 or Chanda Farcas

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

100030 - 2015/07

Medicaid Reimbursement Rate Change Form

UF Health Shands Hospital

Provider Number: 0100030-02

Date: 10/29/2015

Box J-100336

Fiscal Year End: 6/30/2014

Gainesville, FL 32610-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient  
 Outpatient

Current Rate

DRG

166.51

New Rate

DRG

159.82

Effective Date

7/1/2015

7/1/2015

7/1/2015

**Inpatient County Billing Rate**

**Rate Type:**

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

**BASIS:**

Budget

X

Unaudited Costs

Field Audited Costs

Revised Field Audit

Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

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

100030 - 2015/07

Medicaid Reimbursement Rate Change Form

UF Health Shands Hospital

Provider Number: 0100030-03

Date: 10/29/2015

Box J-100336

Fiscal Year End: 6/30/2014

Gainesville, FL 32610-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

166.51

New Rate

DRG

159.82

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

**BASIS:**

Budget

X

Unaudited Costs

Field Audited Costs

Revised Field Audit

Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

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

100030 - 2015/07

Medicaid Reimbursement Rate Change Form

UF Health Shands Hospital

Provider Number: 0100030-04

Date: 10/29/2015

Box J-100336

Fiscal Year End: 6/30/2014

Gainesville, FL 32610-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

Current Rate

DRG

166.51

New Rate

DRG

159.82

Effective Date

7/1/2015

7/1/2015

7/1/2015

**Inpatient County Billing Rate**

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100048 - 2015/07

Medicaid Reimbursement Rate Change Form

Ed Fraser Memorial Hospital  
 159 North Third Street  
 MacClenney, FL 32063-

Provider Number: 0100048-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>100.06</b>	<b>110.51</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

\_\_\_\_\_ 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

100064 - 2015/07

Medicaid Reimbursement Rate Change Form

Bay Medical Center Sacred Heart  
 Health System  
 P.O. Box 2515  
 Panama City, FL 32402-2515

Provider Number: 0100064-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>95.60</b>	<b>93.86</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

100072 - 2015/07

Medicaid Reimbursement Rate Change Form

Shands Starke Regional Medical Center  
 Post Office Box 100336  
 Gainesville, FL 32610-0336

Provider Number: 0100072-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>90.52</b>	<b>82.75</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100081 - 2015/07

Medicaid Reimbursement Rate Change Form

Holmes Regional Medical Center  
 3300 Fiske Boulevard  
 Rockledge, FL 32955-

Provider Number: 0100081-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>87.87</b>	<b>81.37</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

100099 - 2015/07

Medicaid Reimbursement Rate Change Form

Cape Canaveral Hospital  
 3300 Fiske Boulevard  
 Rockledge, FL 32955-

Provider Number: 0100099-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>102.26</b>	<b>85.69</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

100102 - 2015/07

Medicaid Reimbursement Rate Change Form

Parrish Medical Center

Provider Number: 0100102-00

Date: 10/29/2015

951 N. Washington Avenue123

Fiscal Year End: 9/30/2014

Titusville, FL 32796-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

85.80

New Rate

DRG

101.08

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100111 - 2015/07

Medicaid Reimbursement Rate Change Form

Wuesthoff Medical Center-Rockledge  
 110 Longwood Avenue P.O. Box  
 565002  
 Rockledge, FL 32956-5002

Provider Number: 0100111-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>71.83</b>	<b>60.43</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

100111 - 2015/07

Medicaid Reimbursement Rate Change Form

Wuesthoff Medical Center-Rockledge  
 110 Longwood Avenue P.O. Box  
 565002  
 Rockledge, FL 32956-5002

Provider Number: 0100111-01  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>71.83</b>	<b>60.43</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

100129 - 2015/07

Medicaid Reimbursement Rate Change Form

Broward Health Medical Center

Provider Number: 0100129-00

Date: 10/29/2015

1600 S. Andrews Avenue

Fiscal Year End: 6/30/2014

Ft. Lauderdale, FL 33316-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

130.09

New Rate

DRG

134.59

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100129 - 2015/07

Medicaid Reimbursement Rate Change Form

Broward Health Medical Center

Provider Number: 0100129-01

Date: 10/29/2015

1600 S. Andrews Avenue

Fiscal Year End: 6/30/2014

Ft. Lauderdale, FL 33316-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

Current Rate

DRG

130.09

New Rate

DRG

134.59

Effective Date

7/1/2015

7/1/2015

7/1/2015

**Inpatient County Billing Rate**

Rate Type:

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

**BASIS:**

Budget

X

Unaudited Costs

Field Audited Costs

Revised Field Audit

Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

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

100129 - 2015/07

Medicaid Reimbursement Rate Change Form

Broward Health Medical Center

Provider Number: 0100129-05

Date: 10/29/2015

1600 S. Andrews Avenue

Fiscal Year End: 6/30/2014

Ft. Lauderdale, FL 33316-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

Current Rate

DRG

130.09

New Rate

DRG

134.59

Effective Date

7/1/2015

7/1/2015

7/1/2015

**Inpatient County Billing Rate**

**Rate Type:**

Interim

Total Interim

Settlement Based on Cost

X

Prospective

X

Total Prospective

**BASIS:**

Budget

X

Unaudited Costs

Field Audited Costs

Revised Field Audit

Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

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

100188 - 2015/07

Medicaid Reimbursement Rate Change Form

Holy Cross Hospital, Inc.  
 P.O. Box 23460  
 Ft. Lauderdale, FL 33307-

Provider Number: 0100188-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>95.47</b>	<b>87.07</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

100196 - 2015/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital-South Florida-Ft  
 Lauderdale  
 1516 E Las Olas Blvd.  
 Ft. Lauderdale, FL 33301-

Provider Number: 0100196-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**


<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

<u>Budget</u>
X <u>Unaudited Costs</u>
<u>Field Audited Costs</u>
<u>Revised Field Audit</u>
<u>Cost Report Late Test</u>

W. Rydell Samuel or Chanda Farcas   
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

100200 - 2015/07

Medicaid Reimbursement Rate Change Form

Memorial Regional Hospital

Provider Number: 0100200-00

Date: 10/29/2015

3501 Johnson St.

Fiscal Year End: 4/30/2014

Hollywood, FL 33021-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

167.95

New Rate

DRG

171.36

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100218 - 2015/07

Medicaid Reimbursement Rate Change Form

Broward Health North  
  
 303 South East 17th St.  
  
 Ft. Lauderdale, FL 33316-

Provider Number: 0100218-00

Date: 10/29/2015

Fiscal Year End: 6/30/2014

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient  
 Outpatient

Current Rate

DRG

105.25

New Rate

DRG

110.09

Effective Date

7/1/2015

7/1/2015

7/1/2015

**Inpatient County Billing Rate**

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100218 - 2015/07

Medicaid Reimbursement Rate Change Form

Broward Health North  
 303 South East 17th St.  
 Ft. Lauderdale, FL 33316-

Provider Number: 0100218-03  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>108.35</b>	<b>105.25</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

100269 - 2015/07

Medicaid Reimbursement Rate Change Form

Calhoun Liberty Hospital  
 Post Office Box 419  
 Blountstown, FL 32424-0419

Provider Number: 0100269-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>52.52</b>	<b>51.60</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

100277 - 2015/07

Medicaid Reimbursement Rate Change Form

Bayfront Health Punta Gorda  
 809 E. Marion Ave.  
 Punta Gorda, FL 33950-3898

Provider Number: 0100277-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>62.39</b>	<b>48.85</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100277 - 2015/07

Medicaid Reimbursement Rate Change Form

Bayfront Health Punta Gorda  
 809 E. Marion Ave.  
 Punta Gorda, FL 33950-3898

Provider Number: 0100277-02  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>62.39</b>	<b>48.85</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100285 - 2015/07

Medicaid Reimbursement Rate Change Form

Bayfront Health Port Charlotte  
 2500 Harbor Blvd  
 Port Charlotte, FL 33952-

Provider Number: 0100285-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>64.98</b>	<b>63.14</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100315 - 2015/07

Medicaid Reimbursement Rate Change Form

Naples Community Hospital  
 350 7th Street North  
 Naples, FL 33941-3029

Provider Number: 0100315-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>80.78</b>	<b>78.40</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100331 - 2015/07

Medicaid Reimbursement Rate Change Form

Shands Lake Shore Regional Medical  
 Center  
 Post Office 100336  
 Gainesville, FL 32610-0336

Provider Number: 0100331-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>100.51</b>	<b>99.26</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

100358 - 2015/07

Medicaid Reimbursement Rate Change Form

Baptist Of Miami  
8900 North Kendall Dr.  
Miami, FL 33176-

Provider Number: 0100358-00  
Date: 6/29/2015  
Fiscal Year End: 9/30/2014  
Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>254.22</b>	<b>153.42</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100366 - 2015/07

Medicaid Reimbursement Rate Change Form

University of Miami Hospital  
 1475 NW 12th Avenue, Hope Lodge  
 Suite #205  
 Miami, FL 33136-

Provider Number: 0100366-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>130.17</b>	<b>134.72</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100366 - 2015/07

Medicaid Reimbursement Rate Change Form

University of Miami Hospital  
 1475 NW 12th Avenue, Hope Lodge  
 Suite #205  
 Miami, FL 33136-

Provider Number: 0100366-03  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>130.17</b>	<b>134.72</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

