

004170 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Kindred Hospital The Palm Beaches		Provider Number:	: 0004170-00	
5555 W. Blue Heron Blvd		Date: 6/29/2015		
Riviera Beach, FL 33418-7813		Fiscal Year End: 8/31/2014		
		Audit Status:	Unaudited Cost Report	
Provider Type:				
HOSPITAL	Current Rate	New Rate	Effective Date	
Inpatient	DRG	DRG	7/1/2015	
Outpatient		14.53	7/1/2015	
Inpatient County Billing				
inpatient County Billing	Nate			
Rate Type:				
<u>Interim</u>		Prospective		
Total Inte	_	X Total Prospec	ctive	
Settleme	nt Based on Cost			
_	BASIS:			
_	Budget			
_	X Unaudited Costs			
_	Field Audited Costs	3		
	Revised Field Audit	t		
	Cost Report Late T	est		
			R	
	W	. Rydell Samuel or Chanda	Farcas 🖊	
DISTRIBUTION:	Me	edicaid Cost Reimbursemer	nt Analysis	
Hospitals:			•	
Managed Care				
Contract Management				
9				
9				
		For Information or	nly - No Change in rate	
Batch ID:XX920	_	Printed on : 6/29/2015 9:	56 AM	



009496 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

#### Medicaid Reimbursement Rate Change Form

Florida Hospital at Connerton Long			Provider Number:	0009496-00	
Term Acute Care Hospital			- Date:	6/29/2015	
9441 Health Center Drive			- Fiscal Year End:	12/31/2013	
Land O' Lakes, FL 34637-			Audit Status:	Unaudited Cost Report	
Provider Type:			-		
<u>HOSPITAL</u>	<u>Cı</u>	urrent Rate	New Rate	Effective Date	
Inpatient		DRG	DRG	7/1/2015	
Outpatient	t	9.15	14.53	7/1/2015	
Inpatient County Billing	Rate			7/1/2015	
Rate Type:					
<u>Interim</u>		X Pros	<u>pective</u>		
Total Inte	erim		X Total Prospect	ive	
Settleme	nt Based on Cost				
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	Budge	et			
	X Unau	dited Costs			
	Field	Audited Costs			
	Revis	ed Field Audit			
·	Cost	Report Late Test			
-					
				IR	
		W. Ryd	dell Samuel or Chanda F	arcas	
DISTRIBUTION:		Medica	aid Cost Reimbursement	: Analysis	
Hospitals:				•	
Managed Care					
Contract Management					
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			For Information onl	ly - No Change in rate	

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016815 - 2015/07

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

IZ's decidated as a State Made as a second				Provider Number:	0016815-0	20
Kindred Hospital Melbourne					6/29/2015	
765 W Nasa Blvd				Fiscal Year End:		
Melbourne, FL 32901-						Cost Report
				Addit Otatus.		
Provider Type:						
<u>HOSPITAL</u>		Current Rat	<u>te</u>	New Rate		ffective Date
Inpatie		DRG		DRG		7/1/2015
Outpati	ent	9.15		14.53		7/1/2015
Inpatient County Bill	ing Rate					7/1/2015
Rate Type:						
Interim		X	Prospecti	ve		
 Total	Interim		_ x	Total Prospec	tive	
Settle	ement Based or	n Cost				
		BASIS	<u>S:</u>			
		Budget				
	X	— Unaudited Cost	s			
		— Field Audited C	osts			
		— Revised Field A	udit			
		— Cost Report Lat	te Test			
						R
			W. Rydell S	Samuel or Chanda	Farcas	PU
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemer	nt Analysis	
Hospitals:						
Managed Care						
Contract Management						
7						
				For Information or	nly - No Ch	ange in rate
Batch ID:XX920			Р	rinted on : 6/29/2015 9:	56 AM	



020127 - 2015/07

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

## Part St. Joe, FL 32456-    Port St. Joe, FL 32456-   Provider Type:   MoSPITAL   Rule   R	Sacred Heart Hospital on the Gulf		Provider Number:	0020127-00
Fiscal Year End: 6/30/2014           Provider Type:           HOSPITAL Inpatient Outpatient Outpatient County Billing Rate         Current Rate DRG DRG 7/1/2015         New Rate 242.60         Effective Date 7/1/2015           Rate Type:         x         Prospective Total Prospective Settlement Based on Cost         Total Interim X Inpatient County Prospective Total Prospective Settlement Based on Cost           Budget X Unaudited Costs Field Audited Costs Field Audited Costs Field Audited Costs Field Audited Costs Field Audit Cost Revised Field Audit Total Prospective Total Prospective Settlement Based On Cost Report Late Test           DISTRIBUTION:         W. Rydell Samuel or Chanda Farcas	3801 E Hwy 98		Date:	6/29/2015
Provider Type:    HOSPITAL	•		Fiscal Year End:	6/30/2014
HOSPITAL   DRG   DRG   7/1/2015     Outpatient   Outpat			Audit Status:	Unaudited Cost Report
HOSPITAL   DRG   DRG   7/1/2015     Outpatient   Outpat	Provider Type:			
Outpatient County Billing Rate    Inpatient County Billing Rate		<b>Current Rate</b>	New Rate	Effective Date
Inpatient County Billing Rate  Rate Type: Interim Total Interim Settlement Based on Cost   BASIS: Budget V Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  W. Rydell Samuel or Chanda Farcas  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis	Inpatient	DRG	DRG	7/1/2015
Rate Type:    Interim	Outpatien	t <b>216.72</b>	242.60	7/1/2015
Total Interim Settlement Based on Cost   BASIS:  Budget X Drotal Prospective X Total Prospective  Settlement Based on Cost  Budget X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis	Inpatient County Billing	Rate		7/1/2015
Total Interim Settlement Based on Cost   BASIS:  Budget X Drotal Prospective X Total Prospective  Settlement Based on Cost  Budget X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis	Rate Type:			
BASIS:  Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis		X <u>Pros</u>	<u>spective</u>	
BASIS:  Budget  X Unaudited Costs  Field Audited Costs  Revised Field Audit  Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis	Total Int	erim	X Total Prospec	tive
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis	Settleme	ent Based on Cost		
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis	L			
X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis				
Field Audited Costs  Revised Field Audit  Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis				
Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis				
W. Rydell Samuel or Chanda Farcas  DISTRIBUTION:  Medicaid Cost Reimbursement Analysis				
W. Rydell Samuel or Chanda Farcas  DISTRIBUTION:  Medicaid Cost Reimbursement Analysis				
DISTRIBUTION:  Medicaid Cost Reimbursement Analysis		Cost Report Late Test		
DISTRIBUTION:  Medicaid Cost Reimbursement Analysis				
DISTRIBUTION:  Medicaid Cost Reimbursement Analysis		W Rv	vdell Samuel or Chanda	Farcas (
				( \
Hospitals:		Medic	aid Cost Reimbursemen	ıt Analysis
Managed Care	_			
Contract Management	Contract Management			
2	2			
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025766 - 2015/07

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

Chrinara Hannital for Children T	·amna			Provider Number:	0025766-0	00
Shriners Hospital for Children-T	апра				6/29/2015	
12502 USF Pine Dr				Fiscal Year End:		
Tampa, FL 33612-				Audit Status:		
Providor Typo						<u> </u>
<u>Provider Type:</u> HOSPITAL		Current Rat	۵	New Rate	=	ffective Date
<u>HOSETTAL</u> Inpat	_	DRG	<u> </u>	DRG	- <u>-</u>	7/1/2015
Outpa		328.88		389.03		7/1/2015
Inpatient County Bi		320.00		309.03		7/1/2015
	illig itale					77172013
Rate Type:						
Interim -		X	Prospectiv			
	al Interim	Ot	X	Total Prospec	tive	
Seti	lement Based o	on Cost				
		DACIO	·.			
		BASIS Budget	<u>).</u>			
	X	 Unaudited Cost	6			
		Field Audited Cost				
		Revised Field A				
		Cost Report Lat				
		— Cost Neport Lat	e rest			
						TR
			W. Rydell Sa	ımuel or Chanda I	Farcas	RT
DISTRIBUTION:			Medicaid Co	st Reimbursemen	t Analysis	-
Hospitals:					•	
Managed Care						
Contract Management						
6						
			F	For Information or	nly - No Ch	ange in rate
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031588 - 2015/07

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

	iviedicald (Velifib)	disement reale on	lange i onn		
Viera Hospital			F	Provider Number:	0031588-00
8745 Wickham Rd				Date:	6/29/2015
Melbourne, FL 32940-				Fiscal Year End:	9/30/2014
·				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSP	<u>'ITAL</u>	<b>Current Rate</b>	<u>e</u>	New Rate	Effective Date
I	npatient	DRG		DRG	7/1/2015
C	Outpatient	143.22		113.50	7/1/2015
Inpatient Count	y Billing Rate				7/1/2015
Rate Type:					
Interim		X	Prospective	<u>e</u>	
	Total Interim		_ X	Total Prospec	tive
	<ul> <li>Settlement Based on</li> </ul>	Cost		<u> </u>	
	<del>-</del>				
		<u>BASIS</u>	<u>}:</u>		
		Budget			
	X	Unaudited Costs	3		
		Field Audited Co	osts		
		Revised Field Au	udit		
		Cost Report Late	e Test		
			W. Rydell Sa	muel or Chanda	Farcas
<b>DISTRIBUTION:</b>			Medicaid Cos	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Managen	nent				
7					
			E	or Information or	nly - No Change in rate
Batch ID:XX920			Prin	ited on: 6/29/2015 9:	56 AM



032265 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

				Provider Number:	0032265-00
West Kendall Baptist Hospital					6/29/2015
9555 S.W. 162nd Court					
Miami, FL 33196-4930				Fiscal Year End:	
				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>	<u>e</u>	New Rate	<b>Effective Date</b>
Inpatier	nt	DRG		DRG	7/1/2015
Outpatie	ent	179.44		174.37	7/1/2015
Inpatient County Billing	ng Rate				7/1/2015
Rate Type: Interim		Х	Prospectiv	70	
Total I	ntorim		_ <del>Prospectiv</del> X	<u>re</u> Total Prospec	tivo
	ment Based on (	Cost		— Total Prospec	uve
	nent based on t				
		BASIS	·•		
		Budget	<u>).</u>		
	X	Unaudited Costs			
		Field Audited Costs			
		Revised Field A			
		Cost Report Late	e rest		
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				diffuer of Charloa i	raicas
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
11					
				For Information or	nly - No Change in rate
Batch ID:XX920			Pri	nted on : 6/29/2015 9:	56 AM



032975 - 2015/07

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

Palm Bay Hospital			F	rovider Number:	0032975-00
1425 Malabar Road N.E.				Date:	6/29/2015
Palm Bay, FL 32907-				Fiscal Year End:	9/30/2014
1 am Bay, 1 2 02007				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPITAL		Current Rate	<u>e</u>	New Rate	Effective Date
Inpatie	nt _	DRG		DRG	7/1/2015
Outpation	ent _	68.35		63.71	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Х	Prospective	<u>)</u>	
Total	Interim		- x	Total Prospec	tive
Settle	ment Based on C	ost		_	
		BASIS	<u>:</u>		
		Budget			
		Jnaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e rest		
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			W. Rydell Sa	muel or Chanda I	Farcas
<b>DISTRIBUTION:</b>		,	Medicaid Cos	t Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
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			F	or Information or	nly - No Change in rate
Batch ID:XX920			Prin	ted on : 6/29/2015 9:	56 AM



040876 - 2015/07

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

Normania Childrenia Haarital			Pr	ovider Number: 0040	0876-00
Nemours Children's Hospital				Date: 6/29	/2015
13535 Nemours Parkway			-	iscal Year End: 12/3	1/2012
Orlando, FL 32827-			Г	iscal feal Elia. 12/3	1/2013
				Audit Status: Inter	im Budget
Provider Type:  HOSPITAL Inpatien Outpatie	nt	Current Rate DRG 230.30		New Rate DRG 238.55	Effective Date 7/1/2015 7/1/2015
CON Settlement Agreem	ent Rate	Avg of Prov #	' <u>s</u> 1006	09 & 101516	
Rate Type:  X Interim  Total Ir  X Settlem	nterim nent Based on C		<u>Prospective</u>	Total Prospective	
		BASIS:			
	X	Budget			
		Unaudited Costs			
		Field Audited Cost	S		
		Revised Field Aud			
		Cost Report Late			
		·			
		\	W. Rydell Sam	uel or Chanda Farca	s F
DISTRIBUTION:		1	Medicaid Cost	Reimbursement Ana	lysis
Hospitals: Managed Care Contract Management 7					
			Fo	r Information only - N	o Change in rate
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054568 - 2015/07

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

Florida Hospital Wesley Chapel		Provider Number:	0054568-00
2600 Bruce B Downs		Date:	6/29/2015
Wesley Chapel, FI 33544-		Fiscal Year End:	12/31/2013
, , ,		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Inpatient	DRG	DRG	7/1/2015
Outpatien	t 121.99	116.25	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pro</u>	<u>ospective</u>	
Total Inte	erim	X Total Prospec	tive
Settleme	ent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Tes	st	
	W. R	Rydell Samuel or Chanda I	Farcas
DISTRIBUTION:	Med	icaid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
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		For Information or	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	



063447 - 2015/07

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

#### Medicaid Reimbursement Rate Change Form

Park Royal H	locnital					Provider Number:	0063447-	00
•	•					Date:	6/29/2015	5
9241 Royal F						Fiscal Year End:		
Ft. Myers, FL	. 33908-					Audit Status:		
Dunasista a T	<b>-</b>							
<u>Provider T</u>		NT 4 I		Current Bat	<b>.</b>	New Pete		Effoctive Date
	HOSF			Current Rat	<u></u> -	New Rate		Effective Date
		Inpatient		DRG		DRG		7/1/2015
		Outpatien		145.64		141.33		7/1/2015
Inpat	ient Coun	ty Billing	g Rate					7/1/2015
Rate Type:	<u>.</u>							
Χ	<u>Interim</u>				Prospe	<u>ctive</u>		
		Total Int	erim			Total Prospec	tive	
	X	Settleme	ent Based on	Cost				
	<u> </u>	<del></del>						
				BASIS	<u> </u>			
			X	Budget —				
				Unaudited Cost	S			
				Field Audited C	osts			
				Revised Field A	udit			
				Cost Report Lat	te Test			
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DISTRIBU	TION:				Medicaid	Cost Reimbursemen	nt Analysis	-
Hospi								
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	act Manager	nent						
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						For Information or	nly - No Ch	ange in rate
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083692 - 2015/07

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

### Medicaid Reimbursement Rate Change Form

Healthsouth	h Rehabilitatio	n Hospital of				Provider Number:	0083692-00	
Ocala		·				Date:	6/29/2015	
	dview Parkway	/ Suite 200				Fiscal Year End:	12/31/2013	
Birminghan	n, AL 35243-					Audit Status:	Interim Budget	
<u>Provider</u>	Type:					-		
	HOSE	<u>PITAL</u>		Current Ra	<u>te</u>	New Rate	<b>Effective</b>	<u>Date</u>
		Inpatient		DRG		DRG	7/1/20	15
	(	Dutpatient		9.15		14.53	7/1/20	15
Inpa	atient Coun	ty Billing Rat	te				7/1/20	15
Rate Type	ь.						-	
<u>ткако тур</u> Х	<u>u.</u> <u>Interim</u>				Prospec	<u>ctive</u>		
		Total Interim			_	Total Prospect	ive	
	X	— Settlement Ba	ased on (	Cost				
		<del>_</del>						
				BASI	<u>S:</u>			
			Χ	Budget				
				Unaudited Cos	ts			
				Field Audited C	Costs			
				Revised Field A	Audit			
				Cost Report La	te Test			
							_	
					W 5 1 1		1	
					W. Rydel	I Samuel or Chanda F	-arcas //	
DISTRIB	UTION:				Medicaid	Cost Reimbursement	Analysis	
Hos	spitals:							
Mar	naged Care							
Con	ntract Manager	ment						
3								
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092683 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Poinciana Medic	al Center					Provider Number	: 0092683-	00
325 Cyrpress Pa	arkway					Date: 6/29/2015		
Kissimmee, FL	-					Fiscal Year End	6/30/2015	;
•						Audit Status	: Interim Bu	ıdget
Provider Typ	e:							
	HOSPI	<u>ITAL</u>		Current Ra	<u>ite</u>	New Rate	<u> </u>	ffective Date
	lı	npatient		DRG	<del></del> _	DRG		7/1/2015
	0	utpatien	t	145.88		141.76		7/1/2015
Inpatien	t County	y Billing	Rate					7/1/2015
Rate Type:								
	<u>nterim</u>				Prospect	<u>ive</u>		
		Total Inte	erim		_	Total Prospec	ctive	
_	Х	Settleme	nt Based on	Cost				
		=						
				BASI	<u>S:</u>			
			X	Budget -				
				Unaudited Cos	its			
				Field Audited C	Costs			
				Revised Field	Audit			
				Cost Report La	ate Test			
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					w. Rydell (	Samuel or Chanda	raicas	M
DISTRIBUTIO	ON:				Medicaid C	Cost Reimbursemer	nt Analysis	
Hospitals	<b>5</b> :							
Managed	d Care							
Contract	Managem	ent						
7								
						For Information o	nly - No Ch	ange in rate
						_	•	ange in rate
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095875 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

#### Medicaid Reimbursement Rate Change Form

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Healthso	uth Reha	b of Ma	rtin				Provider Number:	0095875-	·00
5850 SE Community Drive					Date:	6/29/2015			
Stuart, FL 34997-				Fiscal Year End:	12/31/201	13			
•	,					Audit Status:	Interim B	udget	
Provide	er Type	:							
		HOSP	'ITAL		Current R	<u>ate</u>	New Rate	<u>i</u>	Effective Date
		I	npatien	t	DRG	<del></del> -	DRG		7/1/2015
		C	outpatier	nt	9.15		14.53		7/1/2015
lnį	patient	Count	y Billin	g Rate					7/1/2015
Rate Ty	NO:								
X		<u>erim</u>				Prospe	ective		
			Total In	terim			Total Prospec	ctive	
		Х	– Settlem	ent Based o	n Cost				
			<del>_</del>						
					BAS	IS:			
				X	Budget				
					Unaudited Co	sts			
					Field Audited	Costs			
					Revised Field	Audit			
					Cost Report L	ate Test			
									THE STATE OF THE S
						W. Ryde	II Samuel or Chanda	Farcas	PU
DISTRI	BUTIO	<b>N</b> :				Medicaio	d Cost Reimbursemer	nt Analysis	
Н	ospitals:								
М	lanaged (	Care							
С	ontract M	lanagen	nent						
9									
							For Information or	nly - No Ch	nange in rate
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097013 - 2015/07

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

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St. Vincents Clay County			Provider Number	: 0097013-00
1670 St. Vincents Way			Date	: 6/29/2015
Middleburg, FL 32068-			Fiscal Year End	: 6/30/2014
<b>3</b>			Audit Status	: Unaudited Cost Report
Provider Type:				
HOSPITAL		<b>Current Rate</b>	New Rate	Effective Date
Inpatie	nt	DRG	DRG	7/1/2015
Outpation	ent	112.24	106.69	7/1/2015
Inpatient County Billi	ng Rate			7/1/2015
Rate Type:				
<u>Interim</u>		Х <u></u>	Prospective Prospe	
Total	Interim		X Total Prospec	ctive
Settle	ment Based o	n Cost		
		BASIS:		
		Budget —		
	X	Unaudited Costs		
		Field Audited Cost	S	
		Revised Field Audi	it	
		Cost Report Late T	est	
		W	. Rydell Samuel or Chanda	Farcas
DISTRIBUTION:		M	edicaid Cost Reimburseme	nt Analysis
Hospitals:				,
Managed Care				
Contract Management				
4				
		_	For Information o	nly - No Change in rate
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100030 - 2015/07

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

UF Health Shands Hospital	Provider Number: 01	00030-00
or nealth Shahus nospital	Date: 10	0/29/2015
Box J-100336  Gainesville, FI 32610-	Fiscal Year End: 6/	30/2014
	Audit Status: Ui	naudited Cost Report
Provider Type:	 _	
HOSPITAL Inpatient Outpatient Inpatient County Billing Rate	 New Rate DRG 159.82	7/1/2015 7/1/2015 7/1/2015 7/1/2015
Rate Type:  Interim  Total Interim  Settlement Base	 ective X Total Prospective	•
	 muel or Chanda Farcas t Reimbursement Analysis	R F
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100030 - 2015/07

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

		Provider Number:	0100030-01
UF Health Shands Hospital		Date:	10/29/2015
Box J-100336		Fiscal Year End:	- E12012014
Gainesville, Fl 32610-		FISCAL FEAL ELIG.	. 0/30/2014
,		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL	Current R		Effective Date
Inpatient Outpatient	DRG 166.51		<u>7/1/2015</u> 7/1/2015
Inpatient County Billing			7/1/2015
Rate Type:			
<u>Interim</u>	X		
Total Inte	erim nt Based on Cost	XTotal Prospec	tive
Settlerne	nt based on Cost		
	BAS	IS:	
	Budget		
	X Unaudited Cos	sts	
	Field Audited		
	Revised Field		
	Cost Report L		
	**************************************		
	w.	. Rydell Samuel or Chanda Farcas	R G
	Me	edicaid Cost Reimbursement Analy	ysis
		For Information or	nly - No Change in rate
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100030 - 2015/07

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

		Provider Number	: 0100030-02
UF Health Shands Hospital		Date	: 10/29/2015
Box J-100336		Fiscal Year End	6/30/2014
Gainesville, Fl 32610-		i iscai i cai Eliu	1. 0/30/2014
		Audit Status	: Unaudited Cost Report
Provider Type:			
HOSPITAL Inpatient	Current F		<u>Effective Date</u> 7/1/2015
Outpatier			
Inpatient County Billing			7/1/2015
Rate Type:			
<u>Interim</u>	x		
Total Int		X Total Prospec	ctive
Settlem	ent Based on Cost		
	PAG	216.	
	Budget	<u> </u>	
	X Unaudited Co	osts	
	Field Audited		
	Revised Field		
	Cost Report L		
	w	. Rydell Samuel or Chanda Farcas	· Ry
	Me	edicaid Cost Reimbursement Anal	lysis
		For Information o	nly - No Change in rate
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# Florida Agency For Health Care Administration Office of Medicaid Cost Reimbursement Planning and Finance

100030 - 2015/07

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

11511 W OL 12112 W I		Provider Number:	0100030-03
UF Health Shands Hospital		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		New Rate DRG	Effective Date 7/1/2015
Outpatien Inpatient County Billing		159.82	
Rate Type: Interim Total Inf	X <u>Pro</u>	ospective X Total Prospec	
	BASIS:		-
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Tes	t	
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	Medicaid C	Cost Reimbursement Analy	/sis
		For Information or	nly - No Change in rate
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100030 - 2015/07

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

	Provider Number: 0	0100030-04
UF Health Shands Hospital	Date: 1	0/29/2015
Box J-100336	Fiscal Year End: 6	6/30/2014
Gainesville, Fl 32610-	Audit Status: Ū	Jnaudited Cost Report
Provider Type: HOSPITAL Inpatient Outpatient Inpatient County Billing	 New Rate DRG 159.82	Effective Date 7/1/2015 7/1/2015 7/1/2015
Rate Type:  Interim  Total Inte Settlement	spective X Total Prospectiv	/e
	samuel or Chanda Farcas ost Reimbursement Analys	is
	 	/ - No Change in rate
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100048 - 2015/07

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

Ed Fraser Memorial Hospital		Provider Number: 0100048-00			
159 North Third Street		Date: 6/29/2015			
MacClenney, FL 32063-		Fiscal Year End:	9/30/2014		
•		Audit Status:	Unaudited Cost Report		
Provider Type:					
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	Effective Date		
Inpatient	DRG	DRG	7/1/2015		
Outpatient	100.06	110.51	7/1/2015		
Inpatient County Billing	Rate		7/1/2015		
Rate Type:					
Interim	X <u>Pr</u>	ospective			
Total Inte	erim	X Total Prospec	ctive		
Settleme	ent Based on Cost				
	BASIS:				
	Budget				
	X Unaudited Costs				
	Field Audited Costs				
	Revised Field Audit				
	Cost Report Late Te	est			
	W	Rydell Samuel or Chanda	Farcas		
			( \		
<u>DISTRIBUTION:</u>	Me	dicaid Cost Reimbursemer	nt Analysis		
Hospitals:					
Managed Care					
Contract Management					
4					
		For Information or	nly - No Change in rate		
Batch ID:XX920	_	Printed on : 6/29/2015 9:	,		



100064 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Bay Medical Center Sacred Heart			Provider Number: 01	100064-00
Health System			Date: 6/	29/2015
P.O. Box 2515			Fiscal Year End: 12	2/31/2013
Panama City, FL 32402-2515			Audit Status: Ui	naudited Cost Report
Provider Type:				
<u>HOSPITAL</u>	<u>Cur</u>	rent Rate	New Rate	Effective Date
Inpatient		DRG	DRG	7/1/2015
Outpatient		95.60	93.86	7/1/2015
Inpatient County Billing	Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X Prosp	<u>ective</u>	
Total Inte	erim		X Total Prospective	е
Settleme	nt Based on Cost			
<u></u>				
		BASIS:		
-	Budget			
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		W Ryd	ell Samuel or Chanda Fai	ross
<u>DISTRIBUTION:</u>		Medicai	d Cost Reimbursement A	nalysis
Hospitals:				
Managed Care				
Contract Management				
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100072 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Shands Starke Regional Medical			I	Provider Number:	0100072-00
Center				Date:	6/29/2015
Post Office Box 100336				Fiscal Year End:	6/30/2014
Gainesville, FL 32610-0336				Audit Status:	Unaudited Cost Report
Provider Type:				-	
HOSPITAL		Current Rate	<u> </u>	New Rate	<b>Effective Date</b>
Inpatie	nt -	DRG		DRG	7/1/2015
Outpation	ent -	90.52		82.75	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Χ	<u>Prospectiv</u>	<u>'e</u>	
 Total	Interim		- X	Total Prospect	ve
Settle	ment Based on C	ost			
		BASIS	<u>:</u>		
		Budget			
		Unaudited Costs			
		Field Audited Co			
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		Cost Report Late	e Test		
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Managed Care					
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100081 - 2015/07

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

Holmes Regional Medical Center			F	Provider Number:	0100081-00	
3300 Fiske Boulevard				Date:	6/29/2015	
Rockledge, FL 32955-				Fiscal Year End:	9/30/2014	
Nockiedge, i L 32933-				Audit Status:	Unaudited Co	ost Report
Provider Type:						
HOSPITAL		Current Rate	e	New Rate	Effe	ctive Date
Inpatie	nt	DRG	<u> </u>	DRG	- <u>-</u>	/1/2015
Outpatie		87.87		81.37		/1/2015
Inpatient County Billin						/1/2015
Rate Type: Interim		Х	Prospective	2		
Total I	nterim		X	z Total Prospec	tive	
	ment Based on	Cost			0	
		BASIS	<u>):</u>			
		Budget				
	X	Unaudited Costs	3			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Late	e Test			
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			W. Rydell Sa	muel or Chanda	Farcas	eQ.
<b>DISTRIBUTION:</b>			Medicaid Cos	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
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100099 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Cape Canaveral Hospital			F	Provider Number:	0100099-00
3300 Fiske Boulevard				Date:	6/29/2015
Rockledge, FL 32955-				Fiscal Year End:	9/30/2014
Nockiedge, i L 32900-				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPITAL		Current Rat	<u>e</u>	New Rate	Effective Date
Inpati	ent	DRG		DRG	7/1/2015
Outpat	ient	102.26		85.69	7/1/2015
Inpatient County Bil	ling Rate				7/1/2015
Rate Type:					_
Interim		Х	Prospective	9	
	I Interim		X	Total Prospec	tive
Settl	ement Based on	Cost			
		BASIS	<u>8:</u>		
		Budget			
	Х	Unaudited Costs	3		
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		Revised Field A	udit		
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<b>DISTRIBUTION:</b>			Medicaid Cos	st Reimbursemen	nt Analysis
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Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100102 - 2015/07

Parrish Medical Center Parrish Medical Center			0100102-00
		Date:	10/29/2015
951 N. Washington Avenue123			0/00/0044
Titusville, FL 32796-		Fiscal Year End:	9/30/2014
		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL Inpatient	Current Rate DRG	New Rate DRG	<u>Effective Date</u> 7/1/2015
Outpatient	85.80	101.08	7/1/2015
Inpatient County Billing Rate			7/1/2015
Rate Type:	***************************************		
<u>Interim</u> Total Interim	X Pros	<u>pective</u> X Total Prospect	tivo
Settlement Based o	on Cost	Total Flospect	live
	BASIS:		
•	Budget		
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100111 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Wuesthoff Medical Center-Rockle	edae		Pr	ovider Number:	0100111-00	
110 Longwood AvenueP.O. Box	_			Date: 6/29/2015		_
565002			F	Fiscal Year End: 9/30/2014		_
Rockledge, FL 32956-5002				Audit Status:	Unaudited Cost Report	
Provider Type:						
HOSPITAL		<b>Current Rat</b>	<u>e</u>	New Rate	Effective Date	<u> </u>
Inpatie	ent	DRG		DRG	7/1/2015	
Outpat	ient	71.83		60.43	7/1/2015	
Inpatient County Bill	ing Rate				7/1/2015	
Rate Type:						
<u>Interim</u>		X	<u>Prospective</u>			
Total	Interim		_ X	Total Prospec	tive	
Settle	ement Based or	n Cost		_		
<u> </u>						
		BASIS	<u>5:</u>			
		Budget				
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		Revised Field A				
		Cost Report Lat	e Test			
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DISTRIBUTION:			Medicaid Cost	Reimbursemen	nt Analysis	
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Contract Management						
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100111 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

W. and a W.Madhani On the David	- 1			Provider Number:	0100111-01
Wuesthoff Medical Center-Rockl	•				6/29/2015
110 Longwood AvenueP.O. Box 565002				Fiscal Year End:	
Rockledge, FL 32956-5002				Audit Status: Unaudited Cost Report	
<b>D T</b>				, idan Giaido.	
Provider Type:		Command Dat		Now Data	Effective Date
HOSPITAL 		Current Rate	<u>e</u> — —	New Rate	Effective Date
Inpation		DRG		DRG	7/1/2015
Outpat		71.83		60.43	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	<u>Prospect</u>	<u>ive</u>	
	I Interim		X	Total Prospect	tive
Settle	ement Based on	Cost			
		BASIS	<u>6:</u>		
		Budget			
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		Revised Field Au			
		Cost Report Late	e Test		
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			w. Rydell 8	Samuel or Chanda F	-arcas N
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis
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Contract Management					
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100129 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Broward Health Medical Center			Provider Number: 0100129-00			
Broward Frounting	odiour Contor			Date:	10/29/2015	
1600 S. Andrews				Fiscal Year End:	6/30/2014	
Ft. Lauderdale, FL	. 33316-			Audit Status:	Unaudited Cost Report	
Provider Type					***************************************	
Innatient	HOSPITAL Inpatient Outpatient County Billing		Current Rate DRG 130.09	New Rate DRG 134.59	Effective Date 7/1/2015 7/1/2015 7/1/2015	
Rate Type:	- County Dining	11410				
	terim Total Inte	erim nt Based on Cos		rospective X Total Prospec	itive	
			BASIS:			
			udget			
			naudited Costs			
			ield Audited Costs			
			evised Field Audit			
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			Medicaid	Cost Reimbursement Analy	ysis	
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Batch ID:9FW6N

## Florida Agency For Health Care Administration

100129 - 2015/07

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

#### Medicaid Reimbursement Rate Change Form

Description of the Market Courter		Provider Number:	0100129-01
Broward Health Medical Center		Date:	10/29/2015
1600 S. Andrews Avenue		Fiscal Year End:	6/30/2014
Ft. Lauderdale, FL 33316-			Unaudited Cost Report
Provider Type: HOSPITAL Inpatient Outpatient Inpatient County Billing		New Rate DRG 134.59	Effective Date 7/1/2015 7/1/2015 7/1/2015
Rate Type:  Interim  Total Inte		ospective X Total Prospec	itive
	Budget X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Tes	ıt	
	W. Rydell	Samuel or Chanda Farcas	# G
	Medicaid 0	Cost Reimbursement Analy For Information or	ysis nly - No Change in rate
		For Information or	nly - No Change in rate

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100129 - 2015/07

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

Provider Number: 0100129-05				
Broward Health Medical Center			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 Inpatie Outpatie Inpatient County Billi	ent .	Current Rate DRG 130.09	New Rate DRG 134.59	Effective Date 7/1/2015 7/1/2015 7/1/2015
	Interim ment Based on Co		oective X Total Prospec	tive
	X		muel or Chanda Farcas st Reimbursement Analy	
				ıly - No Change in rate
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100188 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Holy Cross Hospital, Inc.			Р	rovider Number:	0100188-00	
P.O. Box 23460				Date:	6/29/2015	
Ft. Lauderdale, FL 33307-				Fiscal Year End: 6/30/2014		
Tit. Lauderdale, TE 35507				Audit Status:	Unaudited Cost Report	
Provider Type:						
HOSPI	TAL	Current Rate		New Rate	Effective Date	
	patient	DRG		DRG	7/1/2015	
	ıtpatient	95.47		87.07	7/1/2015	
Inpatient County	•		<u> </u>		7/1/2015	
Rate Type:						
Interim		Х	Prospective	<b>!</b>		
	Total Interim		. X	Total Prospec	tive	
	Settlement Based or	n Cost		_		
		BASIS:	<u> </u>			
		Budget				
	X	Unaudited Costs				
		Field Audited Co	sts			
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			vv. Rydell Sar	muel or Chanda	Farcas	
<b>DISTRIBUTION:</b>			Medicaid Cos	t Reimbursemen	nt Analysis	
Hospitals:						
Managed Care						
Contract Manageme	ent					
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100196 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Kindred Hospital-South Florida-Ft		Provider Number	: 0100196-00
Lauderdale		Date	6/29/2015
1516 E Las Olas Blvd.		Fiscal Year End	: 8/31/2014
Ft. Lauderdale, FL 33301-		Audit Status	: Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatient	9.15	14.53	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
Interim	X	<u>Prospective</u>	
Total Inte	erim	X Total Prospec	ctive
Settleme	nt Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
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	\	V. Rydell Samuel or Chanda	Farcas
DISTRIBUTION:	<u> </u>	Medicaid Cost Reimburseme	nt Analysis
Hospitals:			·
Managed Care			
Contract Management			
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100200 - 2015/07

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

			Provider Number:	0100200-00
Memorial Regional Hospital			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 Outpatier Inpatient	nt	<u>Current Rate</u> <u>DRG</u> 167.95	New Rate DRG 171.36	Effective Date 7/1/2015 7/1/2015 7/1/2015
Rate Type:				
Interim Total Interim Settlem	erim ent Based or		pective X Total Prospec	tive
		BASIS:		
		Budget —		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit Cost Report Late Test		
		W. Rydell Sa	muel or Chanda Farcas	R G
		Medicaid Cos	st Reimbursement Analy	/sis
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100218 - 2015/07

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

Broward Health North		Provider Number: 0	100218-00
broward Health North		Date: 10	0/29/2015
303 South East 17th St.  Ft. Lauderdale, FL 33316-		Fiscal Year End: 6/	30/2014 naudited Cost Report
Provider Type: HOSPITAL Inpatient Outpatient Inpatient County Billing Rate	<u>Current Rate</u> DRG  105.25	New Rate DRG 110.09	Effective Date 7/1/2015 7/1/2015 7/1/2015
Rate Type:  Interim  Total Interim Settlement Bas		pective X Total Prospective	e
		amuel or Chanda Farcas st Reimbursement Analysis	R G
Batch ID:MZTY7		For Information only Printed on : 11/3/2015 11:48	-



100218 - 2015/07

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

Broward Health North		_	Provider Number:	0100218-03
303 South East 17th St.				6/29/2015
			Fiscal Year End:	6/30/2014
Ft. Lauderdale, FL 33316-			Audit Status:	Unaudited Cost Report
Dravidar Type				
Provider Type:		Current Rate	New Rate	Effective Date
<u>HOSPITAL</u>	nt.	DRG	DRG	7/1/2015
Inpatie		108.35	105.25	7/1/2015
Outpati		100.33	- 105.25	7/1/2015
Inpatient County Bill	illy Kale		-	
Rate Type:				
<u>Interim</u>		X <u>Pr</u>	<u>ospective</u>	
	Interim	_	X Total Prospec	tive
Settle	ement Based o	n Cost		
		DACIC.		
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	X	Budget  Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Te	st	
			-	
		W.	Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>		Med	dicaid Cost Reimbursemer	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
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100269 - 2015/07

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

Calhoun Liberty Hospital			Р	rovider Number:	0100269-00
Post Office Box 419				Date:	6/29/2015
Blountstown, FL 32424-0419				Fiscal Year End:	12/31/2013
Blountotown, TE 02424 0410				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>		New Rate	Effective Date
Inpatier	nt	DRG		DRG	7/1/2015
Outpatie	ent	52.52		51.60	7/1/2015
Inpatient County Billin	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Χ	Prospective		
Total I	nterim		X	Total Prospec	tive
Settler	ment Based on Co	st			
		BASIS:			
		udget			
		naudited Costs eld Audited Cos	ato.		
		eid Addited Cos evised Field Au			
		ost Report Late			
		oot report Late	1000		
					K
		\ 	N. Rydell Sar	nuel or Chanda I	Farcas
<b>DISTRIBUTION:</b>		ľ	Medicaid Cos	t Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
2					
			F	or Information or	nly - No Change in rate
Batch ID:XX920			Print	ed on : 6/29/2015 9:	56 AM



100277 - 2015/07

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

Bayfront Health Punta Gorda			Provider Number:	0100277-00
809 E. Marion Ave.		Date:	6/29/2015	
Punta Gorda, FL 33950-3898			Fiscal Year End:	9/30/2014
			Audit Status:	Unaudited Cost Report
Provider Type:				
HOSPITAL		<b>Current Rate</b>	New Rate	Effective Date
Inpatie	nt	DRG	DRG	7/1/2015
Outpati	ent	62.39	48.85	7/1/2015
Inpatient County Billi	ng Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pro</u> s	<u>spective</u>	
Total	Interim		X Total Prospec	etive
Settle	ment Based or	n Cost		
		BASIS:		
		Budget		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test —	t	
				-D
		W R	ydell Samuel or Chanda	Farcas 0
DISTRIBUTION:		Medi	caid Cost Reimbursemer	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
8				
			For Information or	nly - No Change in rate
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100277 - 2015/07

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

Bayfront Health Punta Gorda			F	Provider Number:	0100277-02
809 E. Marion Ave.			Date: 6/29/2015		
Punta Gorda, FL 33950-3898			Fiscal Year End:	9/30/2014	
				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>	<u> </u>	New Rate	Effective Date
Inpatio	ent	DRG		DRG	7/1/2015
Outpat	ient	62.39		48.85	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	Prospective	<u>e</u>	
Total	Interim		_ X	Total Prospec	tive
Settle	ement Based on	Cost			
		BASIS	<u>:</u>		
		Budget			
	X	Unaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e lest		
					-D
			W. Rvdell Sa	muel or Chanda I	Farcas d
DISTRIBUTION:			Medicaid Cos	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
8					
			F	or Information on	nly - No Change in rate
Batch ID:XX920			Prir	nted on : 6/29/2015 9:	56 AM



100285 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

De for at the all. Best Oberland				Provider Number:	0100285-00	
Bayfront Health Port Charlotte					6/29/2015	
2500 Harbor Blvd				Fiscal Year End:		
Port Charlotte, FL 33952-				Audit Status:		oct Poport
				Audit Status.		-05t Keport
<u>Provider Type:</u>						
<u>HOSPITAL</u>		Current Rate	<u>e</u>	New Rate	<u>Effe</u>	ective Date
Inpatier	nt	DRG		DRG	7	/1/2015
Outpatie	nt	64.98		63.14	7	/1/2015
Inpatient County Billin	ng Rate				7	/1/2015
Rate Type:						
Interim		Х	Prospectiv	ve		
Total Ir	nterim		- <u> </u>	Total Prospec	tive	
Settlen	nent Based on (	Cost		<u> </u>		
		BASIS	):			
		Budget	_			
	X	Unaudited Costs	3			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Late	e Test			
					-	IK
			W. Rydell S	amuel or Chanda I	Farcas	<i>f</i> (1)
<b>DISTRIBUTION:</b>			Medicaid Co	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
8						
				For Information on	nly - No Chan	ge in rate
Batch ID:XX920			Pr	inted on : 6/29/2015 9:	56 AM	



100315 - 2015/07

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

	saroara reministration of	Dravidar Numba	040024F 00
Naples Community Hospital		Provider Numbe	
350 7th Street North			e: 6/29/2015
Naples, FL 33941-3029		Fiscal Year End	
		Audit Status	s: Unaudited Cost Report
Provider Type:			
HOSPITAL	Current Ra	<u>New Rate</u>	Effective Date
Inpatier	nt DRG	DRG	7/1/2015
Outpatie	ent <b>80.78</b>	78.40	7/1/2015
Inpatient County Billir	ng Rate		7/1/2015
Rate Type:			
Interim	Х	<u>Prospective</u>	
Total li		X Total Prospe	ective
	nent Based on Cost		
	BASI	S:	
	Budget	<u></u>	
	X Unaudited Cos	ats	
	Field Audited C		
	Revised Field A		
	Cost Report La		
			- F
		W. Rydell Samuel or Chanda	a Farcas
<b>DISTRIBUTION:</b>		Medicaid Cost Reimburseme	ent Analysis
Hospitals:			
Managed Care			
Contract Management			
8			
		For Information of	only - No Change in rate
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100331 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Shands Lake Shore Regional Medio	aal	_	Provider Number:	0100331-00
Center	Jai		Date:	6/29/2015
Post Office 100336			Fiscal Year End:	6/30/2014
Gainesville, FL 32610-0336			Audit Status:	Unaudited Cost Report
Provider Type:				
<u>HOSPITAL</u>	<u>Cur</u>	rrent Rate	New Rate	Effective Date
Inpatien	t	DRG	DRG	7/1/2015
Outpatier	nt 1	100.51	99.26	7/1/2015
Inpatient County Billing	g Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X Pros	<u>oective</u>	
Total In	terim		X Total Prospec	tive
Settlem	ent Based on Cost			
		- 1 0 I 0		
	Dudget	BASIS:		
	Budget X Unaudi	ited Costs		
		udited Costs		
		d Field Audit		
		eport Late Test		
		•		
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		W. Ryo	dell Samuel or Chanda	Farcas
DISTRIBUTION:		Medica	aid Cost Reimbursemen	t Analysis
Hospitals:				
Managed Care				
Contract Management				
3				
			For Information or	nly - No Change in rate
Batch ID:XX920			Printed on : 6/29/2015 9:	



100358 - 2015/07

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

	a rembarsement rate onange r	Provider Number:	0100358-00
Baptist Of Miami			6/29/2015
8900 North Kendall Dr.		Fiscal Year End:	
Miami, FL 33176-			Unaudited Cost Report
		Audit Status.	
Provider Type:			
<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatient	254.22	153.42	7/1/2015
Inpatient County Billing R	ate		7/1/2015
Rate Type:			
Interim	X Pros	<u>pective</u>	
Total Interin		X Total Prospec	tive
Settlement	Based on Cost	<u> </u>	
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
	<u> </u>		
			IR
	W. Ry	dell Samuel or Chanda	Farcas 🖊
DISTRIBUTION:	Medic	aid Cost Reimbursemen	nt Analysis
Hospitals:			,
Managed Care			
Contract Management			
11			
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		For Information or	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	EG AM



100366 - 2015/07

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

University of Miami Hospital				Provider Number:	0100366-00
,	Jan.				6/29/2015
1475 NW 12th Avenue, Hope Loc Suite #205	age			Fiscal Year End:	
Miami, FL 33136-				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>Provider Type:</u> <u>HOSPITAL</u>		Current Rat	r <u>e</u>	New Rate	Effective Date
<u>HOSFITAL</u> Inpatie	ant	DRG	<u> </u>	DRG	7/1/2015
Outpati		130.17		134.72	7/1/2015
Inpatient County Billi		130.17		134.72	7/1/2015
	ing ivate				
Rate Type:					
<u>Interim</u>		X	Prospective		
	Interim	Onet	X	Total Prospec	tive
Settle	ement Based on	Cost			
		DACI	٠.		
		BASIS Budget	<u>).</u>		
	X	_ Budget _ Unaudited Cost	c		
		Field Audited Cost			
		Revised Field A			
		Cost Report Lat			
		–	10 1031		
					-IR
			W. Rydell S	amuel or Chanda	Farcas A
<b>DISTRIBUTION:</b>			Medicaid Co	ost Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
11					
				For Information or	nly - No Change in rate
Batch ID:XX920			Pr	inted on : 6/29/2015 9:	56 AM



100366 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

1475 NW 12th Avenue, Hope Lodge Suite #205   Fiscal Year End:	University of Miami Hospital			Provider Nu	mber: 0100366-	03
Suite #205 Miami, FL 33136-  Provider Type:  HOSPITAL Current Rate New Rate Effective Date Inpatient Outpatient 130.17 134.72 7/1/2015 Inpatient County Billing Rate  Rate Type:  Total Interim Total Interim Settlement Based on Cost   BASIS:  Budget X Unaudited Costs Field Audited Costs Field Audited Costs Field Audite Cost Report Late Test  DISTRIBUTION: Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate	1475 NW 12th Avenue, Hope	Lodge			Date: 6/29/2015	5
Provider Type:  HOSPITAL DRG DRG 7/1/2015  Outpatient County Billing Rate  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  DISTRIBUTION: Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate	Suite #205	J		Fiscal Year	End: 5/31/2014	4
HOSPITAL   DRG   DRG   T/1/2015     Outpatient   Outpat	Miami, FL 33136-			Audit S	tatus: Unaudite	d Cost Report
Inpatient Outpatient 130.17 134.72 7/1/2015 Inpatient County Billing Rate 7/1/2015  Rate Type:  Interim	Provider Type:					
Outpatient County Billing Rate    Inpatient County Billing Rate	<u>HOSPITA</u>	<u>\L</u>	<b>Current Rate</b>	New Rate	<u>.</u> <u>F</u>	Effective Date
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  DISTRIBUTION: Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate	Inpa	atient	DRG	DRG		7/1/2015
Rate Type:    Interim	Outp	atient	130.17	134.72		7/1/2015
Interim Total Interim Settlement Based on Cost     Settlement Based on Cost	Inpatient County B	Billing Rate				7/1/2015
Interim Total Interim Settlement Based on Cost     Settlement Based on Cost	Rate Type:					
BASIS:  Budget X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate			Х <u>Е</u>	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  Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate	To	otal Interim		X Total Pro	ospective	
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate	Se	ettlement Based or	n Cost			
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate						
X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate						
Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Wedicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management  11  For Information only - No Change in rate			_			
Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate		X				
DISTRIBUTION:  Hospitals: Managed Care Contract Management 11   W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  For Information only - No Change in rate						
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  11   For Information only - No Change in rate			Revised Field Audi	t		
DISTRIBUTION: Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate			Cost Report Late T	est		
DISTRIBUTION: Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate						_
DISTRIBUTION: Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate						- H
Hospitals:  Managed Care  Contract Management  11  For Information only - No Change in rate				. Rydell Samuel or Cha	anda Farcas	M
Managed Care  Contract Management  11  For Information only - No Change in rate	<b>DISTRIBUTION:</b>		M	edicaid Cost Reimburs	ement Analysis	
Contract Management  11  For Information only - No Change in rate	Hospitals:					
11  For Information only - No Change in rate	Managed Care					
For Information only - No Change in rate	Contract Management					
	11					
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100412 - 2015/07

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

<u>-</u>	vioaioaia rioiiiio	arcomone rate on	ango i omi	Provider Number:	0100412 00
Hialeah Hospital					6/29/2015
651 E. 25th StreetDept. 7202				Fiscal Year End:	
Miami, FL 33013-3878					
				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rate	<u>e</u>	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpat	ient	78.54		67.57	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					_
Interim		Х	<u>Prospective</u>	/e	
	Interim		- X	Total Prospec	tive
	ement Based or	n Cost			
		BASIS	<b>):</b>		
		Budget	<del>_</del>		
	X	<ul> <li>Unaudited Costs</li> </ul>	3		
		<ul><li>Field Audited Co</li></ul>	osts		
		— Revised Field A	udit		
		Cost Report Late	e Test		
		_			
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			W. Rydell S	amuel or Chanda	Farcas 🎵 🗋
<b>DISTRIBUTION:</b>			Medicaid Co	ost Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
11					
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Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2015/07

41	Provider Number: 0100421-00			
Jackson Memorial Hospital		Date: 10	/21/2015	
1611 N.W. 12th Avenue		Fiscal Year End: 9/3	30/2014	
Míami, FL 33136-		Audit Status: Ur	naudited Cost Report	
Provider Type: HOSPITAL Inpatient Outpatient Inpatient County Billing Rate	<u>Current Rate</u>	New Rate DRG 192.31	Effective Date 7/1/2015 7/1/2015 7/1/2015	
Rate Type:  Interim  Total Interim  Settlement Based		<u>Dective</u> X Total Prospective		
X	·	nmuel or Chanda Farcas st Reimbursement Analysis	R F	
		For Information only -	No Change in rate	
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Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2015/07