11

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

100412 - 2015/07

Medicaid Reimbursement Rate Change Form

Hialeah Hospital  
 651 E. 25th Street Dept. 7202  
 Miami, FL 33013-3878

Provider Number: 0100412-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>78.54</b>	<b>67.57</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-00

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

**DRG**

**194.85**

New Rate

**DRG**

**192.31**

Effective Date

**7/1/2015**

**7/1/2015**

**7/1/2015**

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-01

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

194.85

New Rate

DRG

192.31

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

Total Interim

X

Prospective

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 or Chanda Farcas

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-02

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient  
 Outpatient

Current Rate

DRG

194.85

New Rate

DRG

192.31

Effective Date

7/1/2015

7/1/2015

7/1/2015

**Inpatient County Billing Rate**

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-07

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

194.85

New Rate

DRG

192.31

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

Total Interim

X

Prospective

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 or Chanda Farcas

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-17

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

**DRG**

**194.85**

New Rate

**DRG**

**192.31**

Effective Date

**7/1/2015**

**7/1/2015**

**7/1/2015**

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-18

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

**DRG**

**194.85**

New Rate

**DRG**

**192.31**

Effective Date

**7/1/2015**

**7/1/2015**

**7/1/2015**

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-19

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

**DRG**

**194.85**

New Rate

**DRG**

**192.31**

Effective Date

**7/1/2015**

**7/1/2015**

**7/1/2015**

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-27

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

194.85

New Rate

DRG

192.31

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-34

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

Current Rate

DRG

194.85

New Rate

DRG

192.31

Effective Date

7/1/2015

7/1/2015

7/1/2015

Inpatient County Billing Rate

Rate Type:

Interim

Total Interim

X

Prospective

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 or Chanda Farcas

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-35

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

194.85

New Rate

DRG

192.31

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

Total Interim

X

Prospective

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 or Chanda Farcas

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-36

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

194.85

New Rate

DRG

192.31

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-42

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

**DRG**

**194.85**

New Rate

**DRG**

**192.31**

Effective Date

**7/1/2015**

**7/1/2015**

**7/1/2015**

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100421 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0100421-46

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

194.85

New Rate

DRG

192.31

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

140422 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

Provider Number: 0140422-00

Date: 10/21/2015

1611 N.W. 12th Avenue

Fiscal Year End: 9/30/2014

Miami, FL 33136-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

194.85

New Rate

DRG

192.31

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

Total Interim

X

Prospective

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 or Chanda Farcas

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

100439 - 2015/07

Medicaid Reimbursement Rate Change Form

Mercy Hospital, Inc.  
 3663 S Miami Ave.  
 Miami, FL 33133-

Provider Number: 0100439-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>139.59</b>	<b>135.65</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100439 - 2015/07

Medicaid Reimbursement Rate Change Form

Mercy Hospital, Inc.  
 3663 S Miami Ave.  
 Miami, FL 33133-

Provider Number: 0100439-03  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>139.59</b>	<b>135.65</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100439 - 2015/07

Medicaid Reimbursement Rate Change Form

Mercy Hospital, Inc.  
 3663 S Miami Ave.  
 Miami, FL 33133-

Provider Number: 0100439-04  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>139.59</b>	<b>135.65</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100463 - 2015/07

Medicaid Reimbursement Rate Change Form

Mount Sinai Medical Center  
 4300 Alton Rd  
 Miami Beach, FL 33140-

Provider Number: 0100463-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>176.95</b>	<b>118.97</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

         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

100463 - 2015/07

Medicaid Reimbursement Rate Change Form

Mount Sinai Medical Center  
 4300 Alton Rd  
 Miami Beach, FL 33140-

Provider Number: 0100463-22  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>176.95</b>	<b>118.97</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

**Rate Type:**

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100471 - 2015/07

Medicaid Reimbursement Rate Change Form

University of Miami Hospital and Clinics  
 P.O. Box 016217  
 Miami, FL 33101-

Provider Number: 0100471-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>219.82</b>	<b>176.37</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100498 - 2015/07

Medicaid Reimbursement Rate Change Form

Northshore Medical Center  
 1100 N.W. 95th Street  
 Miami, FL 33150-2098

Provider Number: 0100498-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>71.16</b>	<b>59.78</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 11

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

100498 - 2015/07

Medicaid Reimbursement Rate Change Form

Northshore Medical Center  
 1100 N.W. 95th Street  
 Miami, FL 33150-2098

Provider Number: 0100498-07  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>71.16</b>	<b>59.78</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 11

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

100536 - 2015/07

Medicaid Reimbursement Rate Change Form

Palm Springs General Hospital  
 1475 West 49th Street  
 Hialeah, FL 33012-

Provider Number: 0100536-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>40.52</b>	<b>39.38</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 11

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

100544 - 2015/07

Medicaid Reimbursement Rate Change Form

Metropolitan Hospital Miami  
 5959 NW 7th Street  
 Miami, FL 33126-

Provider Number: 0100544-00  
 Date: 6/29/2015  
 Fiscal Year End: 4/29/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>71.24</b>	<b>66.44</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100587 - 2015/07

Medicaid Reimbursement Rate Change Form

South Miami Hospital  
 6200 S.W. 73rd Street  
 Miami, FL 33143-

Provider Number: 0100587-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**


<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>112.68</b>	<b>109.50</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas   
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 11

         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

100609 - 2015/07

Medicaid Reimbursement Rate Change Form

Nicklaus Children's Hospital  
 3100 S.W. 62nd Avenue  
 Miami, FL 33155-3009

Provider Number: 0100609-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>217.91</b>	<b>224.24</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100625 - 2015/07

Medicaid Reimbursement Rate Change Form

Westchester General Hospital  
 2500 SW 75th Avenue  
 Miami, FL 33155-

Provider Number: 0100625-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>125.36</b>	<b>97.93</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100641 - 2015/07

Medicaid Reimbursement Rate Change Form

Baptist Medical Center Jacksonville  
 800 Prudential Drive  
 Jacksonville, FL 32207-

Provider Number: 0100641-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>91.64</b>	<b>82.68</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100641 - 2015/07

Medicaid Reimbursement Rate Change Form

Baptist Medical Center Jacksonville  
 800 Prudential Drive  
 Jacksonville, FL 32207-

Provider Number: 0100641-02  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>91.64</b>	<b>82.68</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100676 - 2015/07

Medicaid Reimbursement Rate Change Form

UF Health Jacksonville

Provider Number: 0100676-00

Date: 10/29/2015

580 West 8th Street

Fiscal Year End: 6/30/2014

Jacksonville, FL 32209-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

**DRG**

**145.78**

New Rate

**DRG**

**148.86**

Effective Date

**7/1/2015**

**7/1/2015**

**7/1/2015**

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100676 - 2015/07

Medicaid Reimbursement Rate Change Form

UF Health Jacksonville

Provider Number: 0100676-01

Date: 10/29/2015

580 West 8th Street

Fiscal Year End: 6/30/2014

Jacksonville, FL 32209-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

**DRG**

**145.78**

New Rate

**DRG**

**148.86**

Effective Date

**7/1/2015**

**7/1/2015**

**7/1/2015**

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100722 - 2015/07

Medicaid Reimbursement Rate Change Form

Mayo Clinic  
 4500 San Pablo Road  
 Jacksonville, FL 32216-

Provider Number: 0100722-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>112.28</b>	<b>117.03</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100731 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Vincent's Medical Center  
 Riverside  
 1800 Barrs Street 3rd Floor, Seton  
 Hall  
 Jacksonville, FL 32204-

Provider Number: 0100731-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>86.14</b>	<b>77.37</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100749 - 2015/07

Medicaid Reimbursement Rate Change Form

Baptist Hospital Inc  
 P.O. Box 17500  
 Pensacola, FL 32522-7500

Provider Number: 0100749-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>112.71</b>	<b>91.24</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

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

100749 - 2015/07

Medicaid Reimbursement Rate Change Form

Baptist Hospital Inc  
 P.O. Box 17500  
 Pensacola, FL 32522-7500

Provider Number: 0100749-02  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>112.71</b>	<b>91.24</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

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

100749 - 2015/07

Medicaid Reimbursement Rate Change Form

Baptist Hospital Inc  
 P.O. Box 17500  
 Pensacola, FL 32522-7500

Provider Number: 0100749-03  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>112.71</b>	<b>91.24</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

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

100765 - 2015/07

Medicaid Reimbursement Rate Change Form

Sacred Heart Hospital  
 Post Office Box 2728  
 Pensacola, FL 32513-2728

Provider Number: 0100765-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>116.44</b>	<b>137.47</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

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

100803 - 2015/07

Medicaid Reimbursement Rate Change Form

George E. Weems Memorial Hospital  
 P.O. Drawer 610  
 Apalachicola, FL 32320-

Provider Number: 0100803-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>101.40</b>	<b>114.49</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

100862 - 2015/07

Medicaid Reimbursement Rate Change Form

Hendry Regional Medical Center  
 524 W Sagamore Street  
 Clewiston, FL 33440-

Provider Number: 0100862-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>144.84</b>	<b>126.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100871 - 2015/07

Medicaid Reimbursement Rate Change Form

Bayfront Health Brooksville  
 Post Office Box 37  
 Brooksville, FL 34605-0037

Provider Number: 0100871-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>66.60</b>	<b>45.21</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

100871 - 2015/07

Medicaid Reimbursement Rate Change Form

Bayfront Health Brooksville  
 Post Office Box 37  
 Brooksville, FL 34605-0037

Provider Number: 0100871-01  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>66.60</b>	<b>45.21</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100897 - 2015/07

Medicaid Reimbursement Rate Change Form

Highlands Regional Medical Center  
 P.O. Drawer 2066  
 Sebring, FL 33870-

Provider Number: 0100897-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>69.31</b>	<b>67.35</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

         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

100901 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Heartland Medical  
 Center  
 Highway 27 North  
 Avon Park, FL 33825-

Provider Number: 0100901-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>90.49</b>	<b>76.49</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100901 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Heartland Medical  
 Center  
 Highway 27 North  
 Avon Park, FL 33825-

Provider Number: 0100901-02  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>90.49</b>	<b>76.49</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100943 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Carrollwood  
 3100 East Fletcher Avenue  
 Tampa, FL 33613-

Provider Number: 0100943-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>85.46</b>	<b>83.04</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100978 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Josephs Hospital  
 3001 W. ML King Blvd. Post Office  
 Box 4227  
 Tampa, FL 33677-4227

Provider Number: 0100978-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>136.64</b>	<b>127.73</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100978 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Josephs Hospital  
 3001 W. ML King Blvd. Post Office  
 Box 4227  
 Tampa, FL 33677-4227

Provider Number: 0100978-02  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>136.64</b>	<b>127.73</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

\_\_\_\_\_ 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

100978 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Josephs Hospital  
 3001 W. ML King Blvd. Post Office  
 Box 4227  
 Tampa, FL 33677-4227

Provider Number: 0100978-03  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>136.64</b>	<b>127.73</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

\_\_\_\_\_ 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

100978 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Josephs Hospital  
 3001 W. ML King Blvd.Post Office  
 Box 4227  
 Tampa, FL 33677-4227

Provider Number: 0100978-06  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>136.64</b>	<b>127.73</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100986 - 2015/07

Medicaid Reimbursement Rate Change Form

South Florida Baptist  
 301 N Alexander Street  
 Plant City, FL 33566-

Provider Number: 0100986-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>90.48</b>	<b>81.32</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

100994 - 2015/07

Medicaid Reimbursement Rate Change Form

Tampa General Hospital

Provider Number: 0100994-00

Date: 10/29/2015

P.O. Box 1289

Fiscal Year End: 9/30/2014

Tampa, FL 33601-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

152.32

New Rate

DRG

147.24

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100994 - 2015/07

Medicaid Reimbursement Rate Change Form

Tampa General Hospital

Provider Number: 0100994-01

Date: 10/29/2015

P.O. Box 1289

Fiscal Year End: 9/30/2014

Tampa, FL 33601-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

152.32

New Rate

DRG

147.24

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100994 - 2015/07

Medicaid Reimbursement Rate Change Form

Tampa General Hospital

Provider Number: 0100994-12

Date: 10/29/2015

P.O. Box 1289

Fiscal Year End: 9/30/2014

Tampa, FL 33601-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

152.32

New Rate

DRG

147.24

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100994 - 2015/07

Medicaid Reimbursement Rate Change Form

Tampa General Hospital

Provider Number: 0100994-13

Date: 10/29/2015

P.O. Box 1289

Fiscal Year End: 9/30/2014

Tampa, FL 33601-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

152.32

New Rate

DRG

147.24

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

100994 - 2015/07

Medicaid Reimbursement Rate Change Form

Tampa General Hospital

Provider Number: 0100994-14

Date: 10/29/2015

P.O. Box 1289

Fiscal Year End: 9/30/2014

Tampa, FL 33601-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

152.32

New Rate

DRG

147.24

Effective Date

7/1/2015

7/1/2015

7/1/2015

**Rate Type:**

Interim

X

Prospective

\_\_\_\_\_ 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 or Chanda Farcas

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

101028 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Tampa  
 3100 East Fletcher Avenue  
 Tampa, FL 33613-

Provider Number: 0101028-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>73.83</b>	<b>71.74</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101028 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Tampa  
 3100 East Fletcher Avenue  
 Tampa, FL 33613-

Provider Number: 0101028-09  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>73.83</b>	<b>71.74</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101036 - 2015/07

Medicaid Reimbursement Rate Change Form

Doctors Memorial Hospital  
 P.O. Box 188  
 Bonifay, FL 32425-

Provider Number: 0101036-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>150.92</b>	<b>149.60</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

101044 - 2015/07

Medicaid Reimbursement Rate Change Form

Indian River Medical Center  
 1000 36th Street  
 Vero Beach, FL 32960-

Provider Number: 0101044-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>96.50</b>	<b>93.77</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101061 - 2015/07

Medicaid Reimbursement Rate Change Form

Jackson Hospital  
 4250 Hospital Drive  
 Marianna, FL 32446-

Provider Number: 0101061-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>89.77</b>	<b>89.15</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

101079 - 2015/07

Medicaid Reimbursement Rate Change Form

Leesburg Regional Medical Center  
 600 E Dixie Ave  
 Leesburg, FL 32748-

Provider Number: 0101079-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>84.79</b>	<b>80.01</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

101087 - 2015/07

Medicaid Reimbursement Rate Change Form

South Lake Memorial Hospital  
 847 8th Street  
 Clermont, FL 32711-

Provider Number: 0101087-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>80.49</b>	<b>78.21</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101095 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Waterman  
 P.O. Box 333  
 Eustis, FL 32727-0333

Provider Number: 0101095-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>86.96</b>	<b>75.25</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

101109 - 2015/07

Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital  
 PO Box 151247  
 Cape Coral, FL 33915-

Provider Number: 0101109-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>112.45</b>	<b>101.45</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101109 - 2015/07

Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital  
 PO Box 151247  
 Cape Coral, FL 33915-

Provider Number: 0101109-11  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>112.45</b>	<b>101.45</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101109 - 2015/07

Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital  
 PO Box 151247  
 Cape Coral, FL 33915-

Provider Number: 0101109-17  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>112.45</b>	<b>101.45</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101109 - 2015/07

Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital  
 PO Box 151247  
 Cape Coral, FL 33915-

Provider Number: 0101109-18  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>112.45</b>	<b>101.45</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101117 - 2015/07

Medicaid Reimbursement Rate Change Form

Lehigh Regional Medical Center  
 1500 Lee Blvd.  
 Lehigh Acres, FL 33936-

Provider Number: 0101117-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>36.90</b>	<b>35.86</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101133 - 2015/07

Medicaid Reimbursement Rate Change Form

Tallahassee Memorial Regional M.C.  
 1300 Miccosukee  
 Tallahassee, FL 32308-

Provider Number: 0101133-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>129.16</b>	<b>121.72</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101141 - 2015/07

Medicaid Reimbursement Rate Change Form

Regional General Hospital Williston  
 P.O. Drawer 460  
 Williston, FL 32696-

Provider Number: 0101141-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/14/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>38.23</b>	<b>44.83</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

         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

101150 - 2015/07

Medicaid Reimbursement Rate Change Form

Madison County Memorial Hospital  
 201 East Marion Street  
 Madison, FL 32340-

Provider Number: 0101150-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>66.54</b>	<b>42.07</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

101168 - 2015/07

Medicaid Reimbursement Rate Change Form

Manatee Memorial Hospital  
 206 Second Street East  
 Bradenton, FL 34208-

Provider Number: 0101168-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>92.41</b>	<b>75.75</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101176 - 2015/07

Medicaid Reimbursement Rate Change Form

Munroe Regional Medical Center  
 Post Office Box 6000  
 Ocala, FL 34478-

Provider Number: 0101176-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>68.67</b>	<b>66.73</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

101184 - 2015/07

Medicaid Reimbursement Rate Change Form

Martin Medical Center  
 P.O. Box 9033  
 Stuart, FL 34995-9033

Provider Number: 0101184-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>88.92</b>	<b>84.77</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101192 - 2015/07

Medicaid Reimbursement Rate Change Form

Lower Keys Medical Center  
 P.O. Box 9107  
 Key West, FL 33401-

Provider Number: 0101192-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>68.59</b>	<b>66.65</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101192 - 2015/07

Medicaid Reimbursement Rate Change Form

Lower Keys Medical Center  
 P.O. Box 9107  
 Key West, FL 33401-

Provider Number: 0101192-01  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>68.59</b>	<b>66.65</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101206 - 2015/07

Medicaid Reimbursement Rate Change Form

Fishermen's Hospital  
 3301 Overseas Highway  
 Marathon, FL 33050-

Provider Number: 0101206-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>142.96</b>	<b>89.44</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Hospitals:  
 Managed Care  
 Contract Management

11

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

101214 - 2015/07

Medicaid Reimbursement Rate Change Form

Mariners Hospital  
 91500 Overseas Highway  
 Tavernier, FL 33070-

Provider Number: 0101214-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>366.92</b>	<b>295.15</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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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

101231 - 2015/07

Medicaid Reimbursement Rate Change Form

Baptist Medical Center - Nassau  
 1250 South 18th Street  
 Fernandina Beach, FL 32034-

Provider Number: 0101231-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>98.41</b>	<b>95.30</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101257 - 2015/07

Medicaid Reimbursement Rate Change Form

Twin Cities Hospital  
 2190 Hwy 85 North  
 Niceville, FL 32578-

Provider Number: 0101257-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>76.26</b>	<b>74.11</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

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

101265 - 2015/07

Medicaid Reimbursement Rate Change Form

North Okaloosa Medical Center  
 151 Redstone Ave.  
 Crestview, FL 32536-

Provider Number: 0101265-00  
 Date: 6/29/2015  
 Fiscal Year End: 3/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>97.02</b>	<b>82.08</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