Provider Number: 0100421-01				
Jackson Memorial Hospital		Date: 10	0/21/2015	
1611 N.W. 12th Avenue Miami, FL 33136-		Fiscal Year End: 9/3 Audit Status: Ur	30/2014 naudited Cost Report	
Provider Tvpe: HOSPITAL Inpatient Outpatient Inpatient County Billing Ra	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  Settlement Ba		pective X Total Prospective	<b>;</b>	
		amuel or Chanda Farcas ost Reimbursement Analysis	R F	
	medicald Co	For Information only		
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Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

100421 - 2015/07

		Provider Number:	0100421-02
Jackson Memorial Hospital		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		<u>New Rate</u> DRG  192.31	Effective Date 7/1/2015 7/1/2015 7/1/2015
Rate Type:  Interim  Total Interim  Settleme		spective X Total Prospec	tive
	·	amuel or Chanda Farcas ost Reimbursement Analy	
		For Information on	lly - No Change in rate
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Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

			Provider Number:	0100421-07
Jackson Memorial Hospital			Date:	10/21/2015
1611 N.W. 12th Avenue			Fiscal Year End:	9/30/2014
Miami, FL 33136-				Unaudited Cost Report
			Addit Status.	
Provider Type: HOSPITAL Inpatient Outpatient Inpatient County Billing		RG	New Rate DRG 192.31	Effective Date 7/1/2015 7/1/2015 7/1/2015
Rate Type:		<del></del>		
Interim Total Inte	rim nt Based on Cost	X Prospec		ive
		ASIS:		
	Budget			
	X Unaudited	Costs		
	Field Audit	ed Costs		
	Revised Fi	eld Audit		
	Cost Repo	rt Late Test		
		W. Rydell Samւ	uel or Chanda Farcas	R G
		Medicaid Cost F	Reimbursement Analy	sis
		_	For Information on	ly - No Change in rate
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Office of Medicaid Cost Reimbursement Planning and Finance

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2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

			Provider Number:	0100421-17
Jackson Memorial Hospital			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	_	Current Rate DRG 194.85	New Rate DRG 192.31	Effective Date 7/1/2015 7/1/2015 7/1/2015
Rate Type:				_
<u>Interim</u> Total Inte	rim nt Based on Co		<u>Dective</u> X Total Prospec	tive
_		BASIS:		
		Budget		
	Х	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test		
		W. Rydell Sa	muel or Chanda Farcas	# Gf
		Medicaid Cos	st Reimbursement Analy	/sis
			For Information or	nly - No Change in rate
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100421 - 2015/07

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

Jackson Memorial Hospital	Date:	10/21/2015
1611 N.W. 12th Avenue  Miami, FL 33136-	Fiscal Year End:	
	Audit Status:	Unaudited Cost Report
Provider Type:  HOSPITAL Inpatient Outpatient Inpatient Outpatient Inpatient County Billing Rate	New Rate DRG 192.31	Effective Date 7/1/2015 7/1/2015 7/1/2015
Rate Type:  Interim Total Interim Settlement Based on Cost  X Prospectiv X Prospectiv	<u>/e</u> Total Prospect	tive
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel Medicaid Cost Rei		
	For Information on inted on : 10/22/2015 9	ıly - No Change in rate



100421 - 2015/07

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

Jackson Memorial Hospital		Provider Number:	0100421-19
dadkson Wemonal Hospital		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
Inpatient County Billing Rate			7/1/2015
Rate Type:  Interim  Total Interim  Settlement Based of		<u>pective</u> X Total Prospecti	ive
		muel or Chanda Farcas st Reimbursement Analys	F F
Batch ID:EKNN8		For Information onl Printed on : 10/22/2015 9:	y - No Change in rate



Batch ID:EKNN8

# 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

Indiana Managal Hangtal		Provider Number: 010	00421-27
Jackson Memorial Hospital		Date: 10	/21/2015
1611 N.W. 12th Avenue		5: asl Vans 5 at 0/9	20/0044
Miami, FL 33136-		Fiscal Year End: 9/3	30/2014
		Audit Status: Un	audited Cost Report
Provider Type:	Comment Data	Nove Date	Effective Date
HOSPITAL Inpatient	Current Rate DRG	New Rate DRG	<u>Effective Date</u> 7/1/2015
Outpatient	194.85	192.31	7/1/2015
Inpatient County Billing Rate			7/1/2015
Rate Type:			
<u>Interim</u>	X Pros	spective	
Total Interim		X Total Prospective	
Settlement Based of	on Cost		
	DACIC:		***************************************
	Budget		
X	Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
	W. Rvdell S	amuel or Chanda Farcas	R CH
	<del>-</del>	ost Reimbursement Analysis	
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Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

		Provider Number:	0100421-34
Jackson Memorial Hospital		Date:	10/21/2015
1611 N.W. 12th Avenue Miami, FL 33136-		Fiscal Year End:	
		Audit Status:	Unaudited Cost Report
Provider Type: HOSPITAL Inpatient Outpatien Inpatient County Billing	t <b>194.85</b>	New Rate DRG 192.31	Effective Date 7/1/2015 7/1/2015 7/1/2015
Rate Type:			
Interim Total Interim Settleme		<u>Prospective</u> X Total Prospec	tive
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs	\$	
	Revised Field Audit		
	Cost Report Late To	est	
	W. Ryde	ell Samuel or Chanda Farcas	# Gf
	Medicaio	d Cost Reimbursement Analy	ysis
		For Information or	nly - No Change in rate
Batch ID:EKNN8	<del></del>	Printed on : 10/22/2015 9	9:31 AM



Batch ID:EKNN8

# 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

		Provider Number: 0	100421-35
Jackson Memorial Hospital		Date: 1	0/21/2015
1611 N.W. 12th Avenue		Fiscal Year End: 9	0/30/2014
Miami, FL 33136-		_	
		Audit Status: U	Inaudited Cost Report
Provider Tvpe: HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatient Inpatient County Billing Rate	<u>194.85</u>	<u>192.31</u>	<u>7/1/2015</u> 7/1/2015
<u> </u>			
Rate Type: Interim	X Pros	<u>pective</u>	
Total Interim		X Total Prospectiv	⁄e
Settlement Based	on Cost		
	D.4.010		<u> </u>
	Budget		
X	Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
<del></del>			
	W. Rydell Sa	amuel or Chanda Farcas	R G
	Medicaid Co	st Reimbursement Analys	is
		For Intormation only	- No Change in rate

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100421 - 2015/07

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

	•	Provider Number: 01	00421-36
Jackson Memorial Hospital		Date: 10	/21/2015
1611 N.W. 12th Avenue Miami, FL 33136-		Fiscal Year End: 9/3	30/2014
Wilami, FE 33130-		Audit Status: Ur	naudited Cost Report
Provider Type: HOSPITAL Inpatient Outpatient Inpatient	Current Rate DRG 194.85 ate	New Rate DRG 192.31	Effective Date 7/1/2015 7/1/2015 7/1/2015
Rate Type:  Interim  Total Interim  Settlement I		pective X Total Prospective	
		amuel or Chanda Farcas ost Reimbursement Analysis	R F
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100421 - 2015/07

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

			Provider Number:	0100421-42
Jackson Memorial Hospital			Date:	10/21/2015
1611 N.W. 12th Avenue			Fiscal Year End:	0/20/2014
Miami, FL 33136-			riscal fear Eng:	9/30/2014
,			Audit Status:	Unaudited Cost Report
Provider Type: HOSPITAL Inpatient Outpatient		<u>Current Rate</u> DRG194.85	New Rate DRG 192.31	Effective Date 7/1/2015 7/1/2015
Inpatient County Billing				7/1/2015
Rate Type:  Interim  Total Interim  Settlemen	rim nt Based on C		vective X Total Prospec	tive
		BASIS:		
-		Budget		
-	Х	Unaudited Costs		
<del>-</del>		Field Audited Costs		
-		Revised Field Audit		
- -		Cost Report Late Test		
		W. Rydell Sai	muel or Chanda Farcas	# Gf
		Medicaid Cos	t Reimbursement Analy	/sis
			For Information or	nly - No Change in rate
Batch ID:EKNN8			Printed on : 10/22/2015 9	9:31 AM



100421 - 2015/07

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

			Provider Number:	0100421-46
Jackson Memorial Hospital			Date:	10/21/2015
1611 N.W. 12th Avenue			Final Vana Fall	0/00/0044
Miami, FL 33136-			Fiscal Year End:	9/30/2014
			Audit Status:	Unaudited Cost Report
Provider Type: HOSPITAL		Current Rate	New Rate	Effective Date
Inpatier	nt _	DRG	DRG	7/1/2015
Outpatie Inpatient County Billir		194.85	192.31	7/1/2015 7/1/2015
Rate Type:				
<u>Interim</u> Total li	atarina	X Pros	pective	tiva.
	nent Based on Co	ost	X Total Prospect	live
		BASIS: Budget		
		Jnaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test		
				_
		W. Rydell Sa	amuel or Chanda Farcas	# If
		Medicaid Co	st Reimbursement Analy	rsis
			For Information on	aly. No Change is rote
				nly - No Change in rate
Batch ID:EKNN8			Printed on : 10/22/2015 9	9:31 AM



Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308 140422 - 2015/07

		Provider Number:	0140422-00
Jackson Memorial Hospital		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 Outpatien Inpatient County Billing	it <u>194.85</u>	New Rate DRG 192.31	Effective Date 7/1/2015 7/1/2015 7/1/2015
Rate Type:  Interim  Total Interim  Settlement		pective X Total Prospec	tive
		amuel or Chanda Farcas st Reimbursement Analy	
Batch ID:EKNN8		For Information or Printed on : 10/22/2015 9	nly - No Change in rate



100439 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Mercy Hospital, Inc.		Provider Number:	0100439-00
3663 S Miami Ave.		Date:	6/29/2015
Miami, FL 33133-		Fiscal Year End:	12/31/2010
		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien	t <b>139.59</b>	135.65	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>P</u> i	rospective	
Total Internal	erim	X Total Prospec	tive
Settleme	ent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Te	est	
	W	Rydell Samuel or Chanda	Farcas
		•	( \
DISTRIBUTION:	Me	edicaid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
11			
		For Information or	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	



100439 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Mercy Hospital, Inc.			F	Provider Number:	0100439-03
3663 S Miami Ave.				Date:	6/29/2015
Miami, FL 33133-				Fiscal Year End: 12/31/2010	
. ,				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>	<u> </u>	New Rate	Effective Date
Inpati	ent	DRG		DRG	7/1/2015
Outpat	tient	139.59		135.65	7/1/2015
Inpatient County Bill	ling Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	Prospective	2	
Tota	l Interim		X	Total Prospec	tive
Settl	ement Based on	Cost			
			,		
		BASIS	<u>:</u>		
		Budget			
	X	Unaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e rest		
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			W. Rydell Sa	muel or Chanda I	Farcas 🕡
DIOTRIBUTION		-			
DISTRIBUTION:			Medicaid Cos	st Reimbursemen	it Analysis
Hospitals:					
Managed Care Contract Management					
11					
11					
			F	or Information on	nly - No Change in rate
Batch ID:XX920			Prir	ited on : 6/29/2015 9:	56 AM



100439 - 2015/07

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

Mercy Hospital, Inc.		Provider Number:	0100439-04
3663 S Miami Ave.		Date:	6/29/2015
Miami, FL 33133-		Fiscal Year End:	12/31/2010
,		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL	<u>Current Rate</u>	New Rate	<b>Effective Date</b>
Inpatien	DRG	DRG	7/1/2015
Outpatier	nt <b>139.59</b>	135.65	7/1/2015
Inpatient County Billin	g Rate		7/1/2015
Rate Type:			
<u>Interim</u>	Х <u>Р</u>	Prospective	
Total In	terim	X Total Prospec	tive
Settlem	ent Based on Cost		
	BASIS:		
	Budget Costs		
	X Unaudited Costs Field Audited Costs		
	Revised Field Audited Costs		
	Cost Report Late T		
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			IR
	W	. Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>	Me	edicaid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
11			
		For Information or	nly - No Change in rate
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100463 - 2015/07

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

Medicaid R	Reimbursement Rate Change F	<u>orm</u>	
Mount Sinai Medical Center		Provider Number: 01	00463-00
4300 Alton Rd		Date: 6/29/2015	
Miami Beach, FL 33140-		Fiscal Year End: 12/31/2013	
		Audit Status: Ur	naudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatient	176.95	118.97	7/1/2015
Inpatient County Billing Rate	•		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pros</u>	<u>pective</u>	
 Total Interim		X Total Prospective	Э
Settlement Bas	ed on Cost		
	BASIS:		
	Budget		
	Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
	W D.	dall Camaral as Chanda Far	
	w. Ryc	dell Samuel or Chanda Far	cas /V
<u>DISTRIBUTION:</u>	Medica	aid Cost Reimbursement A	nalysis
Hospitals:			
Managed Care			
Contract Management			
11			
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100463 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

<u></u>	Todiodia i tollillo	<u> </u>	idiigo i oiiii	Provider Number:	0100463-22
Mount Sinai Medical Center				-	6/29/2015
4300 Alton Rd				Fiscal Year End:	
Miami Beach, FL 33140-				-	
				Audit Status.	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rat	<u>e</u>	New Rate	Effective Date
Inpatie	nt	DRG		DRG	7/1/2015
Outpati	ent	176.95	<u> </u>	118.97	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
Interim		X	<u>Prospecti</u>	ve	
	Interim		X	Total Prospect	ive
Settle	ment Based on	Cost		<u> </u>	
		BASIS	<u>8:</u>		
		Budget			
	X	<ul><li>Unaudited Cost</li></ul>	S		
		Field Audited Co	osts		
		– Revised Field A	udit		
		_ Cost Report Lat	e Test		
		_			
					IR
			W. Rydell S	Samuel or Chanda F	arcas
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursement	Analysis
Hospitals:					
Managed Care					
Contract Management					
11					
				For Information on	ly - No Change in rate
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100471 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

University of Miami Haanital on	d		-	Provider Number:	0100471-0	0
University of Miami Hospital an Clinics	u				6/29/2015	
P.O. Box 016217				Fiscal Year End:		
Miami, FL 33101-				Audit Status:		Cost Report
Drovidor Typo						<u> </u>
Provider Type:		Current Rat	to	New Rate	E	fective Date
<u>HOSPITAI</u>	_	DRG	<u></u> —	DRG	_ <u>-</u>	7/1/2015
Inpat Outpa		219.82		176.37		7/1/2015
•		219.02		170.37		7/1/2015 7/1/2015
Inpatient County Bi	illing Kale					7/1/2013
Rate Type:						
Interim		X	Prospecti			
	al Interim		X	Total Prospec	tive	
Set	tlement Based o	on Cost				
		D 4 01/	_			
		BASIS	<u>5:</u>			
		Budget Unaudited Cost	-0			
	X	Field Audited Cost				
		Revised Field A				
		Cost Report Lat	ie resi			
						-D
			W. Rydell S	Samuel or Chanda	Farcas	RT
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
11						
				For Information or	nly - No Cha	ange in rate
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100498 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Northeless Mc Paul Control		Provider Number:	0100498-00
Northshore Medical Center			6/29/2015
1100 N.W. 95th Street		Fiscal Year End:	
Miami, FL 33150-2098			Unaudited Cost Report
		Addit Status.	- Chaddied Cost Report
Provider Type:			
<u>HOSPITAL</u>	Current Rate	<u> </u>	Effective Date
Inpatien	t DRG	DRG	7/1/2015
Outpatie	nt <b>71.16</b>	59.78	7/1/2015
Inpatient County Billin	g Rate		7/1/2015
Rate Type:			
Interim	Χ	Prospective	
Total Ir	terim	X Total Prospec	etive
Settlem	ent Based on Cost		
	BASIS	• •	
	Budget		
	X Unaudited Costs		
	Field Audited Co	sts	
	Revised Field Au	ıdit	
	Cost Report Late	e Test	
			THE
		W. Rydell Samuel or Chanda	Farcas 🆊
<b>DISTRIBUTION:</b>		Medicaid Cost Reimbursemer	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
11			
		For Information or	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	56 AM



100498 - 2015/07

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

Northshore Medical Center		-	 Provider Number	: 0100498-07
1100 N.W. 95th Street			Date	6/29/2015
			Fiscal Year End	: 5/31/2014
Miami, FL 33150-2098			Audit Status	: Unaudited Cost Report
Dravider Tura				
Provider Type:		Surrent Bete	New Rate	Effective Date
<u>HOSPITAL</u>		Current Rate		Effective Date
Inpatier		DRG	DRG	7/1/2015
Outpatie		71.16	59.78	7/1/2015
Inpatient County Billin	ig Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pro</u>	<u>ospective</u>	
Total Ir	nterim		X Total Prospec	ctive
Settlen	nent Based on Cost			
		BASIS:		
	Bud	get		
	X Una	udited Costs		
	Field	d Audited Costs		
	Revi	sed Field Audit		
	Cost	t Report Late Tes	st	
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		W. F	Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>		Med	dicaid Cost Reimburseme	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
11				
		_	For Information o	nly - No Change in rate
Batch ID:XX920			Printed on : 6/29/2015 9	:56 AM



100536 - 2015/07

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

1475 West 49th Street	Palm Springs General Hospita	I		Provider Number	: 0100536-00
Hialeah, FL 33012-  Provider Type:    HOSPITAL   Current Rate   New Rate   Effective Date     Inpatient   Outpatient   40.52   39.38   7/1/2015     Inpatient County Billing Rate   X Prospective     Interim   X Prospective   X Total Prospective     Settlement Based on Cost   Field Audited Costs     Field Audited Costs   Field Audit     Cost Report Late Test     Hospitals:   Managed Care   Contract Management     11				Date	6/29/2015
Provider Type:    HOSPITAL   Current Rate   New Rate   Effective Date				Fiscal Year End	: 12/31/2013
HOSPITAL   Rate   New Rate   Effective Date				Audit Status	: Unaudited Cost Report
Inpatient Outpatient 40.52 39.38 7/11/2015 Inpatient County Billing Rate 7/11/2015  Rate Type:  Interim	Provider Type:				
Outpatient County Billing Rate    Rate Type:	<u>HOSPITA</u>	<u>L</u>	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Interim  Total Interim  Settlement Based on Cost   BASIS:  Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  DISTRIBUTION: Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate	Inpa	atient	DRG	DRG	7/1/2015
Rate Type:    Interim	Outp	atient	40.52	39.38	7/1/2015
Interim Total Interim Settlement Based on Cost     BASIS:	Inpatient County B	illing Rate			7/1/2015
Interim Total Interim Settlement Based on Cost     BASIS:	Rate Type:			<u> </u>	
BASIS:  Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate			Х <u></u>	Prospective Prospe	
BASIS:  Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate	То	tal Interim		X Total Prospec	ctive
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate	Se	ttlement Based o	n Cost		
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate					
X Unaudited Costs   Field Audited Costs   Revised Field Audit   Cost Report Late Test					
Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate			_		
Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 11  For Information only - No Change in rate		X			
DISTRIBUTION:  Hospitals: Managed Care Contract Management 11  Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  For Information only - No Change in rate			Field Audited Cost	S	
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  11   For Information only - No Change in rate			Revised Field Audi	it	
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  11  For Information only - No Change in rate			Cost Report Late T	Гest	
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  11  For Information only - No Change in rate					
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  11  For Information only - No Change in rate			10	/ Dudall Campual on Chanda	
Hospitals:  Managed Care  Contract Management  11  For Information only - No Change in rate				7. Rydeli Samuel of Chanda	raicas /V
Managed Care  Contract Management  11  For Information only - No Change in rate	<b>DISTRIBUTION:</b>		M	ledicaid Cost Reimbursemer	nt Analysis
Contract Management  11  For Information only - No Change in rate	Hospitals:				
11  For Information only - No Change in rate	Managed Care				
For Information only - No Change in rate	Contract Management				
	11				
				For Information o	nly - No Change in rate
	Batch ID:XX920		_		



100544 - 2015/07

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

Metropolitan Hospital Miami			Provider N	umber: 0100544	l-00
5959 NW 7th Street				Date: 6/29/201	5
Miami, FL 33126-			Fiscal Yea	ar End: 4/29/201	4
Wildrin, 1 2 00120			Audit 9	Status: Unaudite	ed Cost Report
Provider Type:					
HOSPITAL		<b>Current Rate</b>	New Rat	t <u>e</u>	Effective Date
Inpation	ent	DRG	DRG		7/1/2015
Outpat	ient	71.24	66.44		7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
Interim		Х <u>Р</u>	rospective		
Total	Interim		X Total P	rospective	
Settl	ement Based o	n Cost			
		BASIS:			
		Budget			
	X	Unaudited Costs			
		Field Audited Costs Revised Field Audit			
		Cost Report Late T			
		— Cost Report Late 1	631		
					-IR
		W	. Rydell Samuel or Cl	nanda Farcas	R
DISTRIBUTION:		Me	edicaid Cost Reimbur	sement Analysis	5
Hospitals:				·	
Managed Care					
Contract Management					
11					
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		_	For Informa	ation only - No C	nange in rate
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100587 - 2015/07

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

South Miami Hospital			P	rovider Number:	0100587-00
6200 S.W. 73rd Street				Date:	6/29/2015
Miami, FL 33143-				Fiscal Year End:	9/30/2014
Wildini, 1 E 30140				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSP	ITAL	Current Rate	<u>e</u>	New Rate	Effective Date
' <del></del>	npatient	DRG		DRG	7/1/2015
	utpatient	112.68		109.50	7/1/2015
Inpatient Count	•	-			7/1/2015
Rate Type: Interim		X	Prospective	ı	
	Total Interim			Total Prospec	tive
	<ul> <li>Settlement Based</li> </ul>	on Cost		_	
	_				
		BASIS	<u>:</u>		
		Budget			
	X	Unaudited Costs	5		
		Field Audited Co	osts		
		Revised Field A	udit		
		Cost Report Late	e Test		
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			W. Rydell Sar	nuel or Chanda	Farcas
<b>DISTRIBUTION:</b>			Medicaid Cos	t Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Managen	nent				
11					
			F	or Information or	nly - No Change in rate
Batch ID:XX920			Print	ed on: 6/29/2015 9:	56 AM



100609 - 2015/07

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

## Medicaid Reimbursement Rate Change Form

	and the state of t	Duna dalam Namahan	. 0400000 00
Nicklaus Children's Hospital		Provider Number:	
3100 S.W. 62nd Avenue			6/29/2015
Miami, FL 33155-3009		Fiscal Year End:	
		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL	Current Rate	New Rate	Effective Date
Inpatier	nt DRG	DRG	7/1/2015
Outpatie	nt <b>217.91</b>	224.24	7/1/2015
Inpatient County Billin	ng Rate		7/1/2015
Rate Type:			
Interim	Х	<u>Prospective</u>	
Total Ir		. X Total Prospec	ctive
	nent Based on Cost		
	BASIS:		
	Budget	<u>-</u>	
	X Unaudited Costs		
	Field Audited Cos	sts	
	Revised Field Au	dit	
	Cost Report Late	Test	
			IR
	1	W. Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>	Ī	Medicaid Cost Reimbursemer	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
11			
		For Information of	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	:56 AM



100625 - 2015/07

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

Waatahaatar Canaral Haanital	1		<del></del>	Provider Number:	0100625-00
Westchester General Hospital					6/29/2015
2500 SW 75th Avenue				Fiscal Year End:	
Miami, FL 33155-				Audit Status:	Unaudited Cost Report
Provider Type:					· ·
HOSPITA	ΔI	Current Rate	<u>د</u>	New Rate	Effective Date
· · · · · · · · · · · · · · · · · · ·	<u>\_</u> atient	DRG	<u> </u>	DRG	7/1/2015
·	patient	125.36		97.93	7/1/2015
Inpatient County B		120.00		07.00	7/1/2015
Rate Type:		V	Draamaativ		
Interim To	otal Interim	X	<u>Prospectiv</u> - X	<u>e</u> Total Prospec	tivo
	ettlement Based on (	Cost		— Total Prospec	uve
	Stroment Based on C				
		BASIS	<u>.</u>		
	_	Budget	<u>-</u>		
	X	Unaudited Costs	i		
		Field Audited Co	sts		
		Revised Field Au	udit		
		Cost Report Late	e Test		
					K
			W. Rydell Sa	muel or Chanda I	Farcas 🖊
<b>DISTRIBUTION:</b>		•	Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
11					
			r	For Information on	nly - No Change in rate
			r	or initiality of	ny - No Change in rate
Batch ID:XX920			Prir	nted on: 6/29/2015 9:	56 AM