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

101290 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital  
 500 East Rollins Street  
 Orlando, FL 32803-

Provider Number: 0101290-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Amended Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>117.06</b>	<b>112.81</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

101290 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital  
 500 East Rollins Street  
 Orlando, FL 32803-

Provider Number: 0101290-01  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Amended Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>117.06</b>	<b>112.81</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

101290 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital  
 500 East Rollins Street  
 Orlando, FL 32803-

Provider Number: 0101290-04  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Amended Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>117.06</b>	<b>112.81</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

101338 - 2015/07

Medicaid Reimbursement Rate Change Form

Orlando Health  
 1414 S. Kuhl Avenue  
 Orlando, FL 32806-

Provider Number: 0101338-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>148.12</b>	<b>137.51</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

101354 - 2015/07

Medicaid Reimbursement Rate Change Form

Health Central  
 10000 West Colonial Dr.  
 Ocoee, FL 34761-

Provider Number: 0101354-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>99.06</b>	<b>95.42</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

101389 - 2015/07

Medicaid Reimbursement Rate Change Form

Osceola Regional Medical Center  
 700 West Oak St.  
 Kissimmee, FL 32742-2589

Provider Number: 0101389-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>96.79</b>	<b>91.10</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

101401 - 2015/07

Medicaid Reimbursement Rate Change Form

Bethesda Hospital East  
 2815 S Seacrest Blvd.  
 Boynton Beach, FL 33435-

Provider Number: 0101401-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>92.34</b>	<b>68.62</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101419 - 2015/07

Medicaid Reimbursement Rate Change Form

Boca Raton Regional Hospital  
 800 Meadows Rd.  
 Boca Raton, FL 33486-

Provider Number: 0101419-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>90.55</b>	<b>71.75</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101443 - 2015/07

Medicaid Reimbursement Rate Change Form

Lakeside Medical Center  
 39200 Hooker Highway  
 Belle Glade, FL 33430-

Provider Number: 0101443-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>66.88</b>	<b>88.70</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101460 - 2015/07

Medicaid Reimbursement Rate Change Form

JFK Medical Center  
 5301 S. Congress Ave.  
 Lake Worth, FL 33462-1149

Provider Number: 0101460-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>114.89</b>	<b>105.71</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101486 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Mary's Medical Center  
 1300 N. Flagler Drive  
 West Palm Beach, FL 33401-

Provider Number: 0101486-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>95.37</b>	<b>81.12</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101486 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Mary's Medical Center  
 1300 N. Flagler Drive  
 West Palm Beach, FL 33401-

Provider Number: 0101486-01  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**


<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>95.37</b>	<b>81.12</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas   
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 9

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

101494 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Zephyrhills  
 7050 Gall Blvd  
 Zephyrhills, FL 33541-

Provider Number: 0101494-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>77.94</b>	<b>75.74</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101494 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Zephyrhills  
 7050 Gall Blvd  
 Zephyrhills, FL 33541-

Provider Number: 0101494-01  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>77.94</b>	<b>75.74</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 5

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

101508 - 2015/07

Medicaid Reimbursement Rate Change Form

Morton Plant North Bay Hospital  
 16255 Bay Vista Drive  
 Clearwater, FL 33760-

Provider Number: 0101508-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>86.40</b>	<b>83.96</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101516 - 2015/07

Medicaid Reimbursement Rate Change Form

All Children's Hospital  
 501 6th Avenue S  
 St. Petersburg, FL 33701-

Provider Number: 0101516-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>240.36</b>	<b>252.86</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101524 - 2015/07

Medicaid Reimbursement Rate Change Form

Good Samaritan Hospital  
 1300 N. Flagler Drive  
 West Palm Beach, FL 33401-

Provider Number: 0101524-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>97.80</b>	<b>86.85</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101541 - 2015/07

Medicaid Reimbursement Rate Change Form

Mease Dunedin Hospital  
 Post Box 210 Mailstation 102  
 Clearwater, FL 33517-

Provider Number: 0101541-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>91.10</b>	<b>81.96</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101567 - 2015/07

Medicaid Reimbursement Rate Change Form

Bayfront Health - St Petersburg  
 701 6th St. South  
 St. Petersburg, FL 33701-

Provider Number: 0101567-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>93.18</b>	<b>68.45</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 5

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

101567 - 2015/07

Medicaid Reimbursement Rate Change Form

Bayfront Health - St Petersburg  
 701 6th St. South  
 St. Petersburg, FL 33701-

Provider Number: 0101567-07  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>93.18</b>	<b>68.45</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101583 - 2015/07

Medicaid Reimbursement Rate Change Form

Morton F. Plant Hospital  
 16255 Bay Vista Dr, MS 100  
 Clearwater, FL 33760-

Provider Number: 0101583-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>125.34</b>	<b>108.39</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101583 - 2015/07

Medicaid Reimbursement Rate Change Form

Morton F. Plant Hospital  
 16255 Bay Vista Dr, MS 100  
 Clearwater, FL 33760-

Provider Number: 0101583-01  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>125.34</b>	<b>108.39</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101613 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital North Pinellas  
 1395 South Pinellas Ave.  
 Tarpon Springs, FL 34689-1487

Provider Number: 0101613-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>105.70</b>	<b>84.68</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 5

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

101648 - 2015/07

Medicaid Reimbursement Rate Change Form

Lakeland Regional Medical Center  
 230 South Florida Ave, Reimb Dept  
 4th Floor  
 Lakeland, FL 33801-

Provider Number: 0101648-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>81.41</b>	<b>80.91</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101664 - 2015/07

Medicaid Reimbursement Rate Change Form

Lake Wales Hospital Association  
 410 South 11th St.  
 Lake Wales, FL 33853-

Provider Number: 0101664-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>64.75</b>	<b>62.92</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101699 - 2015/07

Medicaid Reimbursement Rate Change Form

Winter Haven Hospital  
 200 Avenue "F" Northeast  
 Winter Haven, FL 33880-

Provider Number: 0101699-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>87.68</b>	<b>83.88</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101702 - 2015/07

Medicaid Reimbursement Rate Change Form

West Gables Rehabilitation  
 2525 Southwest 75th Av.  
 Miami, FL 33155-

Provider Number: 0101702-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101711 - 2015/07

Medicaid Reimbursement Rate Change Form

Flagler Hospital  
 400 Health Park Blvd.  
 St. Augustine, FL 32086-

Provider Number: 0101711-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>81.12</b>	<b>59.41</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101737 - 2015/07

Medicaid Reimbursement Rate Change Form

Jay Hospital  
 221 South Alabama Street  
 Jay, FL 32565-

Provider Number: 0101737-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>75.45</b>	<b>106.00</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

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

101745 - 2015/07

Medicaid Reimbursement Rate Change Form

Santa Rosa Hospital  
 P.O. BOX 648  
 Milton, FL 32570-

Provider Number: 0101745-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>72.29</b>	<b>70.25</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

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

101753 - 2015/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital of  
 Largo  
 901 Clearwater Largo Rd.  
 Largo, FL 34640-

Provider Number: 0101753-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101761 - 2015/07

Medicaid Reimbursement Rate Change Form

Memorial Hospital

Provider Number: 0101761-00

Date: 10/29/2015

1901 Arlington St.

Fiscal Year End: 9/30/2014

Sarasota, FL 33579-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

DRG

97.16

New Rate

DRG

97.16

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

101788 - 2015/07

Medicaid Reimbursement Rate Change Form

Central Florida Regional Hospital  
 1401 West Seminole Blvd.  
 Sanford, FL 32771-

Provider Number: 0101788-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>82.66</b>	<b>71.91</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

101796 - 2015/07

Medicaid Reimbursement Rate Change Form

Shands Live Oak Regional Medical  
 Center  
 Post Office Box 100336  
 Gainesville, FL 32610-0336

Provider Number: 0101796-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>80.41</b>	<b>72.35</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

101800 - 2015/07

Medicaid Reimbursement Rate Change Form

Doctors' Memorial Hospital  
 407 East Ash Street  
 Perry, FL 32347-

Provider Number: 0101800-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>92.07</b>	<b>109.39</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

101826 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital - Fish Memorial  
 1055 Sax Boulevard  
 Orange City, FL 32763-

Provider Number: 0101826-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>86.62</b>	<b>71.30</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101834 - 2015/07

Medicaid Reimbursement Rate Change Form

Bert Fish Memorial Hospital  
 401 Palmetto Street  
 New Smyrna Beach, FL 32170-

Provider Number: 0101834-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>84.51</b>	<b>82.13</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101842 - 2015/07

Medicaid Reimbursement Rate Change Form

Halifax Health Medical Center  
 P.O. Box 2830  
 Daytona Beach, FL 32115-2830

Provider Number: 0101842-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>108.96</b>	<b>91.99</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101869 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Memorial Medical  
 Center  
 875 Sterthaus Avenue  
 Ormond Beach, FL 32174-

Provider Number: 0101869-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>88.12</b>	<b>74.52</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101877 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital DeLand  
 701 West Plymouth Avenue  
 Deland, FL 32720-

Provider Number: 0101877-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>73.99</b>	<b>65.59</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101885 - 2015/07

Medicaid Reimbursement Rate Change Form

Healthmark Regional Medical Center  
 PO Box 1326  
 Defuniak Springs, FL 32433-

Provider Number: 0101885-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>63.01</b>	<b>60.68</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

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

101893 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Flagler  
 60 Memorial Medical Pkwy  
 Palm Coast, FL 32164-

Provider Number: 0101893-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>82.18</b>	<b>76.43</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101907 - 2015/07

Medicaid Reimbursement Rate Change Form

Northwest Florida Community Hospital  
 Post Office Box 889  
 Chipley, FL 32428-

Provider Number: 0101907-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**


<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>128.10</b>	<b>142.86</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

<u>Budget</u>
<u>X Unaudited Costs</u>
<u>Field Audited Costs</u>
<u>Revised Field Audit</u>
<u>Cost Report Late Test</u>

W. Rydell Samuel or Chanda Farcas   
 Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

101915 - 2015/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital-South Florida-  
 Hollywood  
 1859 Van Buren St.  
 Hollywood, FL 33022-

Provider Number: 0101915-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

101923 - 2015/07

Medicaid Reimbursement Rate Change Form

Desoto Memorial Hospital  
 PO Box 2180  
 Arcadia, FL 33821-

Provider Number: 0101923-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>114.32</b>	<b>170.27</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101931 - 2015/07

Medicaid Reimbursement Rate Change Form

Memorial Hospital Jacksonville  
 PO Box 16325  
 Jacksonville, FL 32216-

Provider Number: 0101931-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>77.18</b>	<b>75.00</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

101940 - 2015/07

Medicaid Reimbursement Rate Change Form

Campbellton-Graceville Hospital  
 5429 College Dr.  
 Graceville, FL 32240-

Provider Number: 0101940-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2009  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>114.68</b>	<b>116.29</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

101991 - 2015/07

Medicaid Reimbursement Rate Change Form

Wiregrass Hospital  
 1200 Maple Av.  
 Geneva, AL 36340-

Provider Number: 0101991-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>93.03</b>	<b>90.40</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102016 - 2015/07

Medicaid Reimbursement Rate Change Form

Floral Memorial Hospital  
 PO BOX 206  
 Florida, AL 36442-

Provider Number: 0102016-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>13.77</b>	<b>13.39</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102024 - 2015/07

Medicaid Reimbursement Rate Change Form

D.W.Mcmillan Memorial  
 PO BOX 908  
 Brewton, AL 36427-

Provider Number: 0102024-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2004  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>153.66</b>	<b>149.12</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102041 - 2015/07

Medicaid Reimbursement Rate Change Form

Archbold Memorial Hospital  
 Post Office Box 1018  
 Thomasville, GA 31799-1018

Provider Number: 0102041-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>91.23</b>	<b>53.67</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102067 - 2015/07

Medicaid Reimbursement Rate Change Form

Southeast Alabama General  
 PO BOX 6987  
 Dothan, AL 36301-

Provider Number: 0102067-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>133.03</b>	<b>129.27</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102075 - 2015/07

Medicaid Reimbursement Rate Change Form

South Georgia Medical Center  
 PO BOX 1727  
 Valdosta, GA 31601-

Provider Number: 0102075-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2012  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>81.31</b>	<b>77.40</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102091 - 2015/07

Medicaid Reimbursement Rate Change Form

Flowers Hospital  
 PO BOX 6907  
 Dothan, AL 36302-

Provider Number: 0102091-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>71.84</b>	<b>69.81</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102105 - 2015/07

Medicaid Reimbursement Rate Change Form

Palm Beach Gardens Medical Center  
 3360 Burns Rd.  
 Palm Beach Gardens, FL 33410-

Provider Number: 0102105-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>85.91</b>	<b>83.48</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

102121 - 2015/07

Medicaid Reimbursement Rate Change Form

Grady General Hospital  
 1155 5th St.  
 Cairo, GA 31728-

Provider Number: 0102121-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>54.38</b>	<b>52.84</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102130 - 2015/07

Medicaid Reimbursement Rate Change Form

Wellington Regional Medical Center  
 10101 Forest Hill Blvd.  
 West Palm Beach, FL 33414-

Provider Number: 0102130-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>106.73</b>	<b>97.78</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

102164 - 2015/07

Medicaid Reimbursement Rate Change Form

Mizell Memorial Hospital

Provider Number: 0102164-00

Date: 6/29/2015

Fiscal Year End: 9/30/1992

Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102199 - 2015/07

Medicaid Reimbursement Rate Change Form

Citrus Memorial Hospital  
 502 Highland Blvd.  
 Iverness, FL 32652-

Provider Number: 0102199-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>68.15</b>	<b>64.87</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

102202 - 2015/07

Medicaid Reimbursement Rate Change Form

Cleveland Clinic Hospital  
 3100 Weston Rd  
 Weston, FL 33331-

Provider Number: 0102202-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>63.06</b>	<b>60.13</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

102229 - 2015/07

Medicaid Reimbursement Rate Change Form

Memorial Hospital Pembroke  
 2301 University Dr.  
 Pembroke Pines, FL 33024-

Provider Number: 0102229-00  
 Date: 6/29/2015  
 Fiscal Year End: 4/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>121.50</b>	<b>103.48</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

102261 - 2015/07

Medicaid Reimbursement Rate Change Form

Homestead Hospital  
 160 N.W. 13th Street  
 Homestead, FL 33030-

Provider Number: 0102261-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>167.07</b>	<b>179.09</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

102288 - 2015/07

Medicaid Reimbursement Rate Change Form

Heart Of Florida Hospital  
 P.O. Box 67  
 Haines City, FL 33845-

Provider Number: 0102288-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>78.03</b>	<b>59.61</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

102300 - 2015/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital Central Tampa  
 4801 N HOWARD AVE.  
 Tampa, FL 33604-

Provider Number: 0102300-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

102326 - 2015/07

Medicaid Reimbursement Rate Change Form

Baptist Medical Center - Beaches  
 1350 13th AVE., SOUTH  
 Jacksonville, FL 32250-

Provider Number: 0102326-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>69.62</b>	<b>67.65</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

\_\_\_\_\_ 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

102334 - 2015/07

Medicaid Reimbursement Rate Change Form

Atmore Community Hospital  
 401 Medical Park Dr.  
 Atmore, AL 36502-

Provider Number: 0102334-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>42.37</b>	<b>41.08</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102342 - 2015/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital-Bay Area-Tampa  
 4555 SOUTH MANHATTAN AVE.  
 Tampa, FL 33611-

Provider Number: 0102342-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

102369 - 2015/07

Medicaid Reimbursement Rate Change Form

Smith Hospital  
 P.O. Box 10010  
 Valdosta, GA 31604-

Provider Number: 0102369-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2010  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>91.83</b>	<b>87.41</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102407 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Anthony's Rehabilitation Hospital  
 3075 N.W. 35th Ave.  
 Lauderdale Lake, FL 33311-

Provider Number: 0102407-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

102474 - 2015/07

Medicaid Reimbursement Rate Change Form

South Baldwin Hospital  
 1613 West McKenzie St.  
 Foley, AL 36536

Provider Number: 0102474-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/1995  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102521 - 2015/07

Medicaid Reimbursement Rate Change Form

Memorial Hospital West

Provider Number: 0102521-00

Date: 10/29/2015

703 North Flamingo Road

Fiscal Year End: 4/30/2014

Pembroke Pines, FL 33028-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

Current Rate

DRG

103.62

New Rate

DRG

122.21

Effective Date

7/1/2015

7/1/2015

7/1/2015

**Inpatient County Billing Rate**

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

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

102539 - 2015/07

Medicaid Reimbursement Rate Change Form

Englewood Community Hospital  
 700 Medical Blvd.  
 Englewood, FL 34223-

Provider Number: 0102539-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>51.04</b>	<b>49.60</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

102555 - 2015/07

Medicaid Reimbursement Rate Change Form

Southeast Georgia Medical Center  
 3100 Kemble Avenue  
 Brunswick, GA 31520-

Provider Number: 0102555-00  
 Date: 6/29/2015  
 Fiscal Year End: 4/30/2010  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>60.24</b>	<b>57.34</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102598 - 2015/07

Medicaid Reimbursement Rate Change Form

Edward White Hospital  
 2323 9th Avenue North P.O. Box  
 12018  
 St. Petersburg, Fl 33733-

Provider Number: 0102598-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>96.44</b>	<b>93.71</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 5

For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102601 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida Hospital Wauchula  
 2501 U.S. Hwy 27 North P.O. Box  
 1200  
 Avon Park, FL 33825-

Provider Number: 0102601-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>107.84</b>	<b>113.88</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

102610 - 2015/07

Medicaid Reimbursement Rate Change Form

A.G. Holley State Hospital  
 1199 Lantana Rd.P.O. Box 3084  
 Lantana, FL 33465-

Provider Number: 0102610-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2010  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

102679 - 2015/07

Medicaid Reimbursement Rate Change Form

Kindred Hosp. - North Fla  
 801 Oak Street  
 Green Cove Springs, FL 32043-

Provider Number: 0102679-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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102687 - 2015/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehab - Dothan  
 1736 East Main Street  
 Dothan, AL 36301-

Provider Number: 0102687-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2012  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102709 - 2015/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital of  
 Miami  
 20601 Old Cutler Road  
 Miami, FL 33188-

Provider Number: 0102709-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 11

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

102717 - 2015/07

Medicaid Reimbursement Rate Change Form

Brooks Rehabilitation Hospital  
 3599 University Blvd., S  
 Jacksonville, FL 32216-