100641 - 2015/07

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

Baptist Medical Center Jacksonvi	lle		Provider Number	: 0100641-00
800 Prudential Drive			Date	6/29/2015
Jacksonville, FL 32207-			Fiscal Year End	9/30/2014
,			Audit Status	: Unaudited Cost Report
Provider Type:				
<u>HOSPITAL</u>		Current Rate	New Rate	Effective Date
Inpatie	ent	DRG	DRG	7/1/2015
Outpati	ent	91.64	82.68	7/1/2015
Inpatient County Billi	ng Rate			7/1/2015
Rate Type:				
Interim		X <u>Pro</u>	<u>spective</u>	
Total	Interim		X Total Prospec	ctive
Settle	ement Based on Cos	t		
		BASIS:		
		dget		
		audited Costs		
		ld Audited Costs		
		vised Field Audit		
	Co:	st Report Late Tes	t	
				-D
		W. R	ydell Samuel or Chanda	Farcas A
DISTRIBUTION:		Medi	icaid Cost Reimbursemer	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
4				
			For Information o	nly - No Change in rate
Batch ID:XX920			Printed on : 6/29/2015 9	:56 AM



100641 - 2015/07

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

Pariford Markard Cardon land and	·II -			Provider Number: 0	0100641-02	
Baptist Medical Center Jacksonv	ille			_	6/29/2015	
800 Prudential Drive				Fiscal Year End: 9/30/2014		
Jacksonville, FL 32207-				_	Jnaudited Cost Report	
				Addit Status. C	Triadulted Cost Report	
Provider Type:						
<u>HOSPITAL</u>		Current Rate	<u> </u>	New Rate	Effective Date	
Inpatie	ent	DRG		DRG	7/1/2015	
Outpati	ent	91.64		82.68	7/1/2015	
Inpatient County Bill	ing Rate				7/1/2015	
Rate Type:						
<u>Interim</u>		X	Prospectiv	<u>ve</u>		
Total	Interim		- X	Total Prospectiv	ve	
Settle	ement Based o	n Cost				
		BASIS:	<u>:</u>			
		Budget				
	X	Unaudited Costs				
		Field Audited Co	sts			
		— Revised Field Au	ıdit			
		Cost Report Late	e Test			
		<u> </u>				
					IR	
		,	W. Rydell S	amuel or Chanda Fa	arcas	
<b>DISTRIBUTION:</b>			Medicaid Co	ost Reimbursement	Analysis	
Hospitals:						
Managed Care						
Contract Management						
4						
				For Information only	y - No Change in rate	
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100676 - 2015/07

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

115 1110- 11		Provider Number:	0100676-00
UF Health Jacksonville		Date:	10/29/2015
580 West 8th Street Jacksonville, FL 32209-		Fiscal Year End: Audit Status:	6/30/2014 Unaudited Cost Report
Provider Type: HOSPITAL Inpatient Outpatien Inpatient County Billing	t <u>145.78</u>	New Rate DRG 148.86	Effective Date 7/1/2015 7/1/2015 7/1/2015
Rate Type:    Interim		pective X Total Prospect	ive
		amuel or Chanda Farcas ost Reimbursement Analy	F J
Datab ID 0170M			ly - No Change in rate
Batch ID:3178M		Printed on: 11/3/2015 12:1	O PIVI



100676 - 2015/07

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

UF Health Jacksonville		Provider Number: 0°	100676-01
		Date: 10	0/29/2015
580 West 8th Street		Fiscal Year End: 6/	/30/2014
Jacksonville, FL 32209-		Audit Status: U	naudited Cost Report
Provider Type: HOSPITAL Inpatient	Current Rate DRG	New Rate DRG	Effective Date 7/1/2015
Outpatient Inpatient County Billing Ra	145.78	148.86	7/1/2015 7/1/2015 7/1/2015
Rate Type:  Interim  Total Interim Settlement B		pective X Total Prospective	е
	BASIS:		
	Budget X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
	W. Rydell Sa	amuel or Chanda Farcas	# Gf
	Medicaid Co	ost Reimbursement Analysis	s
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100722 - 2015/07

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

Mayo Clinic			_ <del></del>	Provider Number:	0100722-00	
4500 San Pablo Road				Date:	6/29/2015	
Jacksonville, FL 32216-				Fiscal Year End:	12/31/2013	
Jacksonville, FL 32210-				Audit Status:	Unaudited C	ost Report
Providor Typo:						
Provider Type: HOSPITAL		Current Rate		New Rate	Effe	ective Date
Inpat	_	DRG	<u> </u>	DRG	_	/1/2015
Outpa		112.28		117.03		/1/2015
Inpatient County Bi				117.00		/1/2015
	ining react					7 172010
Rate Type:		V	Droopoetiv			
<u>Interim</u>	al Interim	X	Prospectiv X		tivo	
	d interin tlement Based or	n Cost		Total Prospec —	uve	
	Based of					
		BASIS:				
		Budget	<u>-</u>			
	X	Unaudited Costs				
		Field Audited Cos	sts			
		— Revised Field Au	dit			
		— Cost Report Late	Test			
					-	R
		,	W. Rydell Sa	muel or Chanda I	Farcas	PU
<b>DISTRIBUTION:</b>		Ī	Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
4						
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				or initialitiation of	ny - No Chan	ye iii iale
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100731 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

St. Vincent's Medical Center			Provider Number: 0100731-00		
Riverside			Date: 6/29/2015		
1800 Barrs Street3rd Floor, Seton Hall			Fiscal Year End:	6/30/2014	
Jacksonville, FL 32204-			Audit Status:	Unaudited Cost Report	
Provider Type:					
HOSPITAL	<u>Cur</u>	rent Rate	New Rate	Effective Date	
Inpatient	-	DRG	DRG	7/1/2015	
Outpatient		36.14	77.37	7/1/2015	
Inpatient County Billing	Rate		-	7/1/2015	
Rate Type:					
Interim		X <u>Prosp</u>	<u>ective</u>		
 Total Inte	erim		X Total Prospec	etive	
Settleme	nt Based on Cost				
-		BASIS:			
_	Budget				
-		ted Costs			
-		udited Costs			
-		d Field Audit			
-	Cost Re	eport Late Test			
		W Ryd	ell Samuel or Chanda	Farcas	
DISTRIBUTION:		Medica	id Cost Reimbursemer	nt Analysis	
Hospitals:					
Managed Care					
Contract Management					
4					
			For Information or	nly - No Change in rate	
Batch ID:XX920			Printed on : 6/29/2015 9:		



100749 - 2015/07

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

Baptist Hospital Inc			Р	rovider Number:	0100749-00
P.O. Box 17500				Date:	6/29/2015
Pensacola, FL 32522-7500				Fiscal Year End:	9/30/2014
1 ensacoia, 1 L 32322-1300				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPIT	AL	Current Rate	<u>e</u>	New Rate	Effective Date
	oatient	DRG		DRG	7/1/2015
Out	tpatient	112.71		91.24	7/1/2015
Inpatient County	Billing Rate				7/1/2015
Rate Type:					
Interim		Х	Prospective	<b>!</b>	
	Total Interim		X	Total Prospec	tive
	Settlement Based or	n Cost		_	
		BASIS	<u>:</u>		
		Budget			
	X	Unaudited Costs	3		
		Field Audited Co	osts		
		Revised Field Au	udit		
		Cost Report Late	e Test		
					_
			W D Jall Ca		
			w. Rydell Sar	nuel or Chanda I	Farcas
<b>DISTRIBUTION:</b>			Medicaid Cos	t Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Manageme	nt				
1					
			_	or Information or	nly - No Change in rate
Batch ID:XX920			Print	ed on: 6/29/2015 9:	56 AM



100749 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Baptist Hospital Inc		Provider Number:	0100749-02
P.O. Box 17500		Date:	6/29/2015
Pensacola, FL 32522-7500		Fiscal Year End:	9/30/2014
1 011000010, 1 2 02022 1 000		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL	<b>Current Rate</b>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien	t 112.71	91.24	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pro</u> s	<u>spective</u>	
Total Inte	erim ———	X Total Prospec	tive
Settleme	ent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test	t	
	W R	ydell Samuel or Chanda	Farcas
	<u></u>	•	
DISTRIBUTION:	Medi	caid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
1			
		For Information or	nly - No Change in rate
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100749 - 2015/07

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

P.O. Box 17500   Pensacola, FL 32522-7500   Fiscal Year End: 9/30/2014	Baptist Hospital Inc			Provider Number	: 0100749-03
Pensacola, FL 32522-7500  Provider Type:    HOSPITAL   DRG   DRG   71/1/2015     Outpatient   Ou	·			Date	6/29/2015
Provider Type:    HOSPITAL				Fiscal Year End	9/30/2014
HOSPITAL   Inpatient   DRG   DRG   7/1/2015     Outpatient   Outpati	,			Audit Status	Unaudited Cost Report
HOSPITAL   Inpatient   DRG   DRG   7/1/2015     Outpatient   Outpati	Provider Type:				
Outpatient County Billing Rate    Interim			<b>Current Rate</b>	New Rate	Effective Date
Rate Type:    Interim	Inpati	ent	DRG	DRG	7/1/2015
Rate Type:    Interim	Outpat	tient	112.71	91.24	7/1/2015
Interim	Inpatient County Bill	ling Rate			7/1/2015
Interim	Rate Type:				
BASIS:  Budget X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 1  For Information only - No Change in rate			X <u>Pro</u>	spective	
BASIS:  Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Managed Care Contract Management  1  For Information only - No Change in rate	 Tota	l Interim		X Total Prospec	ctive
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 1  For Information only - No Change in rate	Settl	ement Based o	on Cost		
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 1  For Information only - No Change in rate					
X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 1  For Information only - No Change in rate			<u></u>		
Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Wedicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management  1  For Information only - No Change in rate					
Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management  1  For Information only - No Change in rate		X			
DISTRIBUTION:  Hospitals: Managed Care Contract Management  1   Medicaid Cost Reimbursement Analysis  For Information only - No Change in rate					
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  1  For Information only - No Change in rate					
Medicaid Cost Reimbursement Analysis  Hospitals:  Managed Care  Contract Management  1  For Information only - No Change in rate			Cost Report Late Tes	t	
Medicaid Cost Reimbursement Analysis  Hospitals:  Managed Care  Contract Management  1  For Information only - No Change in rate					
Medicaid Cost Reimbursement Analysis  Hospitals:  Managed Care  Contract Management  1  For Information only - No Change in rate			\A/ D	ondell Commeller Oberede	
Hospitals:  Managed Care  Contract Management  1  For Information only - No Change in rate			VV. R	Rydeli Samuei oi Chanda	raicas
Managed Care  Contract Management  1  For Information only - No Change in rate	DISTRIBUTION:		Medi	icaid Cost Reimbursemer	nt Analysis
Contract Management  1  For Information only - No Change in rate					
1 For Information only - No Change in rate	Managed Care				
For Information only - No Change in rate	Contract Management				
	1				
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	Potoh ID:VV020				



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

Sacred Heart Hospital			F	Provider Number:	0100765-00
Post Office Box 2728				Date:	6/29/2015
Pensacola, FL 32513-2728				Fiscal Year End:	6/30/2014
F 6115acola, 1 L 32313-2720				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPITAL		Current Rate	<u>e</u>	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpat	ient	116.44		137.47	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
Interim		X	Prospective	<u>e</u>	
Total	Interim		_ X	Total Prospec	tive
Settle	ement Based on	Cost			
		BASIS	<u>:</u>		
		Budget			
	X	Unaudited Costs			
		Field Audited Co			
		Revised Field A			
		Cost Report Late	e l'est		
					-D
			W. Rvdell Sa	muel or Chanda	Farcas (
DISTRIBUTION:			Medicaid Cos	st Reimbursemen	it Analysis
Hospitals:					
Managed Care					
Contract Management					
1					
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100803 - 2015/07

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

<u>.</u>	vieulcalu Keliii	bursement Rate Change F	<u>OIIII</u>	
George E. Weems Memorial Ho	spital		Provider Number: 01	00803-00
P.O. Drawer 610			Date: 6/2	
Apalachicola, FL 32320-			Fiscal Year End: 9/3	30/2014
, , = 0=0=0			Audit Status: Ur	naudited Cost Report
Provider Type:			_	
HOSPITAL		Current Rate	New Rate	Effective Date
Inpati	ent	DRG	DRG	7/1/2015
Outpat	ient	101.40	114.49	7/1/2015
Inpatient County Bill	ing Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pros</u>	<u>pective</u>	
 Tota	I Interim		X Total Prospective	<del>)</del>
Settl	ement Based o	on Cost		
<u> </u>				
		BASIS:		
		Budget		
	Х	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test		
		W. Rvo	dell Samuel or Chanda Far	rcas d
DISTRIBUTION:		Medica	aid Cost Reimbursement A	naiysis
Hospitals:				
Managed Care				
Contract Management				
2				
			For Information only	- No Change in rate
Batch ID:XX920			Printed on : 6/29/2015 9:56 A	



100862 - 2015/07

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

524 W Sagamore Street Clewiston, FL 33440-  Provider Type:  HOSPITAL   Current Rate   New Rate   Effective Date   Inpatient   DRG   DRG   7/1/2015   Inpatient County Billing Rate   X Prospective   Settlement Based on Cost    BASIS:  Budget   X Unaudited Costs   Field Audited Costs   Revised Field Audit   Cost Report Late Test    W. Rydell Samuel or Chanda Farcas    W. Rydell Samuel or Chanda Farcas    Medicaid Cost Reimbursement Analysis    Medicaid Cost Reimbursement Analysis    Managed Care   Contract Management   8	Hendry Regional Medical Center			Provider Number:	0100862-00
Clewiston, FL 33440-  Provider Type:    HOSPITAL   Current Rate   New Rate   Effective Date				Date:	6/29/2015
Provider Type:    HOSPITAL   Current Rate   New Rate   Effective Date     Inpatient   DRG   DRG   7/1/2015     Outpatient   Outpatient   DRG   DRG   7/1/2015     Inpatient County Billing Rate   Total Interim   X   Prospective     Total Interim   X   Prospective   X   Total Prospective     Settlement Based on Cost   Settlement Based on Cost     Budget   X   Unaudited Costs   Field Audited Costs   Revised Field Audit   Cost Report Late Test     DISTRIBUTION:   Hospitals:   Managed Care   Contract Management   Management	_			Fiscal Year End:	9/30/2014
HOSPITAL   Inpatient   DRG   DRG   7/1/2015     Outpatient   144.84   126.53   7/1/2015     Inpatient County Billing Rate   X   Prospective     Interim	olowidon, 12 do 110			Audit Status:	Unaudited Cost Report
HOSPITAL   Inpatient   DRG   DRG   7/1/2015     Outpatient   144.84   126.53   7/1/2015     Inpatient County Billing Rate   X   Prospective     Interim	Provider Type:				
Outpatient County Billing Rate    Rate Type:		Cui	rrent Rate	New Rate	Effective Date
Inpatient County Billing Rate  Rate Type: Interim Total Interim Settlement Based on Cost   BASIS: Budget X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management	Inpatie	 nt	DRG	DRG	7/1/2015
Rate Type:    Interim	Outpatie	ent ———	144.84	126.53	7/1/2015
Interim	Inpatient County Billin	ng Rate			7/1/2015
Interim	Rate Type:				
BASIS:  Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management			X Pros	spective	
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management	Total I	nterim		X Total Prospec	tive
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management	Settler	ment Based on Cost			
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management					
X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management			<del>_</del>		
Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management					
Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management					
Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals:  Managed Care Contract Management					
W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals:  Managed Care  Contract Management					
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  Medicaid Cost Reimbursement Analysis		Cost R	eport Late Test		
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  Medicaid Cost Reimbursement Analysis					
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  Medicaid Cost Reimbursement Analysis			\/\ D\	idall Samuel or Chanda	Farcas
Hospitals:  Managed Care  Contract Management					
Managed Care Contract Management			Medic	aid Cost Reimbursemen	t Analysis
Contract Management	Hospitals:				
	Managed Care				
8	Contract Management				
	8				
For Information only - No Change in rate				For Information or	nly - No Change in rate
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100871 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Post Office Box 37   Fiscal Year End:   9/30/2014   Audit Status:   1/30/2014   Audit Status:   1/30/2014   Audit Status:   1/30/2014   Audit Status:   1/30/2014   Audit Status:   1/30/2015   Aud	Bayfront Health Brooksville			F	Provider Number:	0100871-00
Audit Status: Unaudited Cost Report    Provider Type:   HOSPITAL	Post Office Box 37				Date:	6/29/2015
Provider Type:    HOSPITAL   Current Rate   New Rate   Effective Date	Brooksville, FL 34605-0037				Fiscal Year End:	9/30/2014
HOSPITAL   Inpatient   DRG   DRG   T/1/2015     Outpatient   G6.60   45.21   T/1/2015     Inpatient County Billing Rate					Audit Status:	Unaudited Cost Report
Inpatient Outpatient Outpatient 66.60	Provider Type:					
Outpatient Ge.60 45.21 7/1/2015 Inpatient County Billing Rate  Rate Type: Interim	<u>HOSPITAL</u>	=	<b>Current Rate</b>	<u> </u>	New Rate	<b>Effective Date</b>
Inpatient County Billing Rate  Rate Type: Interim Total Interim Settlement Based on Cost   BASIS: Budget X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  DISTRIBUTION: Hospitals: Managed Care Contract Management 3  For Information only - No Change in rate	Inpat	ient	DRG		DRG	7/1/2015
Rate Type: Interim Settlement Based on Cost   BASIS:  Budget Vanualited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  DISTRIBUTION: Hospitals: Managed Care Contract Management 3  Medicaid Cost Reimbursement Analysis For Information only - No Change in rate	Outpa	itient	66.60		45.21	7/1/2015
Interim	Inpatient County Bi	lling Rate				7/1/2015
Interim	Rate Type:					
BASIS:  Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 3  For Information only - No Change in rate			Х	Prospective	2	
BASIS:  Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 3  For Information only - No Change in rate	Tota	al Interim		X	Total Prospec	tive
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 3  For Information only - No Change in rate	Set	tlement Based or	n Cost		<del>_</del>	
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 3  For Information only - No Change in rate						
X Unaudited Costs   Field Audited Costs   Revised Field Audit   Cost Report Late Test			·	<u> </u>		
Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 3  For Information only - No Change in rate			_			
Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 3  For Information only - No Change in rate		X	_			
DISTRIBUTION:  Hospitals: Managed Care Contract Management 3  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  For Information only - No Change in rate			_			
Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 3  For Information only - No Change in rate			_			
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  3  For Information only - No Change in rate			Cost Report Late	e Test		
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  3  For Information only - No Change in rate						
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  3  For Information only - No Change in rate				W Pydoll Sa	muel or Chanda I	Farcas
Hospitals:  Managed Care  Contract Management  3  For Information only - No Change in rate			-	-		
Managed Care Contract Management  3  For Information only - No Change in rate	<b>DISTRIBUTION:</b>			Medicaid Cos	st Reimbursemen	t Analysis
Contract Management  3  For Information only - No Change in rate	Hospitals:					
For Information only - No Change in rate	Managed Care					
For Information only - No Change in rate	Contract Management					
	3					
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100871 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

				Provider Number:	0100871-01
Bayfront Health Brooksville					6/29/2015
Post Office Box 37					
Brooksville, FL 34605-0037				Fiscal Year End:	
				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rat	<u>te</u>	New Rate	<b>Effective Date</b>
Inpatie	ent	DRG		DRG	7/1/2015
Outpat	ient	66.60		45.21	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type: Interim		Х	<u>Prospecti</u>	W0	
	Interim		_ X	<u>ve</u> Total Prospec	tivo
	ement Based o	un Cost	^	— Total Prospec	uve
	ement based o				
		BASIS	2.		
		Budget	<u>).</u>		
	X	— Unaudited Cost			
		Field Audited Cost			
		— Revised Field A			
		Cost Report Lat	ie resi		
					12
			W Dydall S	Samuel or Chanda	Fareas
				damuel of Changa	raicas /V
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
3					
				For Information or	nly - No Change in rate
Batch ID:XX920			Pi	rinted on : 6/29/2015 9:	56 AM



100897 - 2015/07

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

Highlands Regional Medical Center		Provider Number: (	0100897-00
P.O. Drawer 2066		Date: 6	6/29/2015
Sebring, FL 33870-		Fiscal Year End: 9	9/30/2014
Septing, I L 33070-		Audit Status: l	Unaudited Cost Report
Provider Type:		_	
HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien	69.31	67.35	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X	<u>Prospective</u>	
 Total Inte	erim ———	X Total Prospecti	ve
Settleme	nt Based on Cost		
<u>-</u>			
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Cos		
	Revised Field Aud		
	Cost Report Late	Test	
			10
	,	N. Rydell Samuel or Chanda Fa	arcas d
	<u>-</u>		
DISTRIBUTION:	Ŋ	Medicaid Cost Reimbursement	Analysis
Hospitals:			
Managed Care			
Contract Management			
6			
		For Information only	y - No Change in rate
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100901 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Florida Hospital Heartland Medical		Provider Number:	0100901-00
Center		Date:	6/29/2015
Highway 27 North		Fiscal Year End:	12/31/2013
Avon Park, FL 33825-		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatient	90.49	76.49	7/1/2015
Inpatient County Billing Ra	ate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pros</u>	<u>pective</u>	
Total Interim	n	X Total Prospec	tive
Settlement E	Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
<u> </u>	Revised Field Audit		
	Cost Report Late Test		
	W Ry	dell Samuel or Chanda	Farcas
DISTRIBUTION:	Medica	aid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
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100901 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Florida Hospital Heartland Medic	al		Provider Number:	0100901-02
Center			Date:	6/29/2015
Highway 27 North			Fiscal Year End:	12/31/2013
Avon Park, FL 33825-			Audit Status:	Unaudited Cost Report
Provider Type:			-	
<u>HOSPITAL</u>		<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Inpatie	ent	DRG	DRG	7/1/2015
Outpati	ient	90.49	76.49	7/1/2015
Inpatient County Bill	ing Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pros</u>	<u>pective</u>	
Total	Interim		X Total Prospect	ive
Settle	ement Based o	n Cost		
		BASIS:		
		Budget		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test		
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		W. Ry	dell Samuel or Chanda F	arcas 🕡
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DISTRIBUTION:		Wedic	aid Cost Reimbursement	. Alidiysis
Hospitals:				
Managed Care				
Contract Management				
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100943 - 2015/07

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

Florida Hospital Carrollwood			Pr	ovider Number:	0100943-00
3100 East Fletcher Avenue				Date:	6/29/2015
Tampa, FL 33613-			F	iscal Year End:	12/31/2013
Tampa, 1 2 00010				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITA</u>	<u>.L</u>	Current Rate	<u>e</u>	New Rate	Effective Date
Inpa	atient	DRG		DRG	7/1/2015
Outp	atient	85.46		83.04	7/1/2015
Inpatient County B	illing Rate				7/1/2015
Rate Type:					
Interim		X	<u>Prospective</u>		
To	tal Interim		_ X	Total Prospec	tive
Se	ettlement Based on	Cost		_	
		BASIS	<u>:</u>		
		Budget -			
	X	Unaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e rest		
			W. Rvdell Sam	nuel or Chanda I	Farcas #
DISTRIBUTION					
DISTRIBUTION:			Medicald Cost	Reimbursemen	t Analysis
Hospitals:					
Managed Care Contract Management					
6					
O					
			Fc	r Information or	nly - No Change in rate
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100978 - 2015/07

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

St. Josephs Hospital		Provider Number:	0100978-00
3001 W. ML King Blvd.Post Office		Date:	6/29/2015
Box 4227		Fiscal Year End:	12/31/2013
Tampa, FL 33677-4227		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL	<b>Current Rate</b>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien	t <b>136.64</b>	127.73	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	Х <u>Р</u>	Prospective	
Total Internal	erim	X Total Prospec	tive
Settleme	ent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audi		
	Cost Report Late T	est	
	\M	. Rydell Samuel or Chanda	Farcas
	<u> </u>		
DISTRIBUTION:	Me	edicaid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
6			
		For Information or	nly - No Change in rate
Batch ID:XX920	_	Printed on : 6/29/2015 9:	