Provider Number: 0102717-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>46.42</b>	<b>45.11</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

102750 - 2015/07

Medicaid Reimbursement Rate Change Form

HealthSouth Emerald Coast  
 Rehabilitation Hospital  
 1847 Florida Avenue  
 Panama City, FL 32405-

Provider Number: 0102750-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>47.48</b>	<b>37.07</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

For Information only - No Change in rate





**Florida Agency For Health Care Administration**  
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 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

102768 - 2015/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital-Bay Area-St  
 Petersburg  
 3030 6th Street, South  
 St. Petersburg, FL 33705-

Provider Number: 0102768-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 5

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

102776 - 2015/07

Medicaid Reimbursement Rate Change Form

Douglas Gardens Hospital  
 5200 NE 2nd Avenue  
 Miami, FL 33137-

Provider Number: 0102776-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

11

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

103144 - 2015/07

Medicaid Reimbursement Rate Change Form

Physicians Regional Medical Center -  
 Pine Ridge  
 6101 Pine Ridge Road  
 Naples, FL 34119-

Provider Number: 0103144-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>79.98</b>	<b>57.12</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

         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

103144 - 2015/07

Medicaid Reimbursement Rate Change Form

Physicians Regional Medical Center -  
 Pine Ridge  
 6101 Pine Ridge Road  
 Naples, FL 34119-

Provider Number: 0103144-01  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>79.98</b>	<b>57.12</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
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103179 - 2015/07

Medicaid Reimbursement Rate Change Form

The Villages Regional Hospital  
 600 East Dixie Ave  
 Leesburg, FL 34748-

Provider Number: 0103179-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>56.46</b>	<b>54.86</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

103209 - 2015/07

Medicaid Reimbursement Rate Change Form

Wuesthoff Medical Center Melbourne  
 250 N. Wickham Road  
 Melbourne, FL 32935-

Provider Number: 0103209-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>78.36</b>	<b>60.26</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

103233 - 2015/07

Medicaid Reimbursement Rate Change Form

Sacred Heart Hospital on the Emerald Coast  
 7800 US Highway 98 West  
 Destin, FL 32550-7228

Provider Number: 0103233-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>106.64</b>	<b>128.60</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

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

103284 - 2015/07

Medicaid Reimbursement Rate Change Form

Sister Emmanuel Hospital  
 3663 South Miami Ave, 4th Floor  
 Miami, FL 33133-

Provider Number: 0103284-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 11

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

103373 - 2015/07

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital-Miami  
 955 NW 3rd Street, 8th Floor  
 Miami, FL 33128-

Provider Number: 0103373-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 11

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

103390 - 2015/07

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital - Orlando  
 (South Campus)  
 601 E Rollins Street  
 Orlando, FL 32803-

Provider Number: 0103390-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>DRG</u>	<u>DRG</u>	<u>7/1/2015</u>
Outpatient	<u>9.15</u>	<u>14.53</u>	<u>7/1/2015</u>
<b>Inpatient County Billing Rate</b>			<u>7/1/2015</u>

Rate Type:

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

**BASIS:**

<u>Budget</u>
<u>X</u> <u>Unaudited Costs</u>
<u>Field Audited Costs</u>
<u>Revised Field Audit</u>
<u>Cost Report Late Test</u>

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

103411 - 2015/07

Medicaid Reimbursement Rate Change Form

Charlton Memorial Hospital  
 Post Office Box 188  
 Folkston, GA 31537-

Provider Number: 0103411-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2012  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>153.66</b>	<b>149.12</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

103420 - 2015/07

Medicaid Reimbursement Rate Change Form

Lakewood Ranch Medical Center  
 8330 Lakewood Ranch Boulevard  
 Bradenton, FL 34202-

Provider Number: 0103420-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>103.03</b>	<b>90.14</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

103438 - 2015/07

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital-Panama  
 City  
 615 N Bonita Avenue  
 Panama City, FL 32401-

Provider Number: 0103438-00  
 Date: 6/29/2015  
 Fiscal Year End: 7/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

103454 - 2015/07

Medicaid Reimbursement Rate Change Form

Memorial Hospital Miramar  
 1901 SW 172nd Avenue  
 Miramar, FL 33029-

Provider Number: 0103454-00  
 Date: 6/29/2015  
 Fiscal Year End: 4/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>96.35</b>	<b>94.67</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

103462 - 2015/07

Medicaid Reimbursement Rate Change Form

St Cloud Regional Medical Center  
 2906 17th Street  
 Saint Cloud, FL 34769-

Provider Number: 0103462-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>62.26</b>	<b>59.77</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

103535 - 2015/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital Ocala  
 1500 SW 1st Avenue, 5th Floor  
 Ocala, FL 34474-

Provider Number: 0103535-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

3

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

103543 - 2015/07

Medicaid Reimbursement Rate Change Form

Doctors Hospital  
 5000 University Drive  
 Coral Gables, FL 33146-

Provider Number: 0103543-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>179.44</b>	<b>174.37</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

103551 - 2015/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital of  
 Spring Hill  
 12440 Cortez Boulevard  
 Brooksville, FL 34613-

Provider Number: 0103551-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>100.41</b>	<b>30.15</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

<u>        </u>	Budget
<u>X</u>	Unaudited Costs
<u>        </u>	Field Audited Costs
<u>        </u>	Revised Field Audit
<u>        </u>	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

103560 - 2015/07

Medicaid Reimbursement Rate Change Form

Healthsouth Ridgelake Hospital  
 6150 Edgelake Drive  
 Sarasota, FL 34240-

Provider Number: 0103560-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

103683 - 2015/07

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Pensacola  
 Inc  
 7000 Cobble Creek Drive  
 Pensacola, FL 32504-

Provider Number: 0103683-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

1

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

103721 - 2015/07

Medicaid Reimbursement Rate Change Form

BayCare Alliant Hospital  
 601 Main Street, MS 469  
 Dunedin, FL 34698-

Provider Number: 0103721-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

103730 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Vincent's Medical Center  
 Southside  
 4201 Belfort Road  
 Jacksonville, FL 32215-

Provider Number: 0103730-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>75.48</b>	<b>73.35</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

103748 - 2015/07

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital - Tallahassee  
 1554 Surgeon's Drive  
 Tallahassee, FL 32308-

Provider Number: 0103748-00  
 Date: 6/29/2015  
 Fiscal Year End: 2/28/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

103764 - 2015/07

Medicaid Reimbursement Rate Change Form

Select Specialty Hospital-Palm Beach  
 3060 Melaleuca Lane  
 Lake Worth, FL 33461-

Provider Number: 0103764-00  
 Date: 6/29/2015  
 Fiscal Year End: 11/30/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

103772 - 2015/07

Medicaid Reimbursement Rate Change Form

Select Speciality Hospital Gainesville  
 Inc.  
 2708 SW Archer Road  
 Gainesville, FL 32608-

Provider Number: 0103772-00  
 Date: 6/29/2015  
 Fiscal Year End: 7/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

104591 - 2015/07

Medicaid Reimbursement Rate Change Form

Northwest Medical Center  
 5801 North State Road 7  
 Margate, FL 33063-

Provider Number: 0104591-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>52.28</b>	<b>50.50</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

104604 - 2015/07

Medicaid Reimbursement Rate Change Form

Palmetto General Hospital  
 2001 West 68th St.  
 Hialeah, FL 33016-

Provider Number: 0104604-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>90.64</b>	<b>77.98</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

105520 - 2015/07

Medicaid Reimbursement Rate Change Form

Medical Center of Trinity  
 5637 Marine Parkway  
 New Port Richey, FL 34652-

Provider Number: 0105520-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>41.66</b>	<b>40.48</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

106470 - 2015/07

Medicaid Reimbursement Rate Change Form

Specialty Hospital Jacksonville  
 4901 Richard Street  
 Jacksonville, FL 32207-

Provider Number: 0106470-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

108219 - 2015/07

Medicaid Reimbursement Rate Change Form

Broward Health Imperial Point  
 1608 S.E. 3rd Avenue  
 Ft. Lauderdale, FL 33316-

Provider Number: 0108219-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>119.27</b>	<b>109.54</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

108219 - 2015/07

Medicaid Reimbursement Rate Change Form

Broward Health Imperial Point  
 1608 S.E. 3rd Avenue  
 Ft. Lauderdale, FL 33316-

Provider Number: 0108219-05  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>119.27</b>	<b>109.54</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

108227 - 2015/07

Medicaid Reimbursement Rate Change Form

Lake Butler Hospital  
 850 EAST MAIN ST.P.O.B. 748  
 Lake Butler, FL 32954-

Provider Number: 0108227-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>116.87</b>	<b>126.37</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

108626 - 2015/07

Medicaid Reimbursement Rate Change Form

North Florida Regional Medical  
 Center  
 P.O. Box NFR  
 Gainesville, FL 32602-

Provider Number: 0108626-00  
 Date: 6/29/2015  
 Fiscal Year End: 2/28/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>98.80</b>	<b>96.00</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

109592 - 2015/07

Medicaid Reimbursement Rate Change Form

Bayfront Health Dade City  
 13100 Fort King Road  
 Dade City, FL 33525-

Provider Number: 0109592-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>65.19</b>	<b>63.35</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

109606 - 2015/07

Medicaid Reimbursement Rate Change Form

Coral Gables Hospital  
 P.O. BOX 610  
 Coral Gables, FL 33134-

Provider Number: 0109606-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>120.23</b>	<b>102.13</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

109886 - 2015/07

Medicaid Reimbursement Rate Change Form

Ocala Regional Medical Center  
 1431 SW 1st Avenue Post Office Box  
 2200  
 Ocala, FL 32678-

Provider Number: 0109886-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>57.58</b>	<b>44.74</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

110213 - 2015/07

Medicaid Reimbursement Rate Change Form

Blake Memorial Hospital  
 2020 59th St. West  
 Bradenton, FL 33505-

Provider Number: 0110213-00  
 Date: 6/29/2015  
 Fiscal Year End: 4/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>69.27</b>	<b>67.31</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

111325 - 2015/07

Medicaid Reimbursement Rate Change Form

Ft. Walton Beach Medical Center  
 1000 Mar-Walt Drive  
 Ft. Walton, FL 32547-

Provider Number: 0111325-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>44.12</b>	<b>42.88</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

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

111341 - 2015/07

Medicaid Reimbursement Rate Change Form

Gulf Coast Medical Center Lee  
 Memorial Health System  
 PO Box 151247  
 Cape Coral, FL 33915-

Provider Number: 0111341-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>85.46</b>	<b>83.04</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

111741 - 2015/07

Medicaid Reimbursement Rate Change Form

Orange Park Medical Center  
 2001 Kingsley Avenue  
 Orange Park, FL 32073-

Provider Number: 0111741-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>79.99</b>	<b>77.73</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

112305 - 2015/07

Medicaid Reimbursement Rate Change Form

Westside Regional Medical Center  
 8201 West Broward Blvd.  
 Plantation, FL 33324-

Provider Number: 0112305-00  
 Date: 6/29/2015  
 Fiscal Year End: 1/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>50.86</b>	<b>46.93</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

112798 - 2015/07

Medicaid Reimbursement Rate Change Form

Memorial Hospital Of Tampa  
 2901 Swann Avenue  
 Tampa, FL 33609-0409

Provider Number: 0112798-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>129.02</b>	<b>125.37</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

112801 - 2015/07

Medicaid Reimbursement Rate Change Form

University Hospital and Medical Center  
 7201 University Drive  
 Tamarac, FL 33321-

Provider Number: 0112801-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>60.25</b>	<b>58.55</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

113212 - 2015/07

Medicaid Reimbursement Rate Change Form

West Florida Hospital  
 8383 North Davis Hwy.  
 Pensacola, FL 32514-

Provider Number: 0113212-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>64.53</b>	<b>62.70</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

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

113514 - 2015/07

Medicaid Reimbursement Rate Change Form

Putnam Community Hospital  
 P.O. Drawer 778  
 Palatka, FL 32007-

Provider Number: 0113514-00  
 Date: 6/29/2015  
 Fiscal Year End: 2/28/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>102.96</b>	<b>107.29</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

115193 - 2015/07

Medicaid Reimbursement Rate Change Form

Northside Hospital  
 6000 49th St. North  
 St. Petersburg, FL 33709-

Provider Number: 0115193-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>83.68</b>	<b>73.33</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

116483 - 2015/07

Medicaid Reimbursement Rate Change Form

Anne Bates Leach Eye Hospital  
 900 NW 17th St.  
 Miami, FL 33136-

Provider Number: 0116483-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>202.61</b>	<b>206.72</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 11

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

117463 - 2015/07

Medicaid Reimbursement Rate Change Form

Fawcett Memorial Hospital  
 PO BOX 494960  
 Port Charlotte, FL 33952-

Provider Number: 0117463-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>79.93</b>	<b>77.67</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

117617 - 2015/07

Medicaid Reimbursement Rate Change Form

Gulf Coast Regional Medical Center  
 449 West 23rd Street  
 Panama City, FL 32405-

Provider Number: 0117617-00  
 Date: 6/29/2015  
 Fiscal Year End: 1/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>71.42</b>	<b>70.72</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
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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

118079 - 2015/07

Medicaid Reimbursement Rate Change Form

Brandon Regional Hospital  
 119 Oakfield Drive  
 Brandon, FL 33511-

Provider Number: 0118079-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>84.21</b>	<b>75.71</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

119695 - 2015/07

Medicaid Reimbursement Rate Change Form

Lawnwood Regional Medical Center  
 & Heart Institute  
 P.O. Box 188  
 Ft Pierce, FL 33450-

Provider Number: 0119695-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>90.02</b>	<b>85.45</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

\_\_\_\_\_ 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

119717 - 2015/07

Medicaid Reimbursement Rate Change Form

Cape Coral Hospital  
 PO Box 151247  
 Cape Coral, FL 33915-

Provider Number: 0119717-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>61.64</b>	<b>59.90</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

119733 - 2015/07

Medicaid Reimbursement Rate Change Form

Venice Regional Bayfront Health  
 540 THE RIALTO  
 Venice, FL 34285-

Provider Number: 0119733-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>55.65</b>	<b>54.08</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

119741 - 2015/07

Medicaid Reimbursement Rate Change Form

Largo Medical Center  
 201 14th St., SW  
 Largo, FL 33540-

Provider Number: 0119741-00  
 Date: 6/29/2015  
 Fiscal Year End: 2/28/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>89.23</b>	<b>83.20</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 5

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

119750 - 2015/07

Medicaid Reimbursement Rate Change Form

Raulerson Hospital  
 P.O.Box 1307  
 Okeechobee, FL 34974-

Provider Number: 0119750-00  
 Date: 6/29/2015  
 Fiscal Year End: 4/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>100.78</b>	<b>97.44</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

119768 - 2015/07

Medicaid Reimbursement Rate Change Form

Lake City Medical Center  
 1050 N. Commerce Blvd  
 Lake City, FL 32055-

Provider Number: 0119768-00  
 Date: 6/29/2015  
 Fiscal Year End: 10/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>84.81</b>	<b>80.73</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

119784 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida State Hospital-Med  
 Medicaid Billing Office  
 Chattahoochee, FL 32324-

Provider Number: 0119784-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>0.00</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
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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

119806 - 2015/07

Medicaid Reimbursement Rate Change Form

Capital Regional Medical Center  
 2626 CAPITAL MEDICAL BLVD  
 Tallahassee, FL 32308-

Provider Number: 0119806-00  
 Date: 6/29/2015  
 Fiscal Year End: 4/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>78.40</b>	<b>76.19</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

119849 - 2015/07

Medicaid Reimbursement Rate Change Form

Tampa Community Hospital  
 6001 Webb Road  
 Tampa, FL 33615-

Provider Number: 0119849-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>75.97</b>	<b>73.83</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

119881 - 2015/07

Medicaid Reimbursement Rate Change Form

Regional Medical Center Bayonet  
 Point  
 14000 FIVAY RD  
 Hudson, FL 34667-

Provider Number: 0119881-00  
 Date: 6/29/2015  
 Fiscal Year End: 2/28/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>82.96</b>	<b>75.36</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

119938 - 2015/07

Medicaid Reimbursement Rate Change Form

Kindred Hospital-South Florida-Coral  
 Gables  
 5190 SW 8TH ST  
 Coral Gables, FL 33134-

Provider Number: 0119938-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

<u>Budget</u>
<u>X</u> <u>Unaudited Costs</u>
<u>Field Audited Costs</u>
<u>Revised Field Audit</u>
<u>Cost Report Late Test</u>

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

119946 - 2015/07

Medicaid Reimbursement Rate Change Form

South Bay Hospital  
 4016 STATE RD 674 EAST  
 Sun City Center, FL 33570-

Provider Number: 0119946-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>75.97</b>	<b>73.83</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

119954 - 2015/07

Medicaid Reimbursement Rate Change Form

Doctors Hospital Of Sarasota  
 5731 Bee Ridge Road  
 Sarasota, FL 34233-

Provider Number: 0119954-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>74.64</b>	<b>72.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

119971 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Lucie Medical Center  
 1800 SE TIFFANY AVE.  
 Port St Lucie, FL 34952-

Provider Number: 0119971-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>81.88</b>	<b>81.27</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

119989 - 2015/07

Medicaid Reimbursement Rate Change Form

Seven Rivers Regional Medical  
 Center  
 6201 N Suncoast Blvd.  
 Crystal River, FL 32629-

Provider Number: 0119989-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>64.57</b>	<b>62.09</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

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

120006 - 2015/07

Medicaid Reimbursement Rate Change Form

Plantation General Hospital  
 401 NW 42ND AVENUE  
 Plantation, FL 33317-

Provider Number: 0120006-00  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>70.23</b>	<b>68.35</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

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

120006 - 2015/07

Medicaid Reimbursement Rate Change Form

Plantation General Hospital  
 401 NW 42ND AVENUE  
 Plantation, FL 33317-

Provider Number: 0120006-01  
 Date: 6/29/2015  
 Fiscal Year End: 8/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>70.23</b>	<b>68.35</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
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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

120014 - 2015/07

Medicaid Reimbursement Rate Change Form

Sebastian Hospital  
 P.O. BOX 780838  
 Sebastian, FL 32978-

Provider Number: 0120014-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>73.03</b>	<b>58.76</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120022 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Catherine's Rehabilitation Hospital  
 1050 NE 125 ST  
 North Miami, FL 33161-

Provider Number: 0120022-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
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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

120057 - 2015/07

Medicaid Reimbursement Rate Change Form

Healthsouth Larkin Hospital-Miami  
 7031 SW 62 AVE.  
 South Miami, FL 33143-

Provider Number: 0120057-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>218.07</b>	<b>134.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120073 - 2015/07