100978 - 2015/07

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

St. Josephs Hospital				Provider Number:	0100978-0	)2
·				Date:	6/29/2015	
3001 W. ML King Blvd.Post Office Box 4227				Fiscal Year End:	12/31/2013	3
Tampa, FL 33677-4227				Audit Status:	Unaudited	Cost Report
Provider Type:						
HOSPITAL		Current Rate	e	New Rate	Ef	ffective Date
Inpatier	nt	DRG		DRG		7/1/2015
Outpatie		136.64		127.73	_	7/1/2015
Inpatient County Billir				.25		7/1/2015
	.9					
Rate Type:		V	D			
Interim Total II	otorim	X	_ Prospectiv		tivo	
	nent Based on (	Cost	^	Total Prospect	uve	
	nont based on t					
		BASIS	<b>:-</b>			
		Budget	<u>'-</u>			
		Unaudited Costs	3			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Late	e Test			
						IR
			W. Rydell S	amuel or Chanda I	Farcas	PU
<b>DISTRIBUTION:</b>			Medicaid Co	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
6						
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				For Information on	ily - No Cha	ange in rate
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100978 - 2015/07

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

St. Josephs Hospital			-	Provider Number:	0100978-0	)3
	••			Date:	6/29/2015	
3001 W. ML King Blvd.Post Offi Box 4227	ce			Fiscal Year End:	12/31/2013	3
Tampa, FL 33677-4227				Audit Status:	Unaudited	Cost Report
Provider Type:						
HOSPITAL		Current Rat	te	New Rate	E	ffective Date
Inpat	<u>-</u>	DRG	<del>_</del>	DRG		7/1/2015
Outpa		136.64	<del></del>	127.73		7/1/2015
Inpatient County Bil						7/1/2015
Rate Type:		X	<u>Prospecti</u>	ve.		
Interim Tota	al Interim		— X	<u>ve</u> Total Prospec	tive	
	lement Based o	on Cost		—— Total i Tospec	uve	
		BASIS	<b>3</b> :			
		Budget	<del></del>			
	X	— Unaudited Cost	:S			
		— Field Audited C	osts			
		— Revised Field A	udit			
		— Cost Report Lat	te Test			
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			W. Rydell S	Samuel or Chanda	Farcas	PU
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
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100978 - 2015/07

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

St. Josephs Hospital			·	Provider Number:	0100978-06	3
3001 W. ML King Blvd.Post Office				Date:	6/29/2015	
Box 4227				Fiscal Year End:	12/31/2013	
Tampa, FL 33677-4227				Audit Status:	Unaudited (	Cost Report
Provider Type:						
HOSPITAL		Current Rate	<u>e</u>	New Rate	<u>Eff</u>	ective Date
Inpatier	nt	DRG		DRG		7/1/2015
Outpatie	nt	136.64		127.73		7/1/2015
Inpatient County Billir	ng Rate					7/1/2015
Rate Type:						
<u>Interim</u>		X	Prospectiv	<u>e</u>		
Total li	nterim		_ X	Total Prospec	tive	
Settlen	nent Based on	Cost				
		BASIS	<u>:</u>			
		Budget -				
	X	Unaudited Costs				
		Field Audited Co -				
		Revised Field A	udit			
		Cost Report Late	e Test			
			W. Rydell Sa	nmuel or Chanda I	Farcas	R
DISTRIBUTION:			Medicaid Co	st Reimbursemen	nt Analysis	
Hospitals:					,	
Managed Care						
Contract Management						
6						
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100986 - 2015/07

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

<del></del>	Todiodia Itominod	<u> </u>	idiigo i oiiii	Provider Number:	. 0100006 00	
South Florida Baptist						
301 N Alexander Street					6/29/2015	
Plant City, FL 33566-				Fiscal Year End:		
				Audit Status:	: Unaudited C	ost Report
Provider Type:						
<u>HOSPITAL</u>		Current Rat	<u>e</u>	New Rate	<u>Eff</u>	ective Date
Inpatie	ent	DRG		DRG	7	7/1/2015
Outpati	ent	90.48		81.32	7	7/1/2015
Inpatient County Billi	ng Rate				7	7/1/2015
Rate Type:						
<u>Interim</u>		X	Prospectiv	<u>⁄e</u>		
Total	Interim		_ x	Total Prospec	ctive	
Settle	ment Based on	Cost				
		BASIS	<u>S:</u>			
		Budget				
	X	Unaudited Cost	S			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Lat	e Test			
		-				_
					-	JK.
			W. Rydell S	amuel or Chanda	Farcas	M
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemer	nt Analysis	•
Hospitals:						
Managed Care						
Contract Management						
6						
				For Information or	nly - No Char	ige in rate
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100994 - 2015/07

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

T 0 111 %		Provider Number: 0100994-00			
Tampa General Hospital			Date:	10/29/2015	
P.O. Box 1289			Fiscal Year End:	0/30/2014	
Tampa, FL 33601-			riscal fear Ellu.	9/30/2014	
			Audit Status:	Unaudited Cost Report	
Provider Type: HOSPITAL Inpatient Outpatien Inpatient County Billing	t _	Current Rate DRG 152.32	New Rate DRG 147.24	Effective Date 7/1/2015 7/1/2015 7/1/2015	
Rate Type:					
<u>Interim</u> Total Int	erim ent Based on Co		X Total Prospec	tive	
		BASIS:			
	В	Budget	<del></del>		
		Inaudited Costs			
	F	ield Audited Costs			
	F	Revised Field Audit			
		Cost Report Late Test			
		W. Rydell Sa	muel or Chanda Farcas	# G	
		Medicaid Cos	st Reimbursement Analy	ysis .	
			For Information or	nly - No Change in rate	
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100994 - 2015/07

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

Гатра General Hospital			Provider Number:	0100994-01
rampa Conorar Rospital			Date:	10/29/2015
P.O. Box 1289			Figure Vaca Fadi	0/20/2044
Tampa, FL 33601-			Fiscal Year End:	9/30/2014
			Audit Status:	Unaudited Cost Report
Provider Type:		Comment Date	Nov. Data	Effective Dete
HOSPITAL Inpatien	t	Current Rate DRG	New Rate DRG	<u>Effective Date</u> 7/1/2015
Outpatie		152.32	147.24	7/1/2015
Inpatient County Billin				7/1/2015
Rate Type:				
<u>Interim</u>		X Pros	spective	
Total Ir			X Total Prospect	iive
Settler	nent Based or	1 Cost		
		BASIS:		
		Budget		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test		
				- 0
				THE CH
		<u></u>	amuel or Chanda Farcas	
		Medicaid Co	ost Reimbursement Analy	sis
			For Information on	lly - No Change in rate
Batch ID:X9FW9			Printed on : 11/3/2015 12	:17 PM



100994 - 2015/07

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

Tampa General Hospital		Provider Number: 0 — Date: 1	0/29/2015
P.O. Box 1289 Tampa, FL 33601-		Fiscal Year End: 9	
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  Total Interim  Settlement Base		<u>ective</u> X Total Prospectiv	ve
X	BASIS:  Budget  Unaudited Costs  Field Audited Costs  Revised Field Audit  Cost Report Late Test		
		muel or Chanda Farcas t Reimbursement Analysi	R F
		For Information only	· - No Change in rate
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Batch ID:X9FW9

# Florida Agency For Health Care Administration

100994 - 2015/07

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

#### Medicaid Reimbursement Rate Change Form

Tampa General Hospital		Provider Number: 01	
		Date: 10	0/29/2015
P.O. Box 1289			
Tampa, FL 33601-		Fiscal Year End: 9/	30/2014
• •		Audit Status: U	naudited Cost Report
Provider Type:	Commont Bata	Nov. Data	F#setive Dete
HOSPITAL Inpatient	Current Rate DRG	New Rate DRG	Effective Date 7/1/2015
Outpatient	152.32	147.24	7/1/2015
Inpatient County Billing Rate		,	7/1/2015
Rate Type:			
<u>Interim</u>	X Pros	pective	
Total Interim		X Total Prospective	<b>)</b>
Settlement Based	on Cost		
	BASIS:		
	Budget		
<del></del>	Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
	W. Rvdell Sa	amuel or Chanda Farcas	# Cf
		ost Reimbursement Analysis	
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Office of Medicaid Cost Reimbursement Planning and Finance

100994 - 2015/07

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Tompo Conoral Hospital		Provider Number: 0100994-14			
Tampa General Hospital		Date: 10	0/29/2015		
P.O. Box 1289		Fiscal Year End: 9	120/2014		
Tampa, FL 33601-		Fiscal Year End: 9/	/30/2014		
		Audit Status: U	naudited Cost Report		
Provider Type:		-			
HOSPITAL Inpatient	<u>Current Rate</u> DRG	New Rate DRG	<u>Effective Date</u> <u>7/1/2015</u>		
Outpatient	152.32		7/1/2015		
Inpatient County Billing Rate			7/1/2015		
Rate Type:	<del></del>				
<u>Interim</u>	X Pros	<u>pective</u>			
Total Interim Settlement Bas	and on Cost	X Total Prospective	е		
	sed on Cost				
	BASIS:				
	Budget				
	X Unaudited Costs				
	Field Audited Costs				
	Revised Field Audit				
	Cost Report Late Test				
	W. Rydell Sa	amuel or Chanda Farcas	R G		
	Medicaid Co	st Reimbursement Analysi	s		
		For Information only	- No Change in rate		
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101028 - 2015/07

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

Florida Hospital Tampa		F	Provider Number:	0101028-00
3100 East Fletcher Avenue			Date:	6/29/2015
Tampa, FL 33613-			Fiscal Year End:	12/31/2013
·			Audit Status:	Unaudited Cost Report
Provider Type:				
<u>HOSPITAL</u>	<u>Current</u>	<u>Rate</u>	New Rate	Effective Date
Inpatien	t DRG		DRG	7/1/2015
Outpatie	nt <b>73.8</b> 3	3	71.74	7/1/2015
Inpatient County Billin	g Rate			7/1/2015
Rate Type:				
<u>Interim</u>	>	Prospective	<u>e</u>	
Total Ir	nterim	x	Total Prospec	tive
Settlem	nent Based on Cost			
		<u>SIS:</u>		
	Budget			
	X Unaudited C			
	Field Audited			
	Revised Fiel			
	Cost Report	Late Test		
				-D
		W Rydell Sa	muel or Chanda I	Farcas d
DISTRIBUTION:		Medicaid Cos	st Reimbursemen	t Analysis
Hospitals:				
Managed Care				
Contract Management				
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		F	or Information or	nly - No Change in rate
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101028 - 2015/07

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

Florida Hospital Tampa				Provider Number:	0101028-09
3100 East Fletcher Avenue				Date:	6/29/2015
Tampa, FL 33613-				Fiscal Year End:	12/31/2013
,				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rate	<u>9</u>	New Rate	Effective Date
Inpatie	nt	DRG		DRG	7/1/2015
Outpatie	ent -	73.83		71.74	7/1/2015
Inpatient County Billin	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Χ	<u>Prospectiv</u>	<u>re</u>	
Total I	nterim		X	Total Prospec	tive
Settler	ment Based on C	ost			
		- 1 0 I O			
		BASIS	<u>:</u>		
		Budget Unaudited Costs			
		Field Audited Costs			
		Revised Field Au			
		Cost Report Late			
					IR
			W. Rydell Sa	amuel or Chanda I	Farcas 🎵
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
6					
				For Information on	nly - No Change in rate
Batch ID:XX920			Pri	nted on : 6/29/2015 9:	56 AM



101036 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Doctors Memorial Hospital			Provider Number	: 0101036-00
P.O. Box 188			Date	6/29/2015
Bonifay, FL 32425-			Fiscal Year End	9/30/2014
			Audit Status	: Unaudited Cost Report
Provider Type:				
HOSPITAL	<u>.</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpat	ient	DRG	DRG	7/1/2015
Outpa	tient	150.92	149.60	7/1/2015
Inpatient County Bil	lling Rate			7/1/2015
Rate Type:				
Interim		X <u>Pr</u>	rospective	
	al Interim		X Total Prospe	ctive
Sett	lement Based o	n Cost		
		BASIS:		
		Budget		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Te	est	
		W.	Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>		Me	dicaid Cost Reimburseme	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
2				
			For Information a	inly No Chango in rate
			roi iniormation o	nly - No Change in rate
Batch ID:XX920			Printed on : 6/29/2015 9	:56 AM



101044 - 2015/07

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

		Provider Number:	0101044-00
Indian River Medical Center			6/29/2015
1000 36th Street		Fiscal Year End:	
Vero Beach, FL 32960-			
		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatier	t DRG	DRG	7/1/2015
Outpatie	nt <b>96.50</b>	93.77	7/1/2015
Inpatient County Billin	g Rate	<u> </u>	7/1/2015
Rate Type:			
Interim	X	Prospective	
Total Ir	terim	X Total Prospec	ctive
Settlen	nent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Cos	ets	
	Revised Field Au	dit	
	Cost Report Late	Test	
			THE
	\	W. Rydell Samuel or Chanda	Farcas 🖊
<b>DISTRIBUTION:</b>	ľ	Medicaid Cost Reimbursemer	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
9			
		For Information or	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	56 AM



101061 - 2015/07

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

	Wedledia Reimed	rsement rate on	<del>y</del>	Provider Number:	0101061-0	10
Jackson Hospital					6/29/2015	
4250 Hospital Drive				Fiscal Year End:		
Marianna, FL 32446-				Audit Status:		
				radit Otatas.	- Indudited	
Provider Type:				N 5.	_	<i>"</i> ." 5 .
<u>HOSPIT.</u>		Current Rate	<u>e</u> 	New Rate	_ <u>=</u>	ffective Date
•	eatient	DRG		DRG		7/1/2015
	patient	89.77		89.15		7/1/2015
Inpatient County I	Billing Rate					7/1/2015
Rate Type:						
<u>Interim</u>		X	<u>Prospective</u>	<u>/e</u>		
T	otal Interim	-	X	Total Prospec	tive	
S	Settlement Based on	Cost				
		BASIS	) <u>:</u>			
	-	Budget	<u></u>			
	X	Unaudited Costs	5			
	_	Field Audited Co	osts			
		Revised Field Aı	udit			
		Cost Report Late	e Test			
		-				
			W. Rydell S	amuel or Chanda l	Farcas	R
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Managemen	nt					
2						
				Fan Infance (Co.)	ala Na Ci	
				For Information or	niy - No Cha	ange in rate
Batch ID:XX920			Pr	inted on : 6/29/2015 9:	56 AM	



101079 - 2015/07

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

Leesburg Regional Medical C	enter		Prov	ider Number:	0101079-00
600 E Dixie Ave				Date:	6/29/2015
Leesburg, FL 32748-			Fisc	cal Year End:	6/30/2014
20000019, 12 027 10				Audit Status:	Unaudited Cost Report
Provider Type:				•	
HOSPITA	۸L	<b>Current Rate</b>	<u>Ne</u>	ew Rate	Effective Date
	— atient	DRG		DRG	7/1/2015
•	patient	84.79		80.01	7/1/2015
Inpatient County E			<u> </u>		7/1/2015
Rate Type:					
Interim		Х	Prospective		
	otal Interim	_	_	Total Prospect	tive
S	ettlement Based or	n Cost		·	
		BASIS:			
		Budget			
	X	Unaudited Costs			
		Field Audited Cos	sts		
		Revised Field Au	dit		
		Cost Report Late	Test		
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		_	V. Rydell Samue	or Chanda F	-arcas N
<b>DISTRIBUTION:</b>		Γ	Medicaid Cost R	eimbursemen <sup>e</sup>	t Analysis
Hospitals:					
Managed Care					
Contract Management	t				
3					
			For I	nformation on	nly - No Change in rate
D					
Batch ID:XX920			Printed (	on: 6/29/2015 9:5	Db AIVI



101087 - 2015/07

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

South Lake Memorial Hospital			F	Provider Number:	0101087-0	00
847 8th Street				Date:	6/29/2015	
Clermont, FL 32711-				Fiscal Year End:	9/30/2014	
Cleffiont, L 32111-				Audit Status:	Unaudited	Cost Report
Provider Type:						
<u>HOSPITAL</u>		<b>Current Rate</b>		New Rate	<u>E</u>	ffective Date
Inpatie	nt	DRG		DRG	_	7/1/2015
Outpation	ent	80.49		78.21	_	7/1/2015
Inpatient County Billi	ng Rate					7/1/2015
Rate Type:						
<u>Interim</u>		Х <u>Р</u>	rospective	<u> </u>		
Total	Interim		X	Total Prospec	tive	
Settle	ment Based or	n Cost		<del></del>		
		BASIS:				
		Budget				
	X	Unaudited Costs				
		Field Audited Costs				
		Revised Field Audi				
		Cost Report Late T	esi			
						TR.
		W	. Rydell Sa	muel or Chanda I	Farcas	RT
DISTRIBUTION.		NA	edicaid Co	st Reimbursemen	t Analysis	/ •
DISTRIBUTION:  Hospitals:		IVI	edicald Cos	i Kelilibulsellieli	it Allalysis	
Managed Care						
Contract Management						
3						
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		_	F	or Information or	nly - No Ch	ange in rate
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101095 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Florida Hospital Waterman			Р	rovider Number:	0101095-00
P.O. Box 333				Date:	6/29/2015
Eustis, FL 32727-0333			I	Fiscal Year End:	12/31/2013
,				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>		New Rate	Effective Date
Inpatier	nt	DRG		DRG	7/1/2015
Outpatie	ent	86.96		75.25	7/1/2015
Inpatient County Billir	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X <u>I</u>	Prospective		
Total I	nterim		Χ	Total Prospec	tive
Settlen	nent Based on Co	st -			
		BASIS:			
		udget			
		naudited Costs			
		eld Audited Cost			
		evised Field Aud			
	Co	ost Report Late	Гest		
		10	I Dudall Car	nual or Chanda I	-orono
		_		nuel or Chanda I	
<u>DISTRIBUTION:</u>		N	ledicaid Cos	t Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
3					
			F	or Information or	nly - No Change in rate
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101109 - 2015/07

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

Loo Momorial Hagnital				Provider Number:	0101109-0	00
Lee Memorial Hospital					6/29/2015	
PO Box 151247				Fiscal Year End:		
Cape Coral, FL 33915-						Cost Report
B T				, idan Gidido.		
Provider Type:		• • • •		N 5.	_	<i>"</i> '' <b>5</b> '
<u>HOSPITAL</u>		Current Rat	<u>e</u>	New Rate		ffective Date
Inpatier		DRG		DRG		7/1/2015
Outpatie		112.45		101.45		7/1/2015
Inpatient County Billin	ng Rate					7/1/2015
Rate Type:						
<u>Interim</u>		X	Prospectiv	<u>/e</u>		
Total I	nterim		_ X	Total Prospec	tive	
Settler	ment Based on	Cost				
		BASIS	<u>}:</u>			
		Budget				
	Х	Unaudited Costs	5			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Lat	e Test			
		=				
					14	K
			W. Rydell S	amuel or Chanda	Farcas	PU
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemer	nt Analysis	
Hospitals:						
Managed Care						
Contract Management						
8						
				For Information or	nly - No Cha	ange in rate
Batch ID:XX920			Pr	inted on : 6/29/2015 9:	56 AM	



101109 - 2015/07

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

	vicaiodia ivenibal	isoment Nate On	ange i omi	Provider Number:	0101109-11
Lee Memorial Hospital					6/29/2015
PO Box 151247				Fiscal Year End:	
Cape Coral, FL 33915-					
				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rate	<u> </u>	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpat	ient	112.45		101.45	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
Interim		Χ	<u>Prospecti</u>	VA	
	Interim		X	Total Prospec	tive
	ement Based on (	Cost			
		BASIS			
		Budget	<u>'•</u>		
	X	Unaudited Costs	<u>.</u>		
		Field Audited Co			
		Revised Field Au			
		Cost Report Late			
			5 1631		
			W. Rydell S	amuel or Chanda I	Farcas
<b>DISTRIBUTION:</b>			Medicaid Co	ost Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
8					
				For Information on	nly - No Change in rate
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101109 - 2015/07

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

				Provider Number:	0101109-17	
Lee Memorial Hospital					6/29/2015	
PO Box 151247				Fiscal Year End:		
Cape Coral, FL 33915-					Unaudited Cost Repor	+
				Addit Status.	Onaddited Cost (Vepor	
Provider Type:						
<u>HOSPITAL</u>		Current Rate	<u>e</u>	New Rate	Effective Dat	<u>e</u>
Inpatie	nt	DRG		DRG	7/1/2015	
Outpatie	ent	112.45		101.45	7/1/2015	
Inpatient County Billin	ng Rate				7/1/2015	
Rate Type:						
Interim		X	Prospectiv	<u>ve</u>		
Total I	nterim		_ X	Total Prospec	tive	
Settler	ment Based on (	Cost				
		BASIS	<u>}:</u>			
		Budget				
	X	Unaudited Costs	3			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Late	e Test			
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			W. Rydell S	amuel or Chanda	Farcas 🖊	
<b>DISTRIBUTION:</b>			Medicaid Co	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
8						
				For Information or	nly - No Change in rate	
Batch ID:XX920			Pr	rinted on : 6/29/2015 9:	56 AM	



101109 - 2015/07

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

Lee Memorial Hospital			Provider Number:	0101109-18
PO Box 151247			Date:	6/29/2015
Cape Coral, FL 33915-			Fiscal Year End:	9/30/2014
,			Audit Status:	Unaudited Cost Report
Provider Type:				
<u>HOSPITAL</u>	<u>C</u>	Current Rate	New Rate	Effective Date
Inpatie	ent	DRG	DRG	7/1/2015
Outpati	ent	112.45	101.45	7/1/2015
Inpatient County Billi	ng Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pros</u>	<u>pective</u>	
Total	Interim		X Total Prospec	tive
Settle	ment Based on Cost			
		BASIS:		
	Budo			
		udited Costs		
		Audited Costs		
		sed Field Audit		
	Cost	Report Late Test		
		W Rv	dell Samuel or Chanda	Farcas (
DISTRIBUTION:		Medica	aid Cost Reimbursemer	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
8				
			For Information or	nly - No Change in rate
Batch ID:XX920			Printed on : 6/29/2015 9:	56 AM



101117 - 2015/07

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

Lehigh Regional Medical Center			Provider Number:	0101117-00
1500 Lee Blvd.			Date:	6/29/2015
Lehigh Acres, FL 33936-			Fiscal Year End:	12/31/2013
,			Audit Status:	Unaudited Cost Report
Provider Type:				
HOSPITAL	<u>c</u>	Current Rate	New Rate	Effective Date
Inpatie	ent	DRG	DRG	7/1/2015
Outpati	ent	36.90	35.86	7/1/2015
Inpatient County Billi	ng Rate			7/1/2015
Rate Type:				
Interim		X <u>Pros</u>	<u>pective</u>	
Total	Interim		X Total Prospec	etive
Settle	ment Based on Cost			
		BASIS:		
	Budg			
		udited Costs		
		Audited Costs		
		sed Field Audit		
	Cost	Report Late Test		
				10
		W. Rv	dell Samuel or Chanda	Farcas A
				/ \
DISTRIBUTION:		Medic	aid Cost Reimbursemer	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
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101133 - 2015/07

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

Tallahassee Memorial Regiona	al M.C.		Provider Number: 010	01133-00
1300 Miccousukee			Date: 6/2	9/2015
Tallahassee, FL 32308-			Fiscal Year End: 9/3	0/2014
			Audit Status: Un	audited Cost Report
Provider Type:				
HOSPITAL	<u>_</u>	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Inpa	tient	DRG	DRG	7/1/2015
Outpa	atient	129.16	121.72	7/1/2015
Inpatient County Bi	illing Rate			7/1/2015
Rate Type:				
Interim		X <u>Pros</u> p	<u>pective</u>	
Tot	al Interim		X Total Prospective	
Set	ttlement Based o	on Cost		
		BASIS:		
		Budget —		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test		
		W Dva	dell Samuel or Chanda Faro	
<b>DISTRIBUTION:</b>		Medica	aid Cost Reimbursement Ar	nalysis
Hospitals:				
Managed Care				
Contract Management				
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101141 - 2015/07

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

Regional General Hospital Willisto	on		1	Provider Number:	0101141-00	
P.O. Drawer 460				Date:	6/29/2015	_
Williston, FL 32696-				Fiscal Year End:	8/14/2013	_
77				Audit Status:	Unaudited Cost Report	_
Provider Type:						
HOSPITAL		Current Rate	<u>2</u>	New Rate	Effective Date	
Inpatie	nt	DRG		DRG	7/1/2015	
Outpation	ent	38.23		44.83	7/1/2015	
Inpatient County Billi	ng Rate				7/1/2015	
Rate Type:						
<u>Interim</u>		X	<u>Prospectiv</u>	<u>e</u>		
Total	Interim		X	Total Prospec	tive	
Settle	ment Based o	n Cost				
		BASIS	<u>:</u>			
		Budget				
	X	Unaudited Costs				
		Field Audited Co — Revised Field Au				
		Cost Report Late				
		— Cost Report Late	5 1651			
					TR	
			W. Rydell Sa	amuel or Chanda	Farcas 🖟	
DISTRIBUTION:			Medicaid Co	st Reimbursemen	nt Δnalveis	—
Hospitals:			Wicaldala 00	ot i tellinourserner	it 7 trialy 515	
Managed Care						
Contract Management						
3						
				For Information or	nly - No Change in rate	
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101150 - 2015/07

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

#### Medicaid Reimbursement Rate Change Form

<del></del>	and the modern of the trace of the trace	Danidan Nasahan	0404450 00
Madison County Memorial Hospita		Provider Number:	
201 East Marion Street			6/29/2015
Madison, FL 32340-		Fiscal Year End:	
		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL	<b>Current Rate</b>	New Rate	Effective Date
Inpatier	t DRG	DRG	7/1/2015
Outpatie	nt <b>66.54</b>	42.07	7/1/2015
Inpatient County Billin	g Rate	_	7/1/2015
Rate Type:			
Interim	X Pı	<u>rospective</u>	
Total Ir		X Total Prospec	tive
Settlen	ent Based on Cost	<u> </u>	
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Te	est	
			IR
	W.	Rydell Samuel or Chanda	Farcas 🎵
<b>DISTRIBUTION:</b>	Me	dicaid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
2			
		For Information or	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	56 AM



101168 - 2015/07

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

Manata a Managial Hamital			<del></del>	Provider Number:	0101168-00	
Manatee Memorial Hospital			·		6/29/2015	_
206 Second Street East				Fiscal Year End:		_
Bradenton, FL 34208-					Unaudited Cost Report	_
				Addit Status.	- Chaddied Cost Report	_
Provider Type:						
<u>HOSPITA</u>	<u>L</u>	Current Rate	<u> </u>	New Rate	Effective Date	
Inpa	tient	DRG		DRG	7/1/2015	
Outpa	atient	92.41		75.75	7/1/2015	
Inpatient County Bi	illing Rate				7/1/2015	
Rate Type:						
Interim		X	Prospectiv	<u>e</u>		
	al Interim		X	Total Prospec	tive	
Set	ttlement Based on	Cost				
		BASIS	<u>:</u>			
	_	Budget				
	X	- Unaudited Costs	5			
	_	Field Audited Co	sts			
	_	- Revised Field Aเ	udit			
		- Cost Report Late	e Test			
		-				
					THE	
			W. Rydell Sa	muel or Chanda I	Farcas 🖊	
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
6						
			F	For Information or	nly - No Change in rate	
Batch ID:XX920			Priı	nted on: 6/29/2015 9:	56 AM	



101176 - 2015/07

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

·	viouiouiu i toiiiii	odroomone rato one	ango i omi	Duovidos Nessobos O	404470 00
Munroe Regional Medical Center	r			Provider Number: 0	
Post Office Box 6000				_	/29/2015
Ocala, FL 34478-				Fiscal Year End: 9,	
				Audit Status: U	Inaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>	<u> </u>	New Rate	<b>Effective Date</b>
Inpatie	ent	DRG		DRG	7/1/2015
Outpat	ient	68.67		66.73	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
					-
Rate Type:		~	Drachast	ivo	
<u>Interim</u>	Interim	X	_ <del>Prospect</del> X		10
	ement Based o	n Cost	^	Total Prospectiv	е
	ement based o				
		BASIS	_		
			<u>•</u>		
	X	Budget Unaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e rest		
			M. Dudall (	Comusal or Chanda Fa	
		_	w. Rydell s	Samuel or Chanda Fa	ircas /V
<b>DISTRIBUTION:</b>			Medicaid C	Cost Reimbursement A	Analysis
Hospitals:					
Managed Care					
Contract Management					
3					
				For Information only	- No Change in rate
Batch ID:XX920			F	 Printed on : 6/29/2015 9:56	AM



101184 - 2015/07

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

Martin Medical Center			Pr	ovider Number:	0101184-00
P.O. Box 9033				Date:	6/29/2015
Stuart, FL 34995-9033			F	iscal Year End:	9/30/2014
Stuart, 1 E 34995-9033				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPI	TAI	Current Rate	e	New Rate	Effective Date
	npatient	DRG	<u> </u>	DRG	7/1/2015
	utpatient	88.92		84.77	7/1/2015
Inpatient County	•				7/1/2015
	, <u> </u>				
Rate Type: Interim		Х	Prospective		
<u>intermi</u>	Total Interim			Total Prospec	tive.
	Settlement Based o	n Cost		_	
	-				
		BASIS	<u>:</u>		
		Budget	<u></u>		
	X	— Unaudited Costs	5		
		Field Audited Co	osts		
		— Revised Field A	udit		
		Cost Report Late	e Test		
		_			
					R
			W. Rydell Sam	nuel or Chanda I	Farcas 🖊
<b>DISTRIBUTION:</b>			Medicaid Cost	Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Managem	ent				
9					
			_		
			Fc	or Information or	nly - No Change in rate
Batch ID:XX920			Printe	ed on : 6/29/2015 9:	56 AM



101192 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

#### Medicaid Reimbursement Rate Change Form

	Wicalouid (Cillion	arsement rate of	iange i omi	Provider Number:	0101102-00	
Lower Keys Medical Center					6/29/2015	
P.O. Box 9107				Fiscal Year End:		
Key West, FL 33401-						`aat Danart
				Audit Status:		osi Kepori
Provider Type:						
<u>HOSPITAL</u>		Current Rat	<u>e</u>	New Rate	<u>Eff</u>	ective Date
Inpati	ent	DRG		DRG	7	/1/2015
Outpat	ient	68.59		66.65	7	/1/2015
Inpatient County Bill	ling Rate				7	/1/2015
Rate Type:						
Interim		Х	<u>Prospecti</u>	ve		
	I Interim		X	Total Prospec	tive	
	ement Based on	Cost				
		BASIS	<b>S</b> :			
		Budget	<del></del>			
	X	<ul><li>Unaudited Costs</li></ul>	6			
		– Field Audited Co	osts			
		– Revised Field A	udit			
		– Cost Report Lat				
		_				
			W. Rydell S	amuel or Chanda I	Farcas	F
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
11						
				For Information on	nly - No Chan	ge in rate
Batch ID:XX920			Pi	rinted on : 6/29/2015 9:	56 AM	



101192 - 2015/07

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

#### Medicaid Reimbursement Rate Change Form

	oala rombarcomon rate change :	Duras dalam Nassaska ara 04	04400 04
Lower Keys Medical Center		Provider Number: 01	
P.O. Box 9107		Date: 6/2	
Key West, FL 33401-		Fiscal Year End: 9/3	
		Audit Status: Un	audited Cost Report
Provider Type:			
HOSPITAL	<b>Current Rate</b>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatier	68.59	66.65	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
Interim	X Pros	<u>pective</u>	
Total Int		X Total Prospective	
Settleme	nt Based on Cost	<u> </u>	
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
	<u> </u>		
	W. Ryo	dell Samuel or Chanda Fare	cas #
DISTRIBUTION.	Modice	aid Cost Reimbursement Ar	nalveie .
DISTRIBUTION:	Medica	aid Cost Reimbursement Ai	lalysis
Hospitals:			
Managed Care			
Contract Management			
11			
		For Information only -	No Change in rate



101206 - 2015/07

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

<u></u>		oomone rate or	<u>lango r omi</u>	Provider Number:	0101206-00	
Fishermen's Hospital					6/29/2015	
3301 Overseas Highway				Fiscal Year End:		
Marathon, FL 33050-					Unaudited Cost Repo	
				Addit Status.	- Chaddited Cost Nepo	
Provider Type:						
<u>HOSPITAL</u>		Current Rat	<u>e</u>	New Rate	Effective Da	
Inpatie		DRG		DRG	7/1/2015	
Outpation	ent	142.96		89.44	7/1/2015	
Inpatient County Billi	ng Rate				7/1/2015	
Rate Type:						
<u>Interim</u>		X	Prospectiv	<u>/e</u>		
Total	Interim		_ X	Total Prospec	tive	
Settle	ment Based on	Cost				
		BASIS	<u>S:</u>			
		Budget				
	X	Unaudited Costs	S			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Lat	e Test			
		_			_	
					THE STATE OF THE S	
			W. Rydell Sa	amuel or Chanda	Farcas 🖊	
DISTRIBUTION:			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
11						
				For Information or	nly - No Change in rate	!
Batch ID:XX920			Pri	inted on : 6/29/2015 9:	56 AM	



101214 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

#### Medicaid Reimbursement Rate Change Form

Marinara Haspital			<u></u>	Provider Number:	0101214-00
Mariners Hospital					6/29/2015
91500 Overseas Highway				Fiscal Year End:	
Tavernier, FL 33070-					Unaudited Cost Report
Dungidan Turan					
Provider Type:	\ I	Current Rate	_	New Rate	Effective Date
<u>HOSPITA</u>			<u> </u>		_
•	atient	DRG		DRG	7/1/2015
	patient	366.92		295.15	7/1/2015
Inpatient County E	Billing Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	Prospective	<u>e</u>	
To	otal Interim		X	Total Prospec	tive
Se	ettlement Based on	Cost			
		BASIS	<u>:</u>		
		Budget -			
	X	Unaudited Costs	3		
		Field Audited Co	sts		
		Revised Field Au	udit		
		Cost Report Late	e Test		
					THE STATE OF THE S
			W. Rydell Sa	muel or Chanda I	Farcas
<b>DISTRIBUTION:</b>			Medicaid Cos	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management	1				
11					
			F	or Information or	nly - No Change in rate
Batch ID:XX920			Prir	nted on: 6/29/2015 9:	56 AM



101231 - 2015/07

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

<del>-</del>	Todrodia Tronnia	<u> </u>	iango i omi	Provider Number:	0101221 00
Baptist Medical Center - Nassau				_	
1250 South 18th Street				_	6/29/2015
Fernandina Beach, FL 32034-				Fiscal Year End:	
				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rat</b>	<u>:e</u>	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpati	ent	98.41		95.30	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
Interim		Х	<u>Prospect</u>	ive	
	Interim		— х	Total Prospecti	ive
	ment Based on	Cost			
		BASIS	S:		
	-	Budget	<del></del>		
	X	<ul><li>Unaudited Cost</li></ul>	S		
		<ul><li>Field Audited Co</li></ul>	osts		
	-	– Revised Field A	udit		
		– Cost Report Lat	e Test		
		- ·			
					IK
			W. Rydell S	Samuel or Chanda F	arcas
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursement	Analysis
Hospitals:					
Managed Care					
Contract Management					
4					
				For Information onl	y - No Change in rate
Batch ID:XX920			F	Printed on: 6/29/2015 9:5	6 AM



101257 - 2015/07

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

	Wiodiodia Romina	odroomom rato on	ango r omi	Dravidar Number O	101257 00
Twin Cities Hospital				Provider Number: 0	
2190 Hwy 85 North					/29/2015
Niceville, FL 32578-				Fiscal Year End: 5	
				Audit Status: U	Inaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>	<u>e</u>	New Rate	Effective Date
Inpati	ent	DRG		DRG	7/1/2015
Outpat	ient	76.26		74.11	7/1/2015
Inpatient County Bill				_	7/1/2015
Rate Type:		V	Ducanast		
Interim Total	Llatarina	X	Prospecti		10
	l Interim ement Based o	n Coot	X	Total Prospectiv	re
Setti	ement based o	n Cost			
		DACIC	<b>.</b> _		
		BASIS	<u>)                                    </u>		
		Budget			
	X	Unaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e lest		
			M/ D. J. II.		1
			w. Rydell 8	Samuel or Chanda Fa	arcas M
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursement /	Analysis
Hospitals:					
Managed Care					
Contract Management					
1					
				For Information only	- No Change in rate
Batch ID:XX920			F	- Printed on : 6/29/2015 9:56	AM



101265 - 2015/07

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

North Okaloosa Medical Cente	_			Provider Number:	0101265-0	0
					6/29/2015	
151 Redstone Ave.				Fiscal Year End:		
Crestview, FL 32536-				Audit Status:		Cost Report
Provider Type:					_,	
<u>HOSPITAI</u>	_	Current Rat	<u>te</u>	New Rate		fective Date
Inpa		DRG		DRG		7/1/2015
Outpa		97.02		82.08		7/1/2015
Inpatient County Bi	Iling Rate					7/1/2015
Rate Type:						
<u>Interim</u>		X	<u>Prospecti</u>	<u>ve</u>		
Tot	al Interim		_ x	Total Prospec	tive	
Set	tlement Based o	on Cost				
		BASIS	<u>S:</u>			
		Budget		_		
	X	Unaudited Cost	ts			
		Field Audited C	osts			
		Revised Field A	Nudit			
		Cost Report Lat	te Test			
						R
			W. Rydell S	Samuel or Chanda	Farcas	PU
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
1						
				For Information or	nly - No Cha	nge in rate
Batch ID:XX920			P	rinted on : 6/29/2015 9:	56 AM	



101290 - 2015/07

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

Florida Hospital					Provider Number:	0101290-0	00
500 East Rollins S	'troot				Date:	6/29/2015	
Orlando, FL 3280					Fiscal Year End:	12/31/201	3
Offarido, FL 3260	<b>3-</b>				Audit Status:	Amended	Cost Report
Provider Type							
	<u>.</u> HOSPITAL	(	Current Rate	e	New Rate	E	Iffective Date
<del>-</del>	Inpatien	t	DRG	<del>_</del>	DRG		7/1/2015
	Outpatier		117.06		112.81		7/1/2015
Inpatient	County Billin						7/1/2015
		<u></u>					
Rate Type:	<u>erim</u>		Х	<u>Prospectiv</u>	<b>10</b>		
<u>''''</u>	<u>eriiii</u> Total In	terim		– X	<u>re</u> Total Prospec	tive	
		ent Based on Cost				uvo	
_							
			BASIS	):			
		Bud	·	<del>_</del>			
		Una	udited Costs	3			
		Field	d Audited Co	osts			
		Rev	ised Field A	udit			
		Cos	t Report Late	e Test			
							R
				W. Rydell S	amuel or Chanda I	Farcas	PU
DISTRIBUTION	N:			Medicaid Co	ost Reimbursemen	t Analysis	
Hospitals:							
Managed (	Care						
Contract M	lanagement						
7							
					For Information on	nly - No Ch	ange in rate
Batch ID:XX920				Pr	inted on : 6/29/2015 9:	56 AM	



101290 - 2015/07

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

Florida Hospital			Provider Number	: 0101290-01		
500 East Rollins Street			Date	Date: 6/29/2015		
Orlando, FL 32803-			Fiscal Year End	12/31/2013		
			Audit Status	: Amended Cost Report		
Provider Type:						
HOSP	ITAL	Current Rate	New Rate	Effective Date		
	npatient	DRG	DRG	7/1/2015		
	utpatient	117.06	112.81	7/1/2015		
Inpatient Count	-			7/1/2015		
	<u> </u>					
Rate Type: Interim		X Pro	<u>espective</u>			
<u>interim</u>	Total Interim		X Total Prospe	ctive		
	Settlement Based of	on Cost				
	<u>-</u>					
		BASIS:				
		Budget				
		Unaudited Costs				
		Field Audited Costs				
		Revised Field Audit				
		Cost Report Late Tes	t			
				THE STATE OF THE S		
		W. R	Rydell Samuel or Chanda	Farcas		
<b>DISTRIBUTION:</b>		Med	icaid Cost Reimburseme	nt Analysis		
Hospitals:						
Managed Care						
Contract Managem	nent					
7						
			For Information of	only - No Change in rate		
				nny - NO Change in rate		
Batch ID:XX920			Printed on: 6/29/2015 9	9:56 AM		



101290 - 2015/07

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

Florida Hospital				Provider Number:	0101290-04
500 East Rollins Street				Date:	6/29/2015
Orlando, FL 32803-				Fiscal Year End:	12/31/2013
				Audit Status:	Amended Cost Report
Provider Type:					
HOSPITAL	<u>.</u>	Current Rat	<u>e</u>	New Rate	Effective Date
Inpati	ient	DRG		DRG	7/1/2015
Outpa	tient	117.06		112.81	7/1/2015
Inpatient County Bil	ling Rate				7/1/2015
Rate Type:					
Interim		Χ	<u>Prospecti</u>	<u>ve</u>	
 Tota	al Interim	-	_ X	Total Prospec	tive
Sett	lement Based on	Cost		<del></del>	
<del></del>					
		BASIS	<u>S:</u>		
		Budget -			
		Unaudited Costs			
		Field Audited Co			
		Revised Field A			
		Cost Report Lat	e Test		
			W Dudall C	Samuel or Chanda	#F
				Samuel or Chanda I	
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
7					
				For Information or	nly - No Change in rate
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101338 - 2015/07

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

•	.viodiodia i toiiiik	sarooment rate on	ango i omi	Dravidar Numbarı O	101220 00
Orlando Health				Provider Number: 0	
1414 S. Kuhl Avenue				_	/29/2015
Orlando, FL 32806-				Fiscal Year End: 9	
				Audit Status: U	Inaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>	<u>e</u>	New Rate	Effective Date
Inpati	ent	DRG		DRG	7/1/2015
Outpat	ient	148.12		137.51	7/1/2015
Inpatient County Bill					7/1/2015
Rate Type:		V	Drachast	ivo	
<u>Interim</u>	I Interim	X	_ <del>Prospect</del> X		<b>10</b>
	r interiiri ement Based o	n Cost		Total Prospectiv	e
	ement based o	II Cost			
		BASIS			
	-		<u>).</u>		
	X	Budget Unaudited Costs			
		Field Audited Costs			
		Revised Field Au			
		Cost Report Late	2 1651		
			W Pydall 9	Samuel or Chanda Fa	ureas d
				Samuel of Chanda I a	ilicas /V
<b>DISTRIBUTION:</b>			Medicaid C	Cost Reimbursement A	Analysis
Hospitals:					
Managed Care					
Contract Management					
7					
				For Information only -	- No Change in rate
Batch ID:XX920			F	Printed on : 6/29/2015 9:56	AM



101354 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Health Central			Provider Number:	0101354-00
10000 West Colonial Dr.			Date:	6/29/2015
Ocoee, FL 34761-			Fiscal Year End:	9/30/2014
			Audit Status:	Unaudited Cost Report
Provider Type:				
HOSPITAL	<u>9</u>	Current Rate	New Rate	<b>Effective Date</b>
Inpatie	nt	DRG	DRG	7/1/2015
Outpation	ent	99.06	95.42	7/1/2015
Inpatient County Billi	ng Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pros</u>	spective	
Total	Interim		X Total Prospec	tive
Settle	ment Based on Cost			
		BASIS:		
	Bud			
		udited Costs		
		d Audited Costs		
		ised Field Audit		
	Cos	t Report Late Test		
				-10
		W R	/dell Samuel or Chanda	Farcas (
				/ \
DISTRIBUTION:		Medic	caid Cost Reimbursemen	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
7				
			For Information or	nly - No Change in rate
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101389 - 2015/07

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

Osceola Regional Medical Center		Pro	ovider Number: 0101	389-00
700 West Oak St.			Date: 6/29/	/2015
Kissimmee, FL 32742-2589		Fi	scal Year End: 12/3	1/2013
NISSITITIEE, FL 32/42-2309			Audit Status: Unau	udited Cost Report
Provider Type:				
HOSPITAL	Current Ra	<u>ite</u> <u>!</u>	New Rate	Effective Date
Inpatient	DRG		DRG	7/1/2015
Outpatien	t <b>96.79</b>		91.10	7/1/2015
Inpatient County Billing	Rate			7/1/2015
Rate Type:				
<u>Interim</u>	Χ	<u>Prospective</u>		
Total Inte	erim	x	Total Prospective	
Settleme	ent Based on Cost		•	
<u> </u>				
	<u>BASI</u>	<u>S:</u>		
	Budget			
	X Unaudited Cos			
	Field Audited C			
	Revised Field			
	Cost Report La	ite Test		
		W Rydell Sami	uel or Chanda Farca	s at
				( '
DISTRIBUTION:		Medicaid Cost I	Reimbursement Ana	lysis
Hospitals:				
Managed Care				
Contract Management				
7				
		For	Information only - N	lo Change in rate
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101401 - 2015/07

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

Dathanda Hannital Foot			<del>- 9</del>	Provider Number:	0101401-00
Bethesda Hospital East					6/29/2015
2815 S Seacrest Blvd.				Fiscal Year End:	
Boynton Beach, FL 33435-					Unaudited Cost Report
Duna dalan Tamas					
Provider Type:		Current Rate	_	New Rate	Effective Date
<u>HOSPITAI</u>	_		<u> </u>		
Inpat		DRG		DRG	7/1/2015
Outpa		92.34		68.62	7/1/2015
Inpatient County Bi	lling Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	<u>Prospectiv</u>	<u>e</u>	
Tot	al Interim		X	Total Prospec	tive
Set	tlement Based on	Cost			
		BASIS	<u>:</u>		
		Budget -			
	X	Unaudited Costs	3		
		Field Audited Co	sts		
		Revised Field Au	udit		
		Cost Report Late	e Test		
					- JK
			W. Rydell Sa	muel or Chanda	Farcas
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
9					
			F	For Information or	nly - No Change in rate
Batch ID:XX920			Prir	nted on: 6/29/2015 9:	56 AM



101419 - 2015/07

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

### Medicaid Reimbursement Rate Change Form

Boca Raton Regional Hospital			Provider Numbe	r: 0101419-00
800 Meadows Rd.			Date	e: 6/29/2015
Boca Raton, FL 33486-			Fiscal Year End	d: 6/30/2014
Dood Haterry F L do 100			Audit Status	s: Unaudited Cost Report
Provider Type:				
HOSPITAL		<b>Current Rate</b>	New Rate	Effective Date
Inpatie	nt	DRG	DRG	7/1/2015
Outpatie	ent	90.55	71.75	7/1/2015
Inpatient County Billin	ng Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pr</u>	<u>ospective</u>	
Total I	nterim		X Total Prospe	ective
Settler	ment Based or	n Cost		
		BASIS:		
		Budget		
	X	Unaudited Costs		
		Field Audited Costs Revised Field Audit		
		Cost Report Late Te	et	
			o.	
				-IR
		W. I	Rydell Samuel or Chanda	a Farcas
<b>DISTRIBUTION:</b>		Med	dicaid Cost Reimburseme	ent Analysis
Hospitals:				
Managed Care				
Contract Management				
9				
			For Information of	only - No Change in rate
Batch ID:XX920		_	Printed on : 6/29/2015	9:56 AM



101443 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

#### Medicaid Reimbursement Rate Change Form

_	Calcala I (Cillibai	Someth rate on	ange i omi	Provider Number:	0101443-00	
Lakeside Medical Center					6/29/2015	
39200 Hooker Highway				Fiscal Year End:		
Belle Glade, FL 33430-					Unaudited Cost Repo	
				Audit Status.	Unaddited Cost Rept	л t ——
Provider Type:						
<u>HOSPITAL</u>		Current Rate	<u> </u>	New Rate	Effective Da	<u>ite</u>
Inpatie	nt	DRG		DRG	7/1/2015	<u> </u>
Outpatie	ent .	66.88		88.70	7/1/2015	<u> </u>
Inpatient County Billing	ng Rate				7/1/2015	<u> </u>
Rate Type:						
<u>Interim</u>		X	Prospectiv	<u>ve</u>		
Total I	nterim		- x	Total Prospec	tive	
Settle	ment Based on C	Cost				
		<b>BASIS</b>	<u>:</u>			
		Budget				
	X	Unaudited Costs	3			
		Field Audited Co	sts			
		Revised Field Au	udit			
		Cost Report Late	e Test			
					THE	
			W. Rydell S	amuel or Chanda I	Farcas 📈	
<b>DISTRIBUTION:</b>			Medicaid Co	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
9						
				For Information on	lly - No Change in rate	Э
Batch ID:XX920			Pr	inted on: 6/29/2015 9:	56 AM	



101460 - 2015/07

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

	Medicald Reliff	bursement reale change	<u>i oiiii</u>	
JFK Medical Center			Provider Number: 01	01460-00
5301 S. Congress Ave.			Date: 6/2	29/2015
Lake Worth, FL 33462-1149			Fiscal Year End: 6/3	30/2014
			Audit Status: Ur	naudited Cost Report
Provider Type:			_	
HOSPITAL	=	<b>Current Rate</b>	New Rate	Effective Date
Inpat	ient	DRG	DRG	7/1/2015
Outpa	ntient	114.89	105.71	7/1/2015
Inpatient County Bi	lling Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pro</u>	<u>spective</u>	
Tota	al Interim		X Total Prospective	•
Set	tlement Based o	n Cost		
		BASIS:		
		Budget —		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test	t	
		W D	udall Carriel as Obas da Fas	#
		VV. K	ydell Samuel or Chanda Far	cas /V
<b>DISTRIBUTION:</b>		Medi	caid Cost Reimbursement A	nalysis
Hospitals:				
Managed Care				
Contract Management				
9				
			For Information only	- No Change in rate
				_
Batch ID:XX920			Printed on: 6/29/2015 9:56 A	AM