Medicaid Reimbursement Rate Change Form

Oak Hill Hospital  
 P.O. BOX 5300  
 Spring Hill, FL 33526-

Provider Number: 0120073-00  
 Date: 6/29/2015  
 Fiscal Year End: 2/28/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>65.90</b>	<b>64.04</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u>        </u> Total Interim		<u>        </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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120081 - 2015/07

Medicaid Reimbursement Rate Change Form

Mease Countryside Hospital  
 16331 BayVista Drive  
 Clearwater, FL 33760-

Provider Number: 0120081-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>75.58</b>	<b>73.44</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
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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

120090 - 2015/07

Medicaid Reimbursement Rate Change Form

Delray Comm. Hosp.  
 5352 Linton Blvd  
 Delray Beach, FL 33445-

Provider Number: 0120090-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>96.67</b>	<b>94.57</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120103 - 2015/07

Medicaid Reimbursement Rate Change Form

St. Petersburg General Hospital  
 6500 38TH AVE., NORTH  
 St Petersburg, FL 33710-

Provider Number: 0120103-00  
 Date: 6/29/2015  
 Fiscal Year End: 4/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>95.11</b>	<b>89.42</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120111 - 2015/07

Medicaid Reimbursement Rate Change Form

Palms Of Pasadena Hospital  
 1501 Pasadena Ave.  
 South Pasadena, FL 33707-

Provider Number: 0120111-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>109.61</b>	<b>106.52</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120138 - 2015/07

Medicaid Reimbursement Rate Change Form

Kendall Regional Medical Center  
 11750 SW 40TH ST  
 Miami, FL 33175-

Provider Number: 0120138-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>83.22</b>	<b>79.10</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120227 - 2015/07

Medicaid Reimbursement Rate Change Form

St Anthony's Hospital  
 3001 W. ML King Blvd. Post Office  
 Box 4227  
 Tampa, FL 33677-4227

Provider Number: 0120227-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>136.96</b>	<b>114.54</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120243 - 2015/07

Medicaid Reimbursement Rate Change Form

W. Boca Med. Ctr.  
 21644 STATE RD 7  
 Boca Raton, FL 33428-

Provider Number: 0120243-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>88.47</b>	<b>82.90</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120260 - 2015/07

Medicaid Reimbursement Rate Change Form

Palms West Hospital  
 P.O. BOX 1150  
 Loxahatchee, FL 33470-

Provider Number: 0120260-00  
 Date: 6/29/2015  
 Fiscal Year End: 5/31/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>89.26</b>	<b>85.95</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120278 - 2015/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital-  
 Sunrise  
 4399 NOB HILL RD  
 Ft Lauderdale, FL 33351-

Provider Number: 0120278-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>36.77</b>	<b>28.45</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
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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

120294 - 2015/07

Medicaid Reimbursement Rate Change Form

Jupiter Hospital  
 1210 S Old Dixie Highway  
 Jupiter, FL 33458-

Provider Number: 0120294-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>76.85</b>	<b>74.68</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

\_\_\_\_\_ 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

120308 - 2015/07

Medicaid Reimbursement Rate Change Form

West Palm Hospital  
 2201 45TH ST  
 West Palm Beach, FL 33407-

Provider Number: 0120308-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>83.11</b>	<b>67.18</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120324 - 2015/07

Medicaid Reimbursement Rate Change Form

H Lee Moffitt Cancer Center &  
 Research Institute Hospital  
 12902 Magnolia Drive  
 Tampa, FL 33612-9497

Provider Number: 0120324-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>335.97</b>	<b>280.75</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120324 - 2015/07

Medicaid Reimbursement Rate Change Form

H Lee Moffitt Cancer Center &  
 Research Institute Hospital  
 12902 Magnolia Drive  
 Tampa, FL 33612-9497

Provider Number: 0120324-02  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>335.97</b>	<b>280.75</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120332 - 2015/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital of  
 Tallahassee  
 1675 RIGGINS RD  
 Tallahassee, FL 32308-

Provider Number: 0120332-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>65.51</b>	<b>63.65</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

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

120341 - 2015/07

Medicaid Reimbursement Rate Change Form

HealthSouth Treasure Coast  
 Rehabilitation Hospital  
 1600 37TH ST  
 Vero Beach, FL 32960-

Provider Number: 0120341-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>43.95</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120375 - 2015/07

Medicaid Reimbursement Rate Change Form

Aventura Hospital and Medical Center  
 20900 Biscayne Blvd  
 Miami, FL 33180-

Provider Number: 0120375-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>39.92</b>	<b>38.79</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

120383 - 2015/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital  
 Sarasota  
 3660 Grandview Parkway #200  
 Birmingham, AL 35243-

Provider Number: 0120383-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>9.15</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

\_\_\_\_\_ 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

120405 - 2015/07

Medicaid Reimbursement Rate Change Form

Broward Health Coral Springs  
 303 South East 17th St.  
 Ft. Lauderdale, FL 33316-

Provider Number: 0120405-00  
 Date: 6/29/2015  
 Fiscal Year End: 6/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>99.64</b>	<b>89.38</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 10

         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

120413 - 2015/07

Medicaid Reimbursement Rate Change Form

Bartow Regional Medical Center  
 2200 Osprey Blvd Post Office Box  
 1050  
 Bartow, FL 33830-

Provider Number: 0120413-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>53.92</b>	<b>52.40</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<u>Interim</u>	<u>X</u>	<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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

\_\_\_\_\_ 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

120421 - 2015/07

Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital-  
 Sea Pines  
 101 E Florida Ave.  
 Melbourne, FL 32901-

Provider Number: 0120421-00  
 Date: 6/29/2015  
 Fiscal Year End: 12/31/2013  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>33.12</b>	<b>32.18</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 7

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

260011 - 2015/07

Medicaid Reimbursement Rate Change Form

Florida State Hospital

Provider Number: 0260011-00

Date: 6/29/2015

Building 260

Fiscal Year End: 6/30/2014

Chattahoochee, FL 32324-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

709.65

0.00

New Rate

453.42

14.53

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Hospitals:

Managed Care

Contract Management

2

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 - 2015/07

Medicaid Reimbursement Rate Change Form

Northeast Florida State Hospital

Provider Number: 0260029-00

Date: 6/29/2015

HWY 121 SOUTH

Fiscal Year End: 6/30/2014

Macclenny, FL 32063-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

251.48

0.00

New Rate

373.72

14.53

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Hospitals:

Managed Care

Contract Management

4

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

260045 - 2015/07

Medicaid Reimbursement Rate Change Form

So. Fla. State Hosp

Provider Number: 0260045-00

Date: 6/29/2015

800 East Cypress Dr

Fiscal Year End: 6/30/2014

Pembroke Pines, FL 33025-

Audit Status: Unaudited Cost Report

**Provider Type:**

HOSPITAL

Inpatient

Outpatient

**Inpatient County Billing Rate**

Current Rate

192.96

0.00

New Rate

201.33

14.53

Effective Date

7/1/2015

7/1/2015

7/1/2015

Rate Type:

Interim

X

Prospective

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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Hospitals:

Managed Care

Contract Management

10

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

260053 - 2015/07

Medicaid Reimbursement Rate Change Form

W. Fla. Comm. Care

Provider Number: 0260053-00

Date: 6/29/2015

5500 Stewart St.

Fiscal Year End: 6/30/2014

Milton, FL 32570-

Audit Status: Unaudited Cost Report

**Provider Type:**

	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
HOSPITAL			
Inpatient	<u>205.71</u>	<u>183.01</u>	<u>7/1/2015</u>
Outpatient	<u>0.00</u>	<u>14.53</u>	<u>7/1/2015</u>
<b>Inpatient County Billing Rate</b>			<u>7/1/2015</u>

Rate Type:

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

**BASIS:**

<u>          </u>	Budget
<u>X</u>	Unaudited Costs
<u>          </u>	Field Audited Costs
<u>          </u>	Revised Field Audit
<u>          </u>	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

Hospitals:  
 Managed Care  
 Contract Management  
 1

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

102814 - 2015/07

Medicaid Reimbursement Rate Change Form

University of South Alabama Medical  
 Center  
 1504 Springhill Ave Suite #3170  
 Mobile, AL 36604-

Provider Number: 0102814-00  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>82.79</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

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

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102814 - 2015/07

Medicaid Reimbursement Rate Change Form

Infirmiry West  
 5600 Girby Road  
 Mobile, AL 36693-

Provider Number: 0102814-02  
 Date: 6/29/2015  
 Fiscal Year End: 3/31/2000  
 Audit Status: Interim Budget

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>15.19</b>	<b>14.53</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</b>

Rate Type:

<input checked="" type="checkbox"/> <u>Interim</u>	<input type="checkbox"/> <u>Prospective</u>
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input checked="" type="checkbox"/> Settlement Based on Cost	

**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

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

102814 - 2015/07

Medicaid Reimbursement Rate Change Form

U.S.A Children's & Women's Hospital  
 1504 Springhill Ave #3170  
 Mobile, AL 36604-

Provider Number: 0102814-01  
 Date: 6/29/2015  
 Fiscal Year End: 9/30/2014  
 Audit Status: Unaudited Cost Report

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2015</b>
Outpatient	<b>131.55</b>	<b>127.83</b>	<b>7/1/2015</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2015</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 or Chanda Farcas

Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 0

For Information only - No Change in rate