101486 - 2015/07

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

#### Medicaid Reimbursement Rate Change Form

	alouid Normburgoment Nato One	Provider Number:	0101486-00
St. Mary's Medical Center			6/29/2015
1300 N. Flagler Drive		Fiscal Year End:	
West Palm Beach, FL 33401-			Unaudited Cost Report
		Addit Status.	- Chadaled Cost Report
Provider Type:			<b></b>
<u>HOSPITAL</u>	Current Rate	<u> </u>	Effective Date
Inpatien		DRG	7/1/2015
Outpatie		81.12	7/1/2015
Inpatient County Billin	g Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X	<u>Prospective</u>	
Total In	terim	X Total Prospec	tive
Settlem	ent Based on Cost		
	BASIS	<u>:</u>	
	Budget		
	X Unaudited Costs		
	Field Audited Co		
	Revised Field Au		
	Cost Report Late	e Test	
			_ //
		W. Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>		Medicaid Cost Reimbursemer	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
9			
		For Information or	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	56 AM



101486 - 2015/07

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

			— Provider Number:	· 0101486-01
St. Mary's Medical Center				6/29/2015
1300 N. Flagler Drive			Fiscal Year End:	
West Palm Beach, FL 33401-				: Unaudited Cost Report
			Addit Status.	Onaddited Cost Nepolt
Provider Type:		_		
<u>HOSPITAL</u>		nt Rate	New Rate	Effective Date
Inpatier		RG	DRG	7/1/2015
Outpatie	nt <b>95</b>	.37	81.12	7/1/2015
Inpatient County Billin	ng Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X Prosp	<u>ective</u>	
Total I	nterim		X Total Prospec	tive
Settler	nent Based on Cost			
	<u>B</u>	ASIS:		
	Budget			
	X Unaudited	d Costs		
	Field Audi	ited Costs		
	Revised F	ield Audit		
	Cost Repo	ort Late Test		
				THE STATE OF THE S
		W. Ryd	ell Samuel or Chanda	Farcas 🖊
<b>DISTRIBUTION:</b>		Medicai	id Cost Reimbursemer	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
9				
			For Information or	nly - No Change in rate
Batch ID:XX920			Printed on : 6/29/2015 9:	:56 AM



101494 - 2015/07

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

Florida Hospital Zephyrh	nills				Provider Number:	0101494-	00
7050 Gall Blvd					Date:	6/29/2015	;
Zephyrhills, FL 33541-					Fiscal Year End:	12/31/201	3
,					Audit Status:	Unaudited	d Cost Report
Provider Type:							
HOS	<u>PITAL</u>		Current Rat	<u>te</u>	New Rate	<u> </u>	Effective Date
	Inpatient		DRG		DRG		7/1/2015
	Outpatient	t	77.94		75.74		7/1/2015
Inpatient Cour	nty Billing	Rate					7/1/2015
Rate Type:							
Interim			Χ	Prospectiv	<u>/e</u>		
	Total Inte	erim		X	Total Prospec	tive	
	Settleme	ent Based on	Cost				
				_			
			BASIS	<u>5:</u>			
	-		Budget				
		Х	Unaudited Cost				
			Field Audited C				
	-		Revised Field A				
	-		Cost Report Lat	ie Test			
							10
				W. Rydell S	amuel or Chanda	Farcas	RT
DISTRIBUTION:				Medicaid Co	ost Reimbursemen	t Analysis	
Hospitals:							
Managed Care							
Contract Manage	ement						
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					For Information or	nly - No Ch	ange in rate
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Batch ID:XX920				Pr	inted on: 6/29/2015 9:	56 AM	



101494 - 2015/07

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

Florida Hospital Zephyrhills			Provider Number: 0	101494-01
7050 Gall Blvd			Date: 6/	/29/2015
Zephyrhills, FL 33541-			Fiscal Year End: 12	2/31/2013
Zepnymins, FL 33341-			Audit Status: U	naudited Cost Report
Provider Type:			_	
HOSPITAL	Current I	Rate	New Rate	Effective Date
Inpatient	DRG		DRG	7/1/2015
Outpatien	t <b>77.9</b> 4	4	75.74	7/1/2015
Inpatient County Billing	Rate			7/1/2015
Rate Type:				
Interim	Х	Prospect	<u>ive</u>	
Total Inte	erim	X	Total Prospective	е
Settleme	ent Based on Cost		<del></del>	
<u>-                                    </u>				
		SIS:		
	Budget			
	X Unaudited C			
	Field Audited			
	Revised Field			
	Cost Report	Late Test		
		W Rydell 9	Samuel or Chanda Fa	rcas d
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DISTRIBUTION:		Medicaid C	ost Reimbursement A	Analysis
Hospitals:				
Managed Care				
Contract Management				
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101508 - 2015/07

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

Morton Plant North Bay Hospit	al		Provider Number: 0	101508-00	
16255 Bay Vista Drive		Date: 6	Date: 6/29/2015		
Clearwater, FL 33760-			Fiscal Year End: 1	2/31/2013	
			Audit Status: U	Inaudited Cost Report	
Provider Type:					
HOSPITA	<u>L</u>	<b>Current Rate</b>	New Rate	Effective Date	
Inpa	tient	DRG	DRG	7/1/2015	
Outpa	atient	86.40	83.96	7/1/2015	
Inpatient County B	illing Rate			7/1/2015	
Rate Type:					
<u>Interim</u>		X <u>Pros</u>	spective		
Tot	tal Interim		X Total Prospectiv	/e	
Se	ttlement Based o	on Cost			
		BASIS:			
		Budget —			
	X	Unaudited Costs			
		Field Audited Costs			
		Revised Field Audit			
		Cost Report Late Test			
		W D	idall Camual or Chanda Fr		
			ydell Samuel or Chanda Fa	/ '	
<b>DISTRIBUTION:</b>		Medic	caid Cost Reimbursement	Analysis	
Hospitals:					
Managed Care					
Contract Management					
5					
			For Information only	/ - No Change in rate	
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101516 - 2015/07

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

-				Provider Number:	0101516-00	1	
All Children's Hospital					6/29/2015		
501 6th Avenue S				Fiscal Year End:			
St. Petersburg, FL 33701-				Audit Status:		`aat Banart	
				Audit Status.			
Provider Type:							
<u>HOSPITAL</u>		Current Rate	<u>e</u>	New Rate	Effe	ective Date	
Inpatie	ent	DRG		DRG	7	7/1/2015	
Outpati	ient	240.36		252.86	7	7/1/2015	
Inpatient County Bill	ing Rate				7	7/1/2015	
Rate Type:							
Interim		Х	Prospecti	ve			
	Interim		X	— Total Prospec	tive		
Settle	ement Based on	Cost					
		BASIS	<u>):</u>				
		Budget					
	X	<ul><li>Unaudited Costs</li></ul>	3				
		<ul><li>Field Audited Co</li></ul>	osts				
		– Revised Field Au	udit				
		Cost Report Late	e Test				
		_					
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			W. Rydell S	Samuel or Chanda	Farcas	PU	
<b>DISTRIBUTION:</b>		,	Medicaid C	ost Reimbursemen	t Analysis		
Hospitals:							
Managed Care							
Contract Management							
5							
				For Information or	nly - No Char	ige in rate	
Batch ID:XX920			Р	rinted on : 6/29/2015 9:	56 AM		



101524 - 2015/07

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

	rodrodra i tomino	<u> </u>	idingo i oiiii	Provider Number:	0101524-00
Good Samaritan Hospital					6/29/2015
1300 N. Flagler Drive				Fiscal Year End:	
West Palm Beach, FL 33401-					Unaudited Cost Report
				Addit Otatus.	- Onaddited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rat	<u>:e</u>	New Rate	Effective Date
Inpatie	nt	DRG		DRG	7/1/2015
Outpati	ent	97.80		86.85	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
Interim		X	Prospecti	ve	
	Interim		X	— Total Prospec	tive
Settle	ment Based on	Cost		<u> </u>	
		BASIS	<u>S:</u>		
		Budget			
	X	<ul><li>Unaudited Cost</li></ul>	S		
		<ul><li>Field Audited Co</li></ul>	osts		
		– Revised Field A	udit		
		_ Cost Report Lat	e Test		
		_			
					W
			W. Rydell S	Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemer	nt Analysis
Hospitals:					
Managed Care					
Contract Management					
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				For Information or	nly - No Change in rate
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101541 - 2015/07

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

Mease Dunedin Hospital		Provider Number:	0101541-00	
Post Box 210Mailstation 102	Date: 6/29/2015			
Clearwater, FL 33517-		Fiscal Year End: 12/31/2013		
, , , , , , , , , , , , , , , , , , , ,		Audit Status:	Unaudited Cost Report	
Provider Type:				
<u>HOSPITAL</u>	Current Rate	New Rate	<b>Effective Date</b>	
Inpatient	DRG	DRG	7/1/2015	
Outpatient	91.10	81.96	7/1/2015	
Inpatient County Billing	Rate		7/1/2015	
Rate Type:				
<u>Interim</u>	X <u>Pros</u> r	<u>pective</u>		
Total Inte	erim	X Total Prospect	ive	
Settleme	nt Based on Cost			
	BASIS:			
<u>-</u>	Budget			
<u>-</u>	X Unaudited Costs			
-	Field Audited Costs			
_	Revised Field Audit			
-	Cost Report Late Test			
	W Dve	dell Samuel or Chanda F	iarcae d	
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DISTRIBUTION:	Medica	aid Cost Reimbursement	Analysis	
Hospitals:				
Managed Care				
Contract Management				
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101567 - 2015/07

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

#### Medicaid Reimbursement Rate Change Form

<u>IVI</u>	edicald Reimb	oursement Rate Cha	ange rom		
Bayfront Health - St Petersburg			Pro	ovider Number:	0101567-00
701 6th St. South				Date:	6/29/2015
St. Petersburg, FL 33701-			F	scal Year End:	9/30/2014
Ç.				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>	<u>!</u> .	New Rate	Effective Date
Inpatie	nt	DRG		DRG	7/1/2015
Outpatie	ent	93.18		68.45	7/1/2015
Inpatient County Billin	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	<u>Prospective</u>		
Total I	nterim		X	Total Prospec	tive
Settler	ment Based or	n Cost		_	
		BASIS	<u>.</u>		
		Budget —			
	X	Unaudited Costs			
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	-	Cost Report Late	Test		
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		<u>-</u>	vv. Rydeli Saili	uei oi Chanua i	raicas /V
DISTRIBUTION:			Medicaid Cost	Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
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101567 - 2015/07

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

IVI	edicald Itellili	disement itale chan	ge i omi	
Bayfront Health - St Petersburg			Provider Number:	0101567-07
701 6th St. South			Date:	6/29/2015
St. Petersburg, FL 33701-			Fiscal Year End:	9/30/2014
3,			Audit Status:	Unaudited Cost Report
Provider Type:				
HOSPITAL		<b>Current Rate</b>	New Rate	Effective Date
Inpatie	nt	DRG	DRG	7/1/2015
Outpatie	ent	93.18	68.45	7/1/2015
Inpatient County Billin	ng Rate			7/1/2015
Rate Type:				
Interim		X <u>F</u>	Prospective	
Total I	nterim		X Total Prospec	ctive
Settle	ment Based o	n Cost		
		BASIS:		
		Budget —		
	X	Unaudited Costs		
		Field Audited Cost	S	
	_	Revised Field Audi	t	
		Cost Report Late T	est	
		W	. Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>		M	edicaid Cost Reimbursemer	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
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101583 - 2015/07

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

Martan E. Dlaut Haanital			<del></del>	Provider Number:	0101583-00
Morton F. Plant Hospital			·		6/29/2015
16255 Bay Vista Dr, MS 100				Fiscal Year End:	
Clearwater, FL 33760-					Unaudited Cost Report
				, taan Gtataer	- Chadanea Cook Hopert
Provider Type:					<b></b>
<u>HOSPITA</u>		Current Rate	<u> </u>	New Rate	Effective Date
•	atient	DRG		DRG	7/1/2015
•	patient	125.34		108.39	7/1/2015
Inpatient County B	Billing Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	Prospectiv	<u>e</u>	
To	otal Interim		- X	Total Prospec	tive
Se	ettlement Based on 0	Cost			
		<b>BASIS</b>	<u>:</u>		
		Budget		_	
	X	<b>Unaudited Costs</b>	;		
		Field Audited Co	sts		
		Revised Field Au	udit		
		Cost Report Late	e Test		
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			W. Rydell Sa	muel or Chanda I	Farcas
<b>DISTRIBUTION:</b>		•	Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
5					
			F	For Information on	nly - No Change in rate
Batch ID:XX920			Prir	nted on: 6/29/2015 9:	56 AM



101583 - 2015/07

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

Morton F. Plant Hospital			·	Provider Number:	0101583-01	
16255 Bay Vista Dr, MS 100				Date:	6/29/2015	
Clearwater, FL 33760-				Fiscal Year End:	12/31/2013	
Clearwater, I L 33700-				Audit Status:	Unaudited C	Cost Report
Provider Type:						
HOSPITAL		Current Rate	e	New Rate	Eff	ective Date
Inpatier	nt	DRG		DRG		//1/2015
Outpatie		125.34	<del></del>	108.39		7/1/2015
Inpatient County Billir			<del></del>			7/1/2015
Rate Type:		X	Prospectiv	•		
Interim Total II	nterim		– X	<u>e</u> Total Prospec	tive	
	nent Based on	Cost			uvc	
		BASIS	):			
		Budget	<del>_</del>			
	X	<ul><li>Unaudited Costs</li></ul>	3			
		– Field Audited Co	osts			
		– Revised Field A	udit			
	1	_ Cost Report Late	e Test			
		_				
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			W. Rydell Sa	muel or Chanda I	Farcas	PU
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
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			F	For Information or	nly - No Char	ge in rate
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101613 - 2015/07

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

Florida Hospital North Pinellas		Provider Number:	0101613-00
1395 South Pinellas Ave.		Date:	6/29/2015
Tarpon Springs, FL 34689-1487		Fiscal Year End:	12/31/2013
		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien	t 105.70	84.68	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
Interim	X <u>Pro</u>	<u>ospective</u>	
Total Inte	erim	X Total Prospec	tive
Settleme	ent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit	.1	
	Cost Report Late Tes	SI	
			-IP
	W. F	Rydell Samuel or Chanda	Farcas A
DISTRIBUTION:	Med	licaid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
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101648 - 2015/07

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

Lakeland Regional Medical Cente	≏r		_	Provider Number:	0101648-0	0
230 South Florida Ave, Reimb De				Date: 6/29/2015		
4th Floor	εpι			Fiscal Year End:	9/30/2014	
Lakeland, FL 33801-				Audit Status:	Unaudited	Cost Report
Provider Type:						
HOSPITAL		Current Ra	te	New Rate	Ef	fective Date
Inpatie	ent	DRG	<del>_</del>	DRG		7/1/2015
Outpati		81.41		80.91		7/1/2015
Inpatient County Bill						7/1/2015
Rate Type:  Interim		Χ	<u>Prospectiv</u>	re		
	Interim			<u>s</u> Total Prospec	tive	
	ement Based o	n Cost				
		BASIS	<u>S:</u>			
		Budget				
	X	Unaudited Cost	S			
		Field Audited C	osts			
		Revised Field A	udit			
		Cost Report La	te Test			
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			W. Rydell Sa	amuel or Chanda	Farcas	M
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
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101664 - 2015/07

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

Laka Walaa Haasital Aagasiatian			-	Provider Number:	0101664-00	
Lake Wales Hospital Association					6/29/2015	
410 South 11th St.				Fiscal Year End:		
Lake Wales, FL 33853-					Unaudited Cost	t Report
				, tout Otatuo.		
Provider Type:						
<u>HOSPITAL</u>		Current Rate	<u>e</u>	New Rate		ive Date
Inpatier		DRG		DRG	_	2015
Outpatie		64.75		62.92		2015
Inpatient County Billin	ng Rate				7/1/	2015
Rate Type:						
<u>Interim</u>		X	<u>Prospectiv</u>	<u>e</u>		
Total I	nterim		_ X	Total Prospec	tive	
Settler	ment Based on	Cost				
		BASIS	<u>):</u>			
		Budget				
	X	Unaudited Costs	3			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Late	e Test			
		_				
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			W. Rydell Sa	muel or Chanda	Farcas 🆊	1
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
6						
			I	For Information or	nly - No Change	in rate
Batch ID:XX920			Prii	nted on : 6/29/2015 9:	56 AM	



101699 - 2015/07

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

Minter Herrer Henrital			<del></del>	Provider Number:	0101699-00	
Winter Haven Hospital			·		6/29/2015	_
200 Avenue "F" Northeast				Fiscal Year End:		_
Winter Haven, FL 33880-					Unaudited Cost Report	
				, taan Gtatasi		_
Provider Type:		O	_	New Bata	Effective Date	
<u>HOSPITA</u>		Current Rate	<u> </u>	New Rate	Effective Date	_
·	atient	DRG		DRG	7/1/2015	
·	atient	87.68		83.88	7/1/2015	_
Inpatient County B	illing Rate				7/1/2015	_
Rate Type:						
<u>Interim</u>		X	Prospectiv	<u>e</u>		
То	tal Interim		_ X	Total Prospec	tive	
Se	ttlement Based on 0	Cost		<del></del>		
						_
		<u>BASIS</u>	<u>:</u>			
		Budget				
	X	<b>Unaudited Costs</b>	;			
		Field Audited Co	sts			
		Revised Field Au	udit			
		Cost Report Late	e Test			
					THE	
			W. Rydell Sa	muel or Chanda I	Farcas 🖊	
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
6						
			F	or Information or	nly - No Change in rate	
Batch ID:XX920			Prir	nted on: 6/29/2015 9:	56 AM	



101702 - 2015/07

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

West Gables Rehabilitation		Р	rovider Number:	0101702-00
2525 Southwest 75th Av.			Date:	6/29/2015
Miami, FL 33155-			Fiscal Year End:	12/31/2013
,			Audit Status:	Unaudited Cost Report
Provider Type:				
HOSPITAL	Current F	<u>Rate</u>	New Rate	<b>Effective Date</b>
Inpatien	t DRG		DRG	7/1/2015
Outpatier	nt <b>9.15</b>		14.53	7/1/2015
Inpatient County Billin	g Rate			7/1/2015
Rate Type:				
Interim	Х	Prospective	!	
Total In	terim	x	Total Prospec	tive
Settlem	ent Based on Cost		_	
	BAS	SIS:		
	Budget			
	X Unaudited Co			
	Field Audited Revised Field			
	Cost Report I			
	Cost Report I	Late Test		
				-IR
		W. Rydell Sar	nuel or Chanda I	Farcas
<b>DISTRIBUTION:</b>		Medicaid Cos	t Reimbursemen	t Analysis
Hospitals:				
Managed Care				
Contract Management				
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		F	or Information or	nly - No Change in rate
Batch ID:XX920		Print	ed on : 6/29/2015 9:	56 AM



101711 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

<u>-</u>	vioaioaia i toimio	<u> </u>	idiigo i oiiii	Provider Number:	0101711-00	
Flagler Hospital					6/29/2015	
400 Health Park Blvd.				Fiscal Year End:		
St. Augustine, FL 32086-					Unaudited Cos	et Report
				Addit Status.		
Provider Type:						
<u>HOSPITAL</u>		Current Rat	<u>e</u>	New Rate	Effec	tive Date
Inpatie	ent	DRG		DRG	7/1	/2015
Outpat	ient	81.12		59.41	7/1	/2015
Inpatient County Bill	ing Rate				7/1	/2015
Rate Type:						
Interim		X	Prospectiv	<u>/e</u>		
	Interim		X	Total Prospec	ctive	
Settle	ement Based on	Cost				
		BASIS	<u>S:</u>			
		Budget				
	X	Unaudited Cost	S			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Lat	e Test			
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			W. Rydell S	amuel or Chanda	Farcas 🖟	1
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemer	nt Analysis	
Hospitals:						
Managed Care						
Contract Management						
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				For Information or	nly - No Change	in rate
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101737 - 2015/07

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

Jay Hospital			Ī	Provider Number:	0101737-00	)
221 South Alabama Street				Date: 6/29/2015		
Jay, FL 32565-				Fiscal Year End:	ar End: 9/30/2014	
,, ·				Audit Status:	Unaudited (	Cost Report
Provider Type:						
<u>HOSPITAL</u>		<b>Current Rate</b>	<u>!</u>	New Rate	<u>Eff</u>	ective Date
Inpatier	nt	DRG		DRG	7	7/1/2015
Outpatie	ent	75.45		106.00	7	7/1/2015
Inpatient County Billin	ng Rate					7/1/2015
Rate Type:						
<u>Interim</u>		X	Prospectiv	<u>e</u>		
Total I	nterim		X	Total Prospec	tive	
Settler	ment Based on	Cost				
		DAGIG				
		BASIS:	<u>:</u>			
	X	_ Unaudited Costs				
		Field Audited Costs	ete			
		Revised Field Au				
	-	Cost Report Late				
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<b>DISTRIBUTION:</b>		Ī	Medicaid Co	st Reimbursemen	nt Analysis	
Hospitals:						
Managed Care						
Contract Management						
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101745 - 2015/07

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

Santa Rosa Hospital				Provider Number:	0101745-00
P.O. BOX 648				Date:	6/29/2015
				Fiscal Year End:	5/31/2014
Milton, FL 32570-				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPITAL		Current Ra	te	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpati		72.29	<del></del>	70.25	7/1/2015
Inpatient County Bill					7/1/2015
Rate Type:		X	<u>Prospecti</u>	avo.	
Interim Total	Interim		— X	Total Prospec	tive
	ement Based o	n Cost			Suve
	Jillom Badda d				
		BASIS	s.		
		Budget	<u>.                                    </u>		
	X	Unaudited Cost	ts		
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		Cost Report La			
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<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	nt Analysis
Hospitals:					
Managed Care					
Contract Management					
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101753 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

HealthSouth Rehabilitation Hospital	of		F	Provider Number:	0101753-00
Largo				Date:	6/29/2015
901 Clearwater Largo Rd.				Fiscal Year End:	12/31/2012
Largo, FL 34640-				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>	<u> </u>	New Rate	<b>Effective Date</b>
Inpatient	t	DRG		DRG	7/1/2015
Outpatier	nt	9.15		14.53	7/1/2015
Inpatient County Billing	g Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Χ	Prospective	<u>)</u>	
Total In	terim		_ X	Total Prospec	tive
Settlem	ent Based on (	Cost		_	
		BASIS	<u>.</u>		
		Budget			
		Unaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e Test		
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DISTRIBUTION:			Medicaid Cos	t Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
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### Florida Agency For Health Care Administration

101761 - 2015/07

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

Medicaid Reimbursement Rate Change Form

		Provider Number: (	0101761-00
Memorial Hospital		Date: 1	10/29/2015
901 Arlington St.		E: 12 E 17	2/02/02/4
Sarasota, FL 33579-		Fiscal Year End: 9	3/30/2014
parasota, 1 E 33070-		Audit Status: Ū	Jnaudited Cost Report
Provider Type:		_	
HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatient Inpatient County Billing Rate	97.16	97.16	<u>7/1/2015</u> 7/1/2015
			1/1/2013
Rate Type:			
<u>Interim</u>	X Pros	pective	
Total Interim		X Total Prospective	ve
Settlement Based on	Cost		
	DACIC.	***************************************	······································
	BASIS: Budget		
X	Unaudited Costs		
•	Field Audited Costs		
	Revised Field Audit		
·	Cost Report Late Test		
	W. Rydell Sa	amuel or Chanda Farcas	R G
	Medicaid Co	st Reimbursement Analys	is
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		For Information only	y - No Change in rate

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101788 - 2015/07

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

Central Florida Regional Hosp	ital		-	Provider Number:	0101788-0	0
-	ntai				6/29/2015	
1401 West Seminole Blvd.				Fiscal Year End:	5/31/2014	
Sanford, FL 32771-				Audit Status:		Cost Report
Provider Type:						
HOSPITA	J	Current Rat	te	New Rate	Ff	fective Date
	<u>`</u> atient	DRG	<u> </u>	DRG		7/1/2015
•	atient	82.66		71.91		7/1/2015
Inpatient County B						7/1/2015
	Timing Italo				_	77172010
Rate Type:		V	D			
Interim	tal Interim	X	_ <del>Prospecti</del> 		tiv o	
	ettlement Based o	on Cost	X	Total Prospec	uve	
	tuement based t	JII COSt				
		BASIS	2.			
		Budget	<u> </u>			
	X	Unaudited Cost	s			
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			W. Rydell S	Samuel or Chanda I	Farcas	for a
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
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101796 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Shands Live Oak Regional Medic	aal		-	Provider Number:	0101796-0	00
Center	Jai			Date:	6/29/2015	
Post Office Box 100336				Fiscal Year End:	6/30/2014	
Gainesville, FL 32610-0336				Audit Status:	Unaudited	Cost Report
Provider Type:						
HOSPITAL		Current Rat	<u>te</u>	New Rate	<u>E1</u>	ffective Date
Inpatie	ent	DRG		DRG	_	7/1/2015
Outpat	ient	80.41		72.35		7/1/2015
Inpatient County Bill	ing Rate					7/1/2015
Rate Type:						
Interim		Х	<u>Prospecti</u>	<u>ve</u>		
Total	Interim		X	Total Prospec	tive	
Settle	ement Based o	on Cost				
			_			
		BASIS	<u>S:</u>			
		Budget	_			
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<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
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101800 - 2015/07

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

#### Medicaid Reimbursement Rate Change Form

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Doctors' Memorial Hospital		Provider Number:	
407 East Ash Street			6/29/2015
Perry, FL 32347-		Fiscal Year End:	
		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL	<b>Current Rate</b>	New Rate	Effective Date
Inpatier	nt DRG	DRG	7/1/2015
Outpatie	nt <b>92.07</b>	109.39	7/1/2015
Inpatient County Billin	ng Rate		7/1/2015
Rate Type: Interim	X Pros	<u>pective</u>	
Total Ir		X Total Prospec	tive
	nent Based on Cost		arvo
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
			-IR
	W. Rv	dell Samuel or Chanda	Farcas 0
DISTRIBUTION:	Medic	aid Cost Reimbursemen	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
2			
		For Information or	nly - No Change in rate
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101826 - 2015/07

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

Florida Hospital - Fish Memorial				Provider Number:	0101826-00
1055 Sax Boulevard				Date:	6/29/2015
Orange City, FL 32763-				Fiscal Year End:	12/31/2013
<b>C</b> ,,				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>	<u>e</u>	New Rate	<b>Effective Date</b>
Inpatie	nt	DRG		DRG	7/1/2015
Outpatie	ent	86.62		71.30	7/1/2015
Inpatient County Billin	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Х	Prospectiv	<u>′e</u>	
Total I	nterim		_ X	Total Prospec	tive
Settler	ment Based on C	Cost			
		BASIS	<u>:</u>		
		Budget			
		Unaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e Test		
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			W. Rydell Sa	amuel or Chanda I	Farcas
DICTRIBUTION					/ \
DISTRIBUTION:			Medicald Co	st Reimbursemen	it Allalysis
Hospitals:					
Managed Care  Contract Management					
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				For Information on	nly - No Change in rate
Batch ID:XX920			Pri	nted on : 6/29/2015 9:	56 AM



101834 - 2015/07

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

<u>-</u>	viouiouiu i toiiiii	odroomoni rato on	ango i omi	Provider Number: 0	101024 00
Bert Fish Memorial Hospital					/29/2015
401 Palmetto Street					
New Smyrna Beach, FL 32170-				Fiscal Year End: 9	
				Audit Status: U	naudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>	<u>e</u>	New Rate	<b>Effective Date</b>
Inpatie	ent	DRG		DRG	7/1/2015
Outpati	ient	84.51		82.13	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	Prospect	ive	
	Interim		– <u>ттоороот</u> Х	Total Prospectiv	e
	ement Based o	n Cost			
		BASIS	i <u>.</u>		
		Budget	<del>-</del>		
	X	— Unaudited Costs	3		
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		— Cost Report Late			
		'			
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			W. Rydell	Samuel or Chanda Fa	rcas
<b>DISTRIBUTION:</b>		•	Medicaid C	Cost Reimbursement A	Analysis
Hospitals:					
Managed Care					
Contract Management					
4					
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101842 - 2015/07

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

Halifax Health Medical Center				Provider Number:	0101842-0	00
					6/29/2015	
P.O. Box 2830				Fiscal Year End:		
Daytona Beach, FL 32115-2830	)			Audit Status:		Cost Report
Dungidan Tomas						
Provider Type:		Command Dat		New Date	<b>-</b>	ffactive Date
HOSPITAL		Current Rat	<u> </u>	New Rate	_ <u>=</u>	ffective Date
Inpati		DRG		DRG		7/1/2015
Outpat		108.96		91.99	_	7/1/2015
Inpatient County Bill	ling Rate					7/1/2015
Rate Type:						
<u>Interim</u>		X	Prospect	<u>ive</u>		
Tota	l Interim		X	Total Prospec	tive	
Settl	ement Based	on Cost				
		BASIS	<u>S:</u>			
		Budget				
	X	Unaudited Cost	S			
		Field Audited C	osts			
		Revised Field A	udit			
		Cost Report Lat	te Test			
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			W. Rydell S	Samuel or Chanda I	Farcas	PU
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis	-
Hospitals:						
Managed Care						
Contract Management						
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101869 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Florida Hospital Memorial Medica	ıl		P	rovider Number:	0101869-00
Center				Date:	6/29/2015
875 Sterthaus Avenue				Fiscal Year End:	12/31/2013
Ormond Beach, FL 32174-				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rate	<u>e</u>	New Rate	Effective Date
Inpatie	nt -	DRG		DRG	7/1/2015
Outpation	ent -	88.12		74.52	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Χ	Prospective	<u>)</u>	
Total	Interim		X	Total Prospec	tive
Settle	ment Based on C	Cost			
		D.1.010			
		BASIS	<u>:</u>		
		Budget			
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		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e 1691		
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			W. Rydell Sai	muel or Chanda	Farcas
<b>DISTRIBUTION:</b>			Medicaid Cos	t Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
4					
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Batch ID:XX920				ted on : 6/29/2015 9:	



101877 - 2015/07

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

Florida Hospital DeLand			Provider Number:	0101877-00
701 West Plymouth Avenue			Date:	6/29/2015
Deland, FL 32720-			Fiscal Year End:	12/31/2013
			Audit Status:	Unaudited Cost Report
Provider Type:				
<u>HOSPITAL</u>	<u>Curr</u>	ent Rate	New Rate	Effective Date
Inpatien	t [	DRG	DRG	7/1/2015
Outpatie	nt <b>7</b>	<b>'</b> 3.99	65.59	7/1/2015
Inpatient County Billin	g Rate			7/1/2015
Rate Type:				<u> </u>
<u>Interim</u>		X <u>Pros</u>	<u>pective</u>	
Total Ir	terim -		X Total Prospec	tive
Settlem	nent Based on Cost			
		BASIS:		
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		ed Costs		
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		Field Audit		
	Cost Re	port Late Test		
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<u>DISTRIBUTION:</u>		Medica	aid Cost Reimbursemen	t Analysis
Hospitals:				
Managed Care				
Contract Management				
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101885 - 2015/07

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

Healthmark Regional Medical Ce	enter		Provider N	lumber: 010188	5-00
PO Box 1326				Date: 6/29/20	15
Defuniak Springs, FL 32433-			Fiscal Ye	ar End: 9/30/20	14
Doraman Opinigo, i E 02 100			Audit	Status: Unaudite	ed Cost Report
Provider Type:					
HOSPITAL		<b>Current Rate</b>	New Ra	<u>ite</u>	Effective Date
Inpatie	ent	DRG	DRG		7/1/2015
Outpat	ient	63.01	60.68	<del></del>	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Х <u></u>	Prospective Prospe		
 Total	Interim		X Total F	Prospective	
Settle	ement Based o	on Cost			
<u> </u>					
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		Budget			
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DISTRIBUTION:		М	edicaid Cost Reimbu	rsement Analysi	S
Hospitals:					
Managed Care					
Contract Management					
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101893 - 2015/07

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

=	rodioard (tolling)	<u> </u>	iango i omi	Provider Number:	0101893-00
Florida Hospital Flagler					6/29/2015
60 Memorial Medical Pkwy				Fiscal Year End:	
Palm Coast, FL 32164-					Unaudited Cost Report
				Addit Status.	- Chaddied Cost Nepolt
Provider Type:					
<u>HOSPITAL</u>		Current Rat	<u>e</u>	New Rate	Effective Date
Inpatie		DRG	<u> </u>	DRG	7/1/2015
Outpati	ent	82.18		76.43	7/1/2015
Inpatient County Billi	ing Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	Prospectiv	<u>ve</u>	
Total	Interim		_ x	Total Prospec	tive
Settle	ement Based on	Cost			
		BASIS	<u>6:</u>		
		Budget			
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		Field Audited Co	osts		
		Revised Field A	udit		
		Cost Report Lat	e Test		
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<b>DISTRIBUTION:</b>			Medicaid Co	ost Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
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101907 - 2015/07

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

Northwest Florida Community				Provider Number:	0101907-00	
Hospital				Date:	6/29/2015	
Post Office Box 889 Fiscal Year End			Fiscal Year End:	d: 12/31/2013		
Chipley, FL 32428-				Audit Status:	Unaudited Co	st Report
Provider Type:						
<u>HOSPITAL</u>		<b>Current Rate</b>		New Rate	Effec	tive Date
Inpatie	nt	DRG		DRG	7/1	/2015
Outpati	ent	128.10		142.86	7/1	/2015
Inpatient County Billi	ng Rate				7/1	/2015
Rate Type:						
<u>Interim</u>		Х	Prospectiv	<u>'e</u>		
 Total	Interim		X	Total Prospec	tive	
Settle	ment Based or	n Cost				
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		Budget —				
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DISTRIBUTION:		N	ledicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
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101915 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Kindred Hospital-South Florida-			-	Provider Number:	0101915-00
Hollywood				Date:	6/29/2015
1859 Van Buren St.				Fiscal Year End:	8/31/2014
Hollywood, FL 33022-				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPITAL		Current Rat	e	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpati		9.15		14.53	7/1/2015
Inpatient County Billi					7/1/2015
Rate Type:  Interim		X	Prospectiv	0	
	Interim		X	<u>e</u> Total Prospec	tive
	ment Based on	Cost			1170
		BASIS	<u>s:</u>		
		Budget			
	X	<ul><li>Unaudited Costs</li></ul>	5		
		Field Audited Co	osts		
		– Revised Field A	udit		
		Cost Report Lat	e Test		
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			W. Rydell Sa	muel or Chanda I	Farcas 🖊
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
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101923 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

D ( M ) 111 % 1				Provider Number:	0101923-00	
Desoto Memorial Hospital					6/29/2015	
PO Box 2180				Fiscal Year End:		
Arcadia, FL 33821-						Donort
				Audit Status.	Unaudited Cost	Кероп
Provider Type:						
<u>HOSPITAL</u>		Current Rat	<u>te</u>	New Rate	<u>Effectiv</u>	re Date
Inpati	ent	DRG		DRG	7/1/2	2015
Outpat	tient	114.32		170.27	7/1/2	2015
Inpatient County Bill	ling Rate				7/1/2	2015
Rate Type:						
Interim		Х	Prospecti	ve		
	l Interim		x	— Total Prospec	tive	
Settl	ement Based o	on Cost		<u> </u>		
<del></del>						
		BASIS	<u>S:</u>			
		Budget				
	X	— Unaudited Cost	ts			
		— Field Audited C	osts			
		— Revised Field A	vudit			
		— Cost Report Lat	te Test			
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			W. Rydell S	Samuel or Chanda	Farcas 👭	
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
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101931 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Memorial Hospital Jacksonville			Provider Number:	0101931-00
PO Box16325			Date:	6/29/2015
Jacksonville, FL 32216-			Fiscal Year End:	12/31/2013
,			Audit Status:	Unaudited Cost Report
Provider Type:				
HOSPITAL	<b>=</b>	<b>Current Rate</b>	New Rate	Effective Date
Inpat	tient	DRG	DRG	7/1/2015
Outpa	atient	77.18	75.00	7/1/2015
Inpatient County Bi	Iling Rate			7/1/2015
Rate Type:				
Interim		X <u>Pro</u>	ospective	
Tot	al Interim		X Total Prospec	tive
Set	tlement Based o	n Cost		
		BASIS:		
		Budget —		
	X	Unaudited Costs		
	_	Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Tes	st	
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		W. F	Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>		Med	licaid Cost Reimbursemen	t Analysis
Hospitals:				
Managed Care				
Contract Management				
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101940 - 2015/07

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

Campbellton-Graceville Hospital				Provider Number:	0101940-00
5429 College Dr.				Date:	6/29/2015
Graceville, FL 32240-				Fiscal Year End:	9/30/2009
Cracevine, i E 62246				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPITAL		Current Rate	<u>}</u>	New Rate	Effective Date
Inpatier	nt -	DRG		DRG	7/1/2015
Outpatie	ent -	114.68		116.29	7/1/2015
Inpatient County Billir	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Χ	Prospectiv	<u>′e</u>	
 Total li	nterim		- X	Total Prospect	tive
Settler	ment Based on C	ost			
		BASIS	<u> </u>		
		Budget			
		Unaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e Lest		
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DISTRIBUTION:			Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
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101991 - 2015/07

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

Wiregrass Hospital		Provider Number:	0101991-00
1200 Maple Av.		Date:	6/29/2015
Geneva, AL 36340-		Fiscal Year End:	9/30/2013
		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatient	93.03	90.40	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
Interim	X <u>Pros</u>	pective	
Total Inte	erim	X Total Prospec	tive
Settleme	nt Based on Cost		
	BASIS:		
<u>.</u>	Budget		
	X Unaudited Costs		
	Field Audited Costs		
_	Revised Field Audit		
	Cost Report Late Test		
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		dell Samuel or Chanda	
<u>DISTRIBUTION:</u>	Medic	aid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
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102016 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Florala Memorial Hospital			F	rovider Number:	0102016-00
PO BOX 206				Date:	6/29/2015
Florala, AL 36442-				Fiscal Year End:	6/30/2013
				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rate	<u>)</u>	New Rate	Effective Date
Inpatie	ent _	DRG		DRG	7/1/2015
Outpati	ent	13.77		13.39	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
Interim		Χ	Prospective	<u>)</u>	
Total	Interim		- X	Total Prospec	tive
Settle	ement Based on C	ost		_	
		BASIS	<u>.</u>		
		Budget			
		Jnaudited Costs			
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		Revised Field Au			
		Cost Report Late	: 1651		
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			W. Rydell Sa	muel or Chanda	Farcas
<b>DISTRIBUTION:</b>		•	Medicaid Cos	t Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
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102024 - 2015/07

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

D.W.Mcmillan Memorial		Provider Number:	0102024-00
PO BOX 908		Date:	6/29/2015
Brewton, AL 36427-		Fiscal Year End:	9/30/2004
2.0, , 00		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL	Current Rate	New Rate	Effective Date
Inpatien	t <b>DRG</b>	DRG	7/1/2015
Outpatie	nt <b>153.66</b>	149.12	7/1/2015
Inpatient County Billin	g Rate		7/1/2015
Rate Type:			
Interim	X <u>F</u>	Prospective Prospective	
Total Ir	nterim	X Total Prospec	ctive
Settlem	nent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
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	Cost Report Late T	est	
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	W	. Rydell Samuel or Chanda	Farcas A
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DISTRIBUTION:	IVI	edicaid Cost Reimbursemer	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
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102041 - 2015/07

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

Archbold Memorial Hospital			Provider Numbe	er: 0102041-00
Post Office Box 1018			Date	e: 6/29/2015
Thomasville, GA 31799-1018			Fiscal Year En	d: 9/30/2014
			Audit Statu	s: Unaudited Cost Report
Provider Type:				
<u>HOSPITAL</u>		Current Rate	New Rate	Effective Date
Inpatier	nt	DRG	DRG	7/1/2015
Outpatie	ent	91.23	53.67	7/1/2015
Inpatient County Billir	ng Rate			7/1/2015
Rate Type:				
Interim		Х <u>Р</u>	<u>rospective</u>	
Total Ir	nterim		X Total Prospe	ective
Settlen	nent Based on Cos	st		
		BASIS:		
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		W.	. Rydell Samuel or Chanda	a Farcas
<b>DISTRIBUTION:</b>		Me	edicaid Cost Reimburseme	ent Analysis
Hospitals:				
Managed Care				
Contract Management				
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102067 - 2015/07

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

Southeast Alabama General			Provider Number: 010	2067-00	
PO BOX 6987			Date: 6/29/2015		
Dothan, AL 36301-			Fiscal Year End: 9/30/2014		
,			Audit Status: Una	audited Cost Report	
Provider Type:					
HOSPITAL	_	<b>Current Rate</b>	New Rate	Effective Date	
Inpa		DRG	DRG	7/1/2015	
Outpa	atient	133.03	129.27	7/1/2015	
Inpatient County Bi				7/1/2015	
Rate Type:					
Interim		X Prosp	<u>pective</u>		
	al Interim		X Total Prospective		
Set	tlement Based o	on Cost	·		
-					
		BASIS:			
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	X	Unaudited Costs			
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		W. Ryo	dell Samuel or Chanda Farc	as 🖊	
<b>DISTRIBUTION:</b>		Medica	aid Cost Reimbursement An	alysis	
Hospitals:					
Managed Care					
Contract Management					
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102075 - 2015/07

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

					Provider Number:	0102075-0	20
South Georgia M	ledical Center					6/29/2015	
PO BOX 1727					Fiscal Year End:		
Valdosta, GA 31601-							
					Audit Status:	Unaudited	Cost Report
Provider Typ	<u>e:</u>						
	<u>HOSPITAL</u>		Current Rat	<u>:e</u>	New Rate	<u>E</u>	ffective Date
	Inpati	ent	DRG		DRG		7/1/2015
	Outpa	tient	81.31		77.40		7/1/2015
Inpatien	t County Bil	ling Rate					7/1/2015
Rate Type:							
	<u>nterim</u>		Х	<u>Prospecti</u>	ve		
		I Interim		X	— Total Prospec	tive	
_	Sett	lement Based o	n Cost				
			BASIS	<u>S:</u>			
			Budget				
		X	— Unaudited Cost	S			
			Field Audited C	osts			
			— Revised Field A	udit			
			Cost Report Lat	e Test			
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				W. Rydell S	Samuel or Chanda	Farcas	PU
DISTRIBUTIO	N:			Medicaid C	ost Reimbursemen	t Analysis	-
Hospitals	s:						
Managed	l Care						
Contract	Management						
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102091 - 2015/07

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

Flowers Hospital			Provider Numb	per: 0102091-00
PO BOX 6907			Da	ate: 6/29/2015
Dothan, AL 36302-			Fiscal Year E	nd: 6/30/2013
			Audit Stat	us: Unaudited Cost Report
Provider Type:				
<u>HOSPITAL</u>		<b>Current Rate</b>	New Rate	Effective Date
Inpatie	ent	DRG	DRG	7/1/2015
Outpati	ent	71.84	69.81	7/1/2015
Inpatient County Bill	ing Rate			7/1/2015
Rate Type:				
Interim		Х <u></u>	Prospective	
Total	Interim		X Total Prosp	pective
Settle	ement Based o	on Cost		
		BASIS:		
		Budget		
	X	Unaudited Costs		
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		W	. Rydell Samuel or Chan	da Farcas
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DISTRIBUTION:		IVI	edicaid Cost Reimbursen	ient Analysis
Hospitals: Managed Care				
Contract Management				
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102105 - 2015/07

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

Palm Beach Gardens Medical Ce	enter		Provider Number:	0102105-00
3360 Burns Rd.			Date:	6/29/2015
Palm Beach Gardens, FL 33410	-		Fiscal Year End:	12/31/2013
,			Audit Status:	Unaudited Cost Report
Provider Type:				
HOSPITAL	<u>C</u>	urrent Rate	New Rate	<b>Effective Date</b>
Inpatie	ent	DRG	DRG	7/1/2015
Outpati	ent	85.91	83.48	7/1/2015
Inpatient County Billi	ing Rate			7/1/2015
Rate Type:				
Interim		X <u>Pros</u>	<u>pective</u>	
Total	Interim		X Total Prospec	tive
Settle	ement Based on Cost			
		BASIS:		
	Budg			
		dited Costs		
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		sed Field Audit		
	Cost	Report Late Test		
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		W. Rv	dell Samuel or Chanda	Farcas (
DISTRIBUTION:		Medica	aid Cost Reimbursemen	it Analysis
Hospitals:				
Managed Care				
Contract Management				
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			For Information or	nly - No Change in rate
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102121 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

01. 0			-	Provider Number:	0102121-0	10
Grady General Hospital					6/29/2015	
1155 5th St.				Fiscal Year End:		
Cairo, GA 31728-				Audit Status:		Cost Papart
				Addit Status.		Cost Report
Provider Type:						
<u>HOSPITAL</u>		Current Rat	<u>te</u>	New Rate	_ <u>E</u> f	fective Date
Inpati	ent	DRG		DRG	_	7/1/2015
Outpat	ient	54.38		52.84		7/1/2015
Inpatient County Bill	ling Rate				_	7/1/2015
Rate Type:					<u> </u>	
Interim		Х	<u>Prospecti</u>	ve		
	l Interim		– X	Total Prospec	tive	
	ement Based o	on Cost				
		BASIS	S:			
		Budget	<del></del>			
	X	— Unaudited Cost	S			
		— Field Audited C				
		— Revised Field A				
		Cost Report Lat				
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			W. Rydell S	Samuel or Chanda	Farcas	PT
DISTRIBUTION:			Medicaid C	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
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102130 - 2015/07

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

Wellington Regional Medical Cente	r	Provider Number:	0102130-00
10101 Forest Hill Blvd.		Date:	6/29/2015
West Palm Beach, FL 33414-		Fiscal Year End:	12/31/2013
•		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpatien	DRG	DRG	7/1/2015
Outpatier	nt 106.73	97.78	7/1/2015
Inpatient County Billin	g Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pro</u>	ospective	
Total In	terim	X Total Prospec	tive
Settlem	ent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
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	Cost Report Late Tes	st	
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DISTRIBUTION:	Med	licaid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
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102164 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Mizell Memorial Hospital				Provider Number: 0102164-00		
					Date	6/29/2015
,					Fiscal Year End	9/30/1992
•					Audit Status	: Unaudited Cost Report
Provider Type:						
	OSPITAL		<u>Cur</u>	rrent Rate	New Rate	Effective Date
	 Inpatien	ıt		DRG	DRG	7/1/2015
	Outpatie	nt		9.15	14.53	7/1/2015
Inpatient C	ounty Billin		-		-	7/1/2015
Rate Type:						
Inter	im			X <u>Pros</u> r	<u>pective</u>	
	— Total Ir	nterim			X Total Prospec	ctive
	Settlem	nent Based o	on Cost			
				BASIS:		
			Budget	t		
		Х	Unaudi	ited Costs		
			Field A	udited Costs		
			Revise	d Field Audit		
			Cost R	eport Late Test		
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<b>DISTRIBUTION:</b>				Medica	aid Cost Reimbursemer	nt Analysis
Hospitals:						
Managed Ca	re					
Contract Mar	nagement					
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102199 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Citrus Memorial Hospital			Provide	er Number: 0102	199-00
502 Highland Blvd.				Date: 6/29/	2015
Iverness, FL 32652-			Fiscal	Year End: 9/30/	2013
			Αι	ıdit Status: Unau	dited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>	<u>New</u>	Rate	<b>Effective Date</b>
Inpatie	nt	DRG	DI	RG	7/1/2015
Outpati	ent	68.15	64	.87	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Х <u>і</u>	Prospective		
Total	Interim		X Tot	al Prospective	
Settle	ment Based o	n Cost			
		BASIS:			
		Budget			
	X	Unaudited Costs			
		Field Audited Cost			
		Revised Field Aud			
		Cost Report Late	est		
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DISTRIBUTION:		IV	edicaid Cost Rein	ibursement Anai	ysis
Hospitals: Managed Care					
Contract Management					
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102202 - 2015/07

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

Cleveland Clinic Hospital				Provider Number:	0102202-00	
3100 Weston Rd				Date:	6/29/2015	
Weston, FL 33331-				Fiscal Year End:	12/31/2013	
,				Audit Status:	Unaudited Cost Report	
Provider Type:						
<u>HOSPITAL</u>		<b>Current Rat</b>	<u>e</u>	New Rate	Effective Date	
Inpatier	nt	DRG		DRG	7/1/2015	
Outpatie	ent	63.06		60.13	7/1/2015	
Inpatient County Billin	ng Rate				7/1/2015	
Rate Type:						
<u>Interim</u>		Х	<u>Prospecti</u>	<u>ve</u>		
Total I	nterim		_ x	Total Prospec	tive	
Settler	ment Based o	n Cost				
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		Budget				
	X	Unaudited Costs				
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		Cost Report Lat	e l'est			
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DISTRIBUTION:			Medicaid C	ost Reimbursemen	nt Analysis	
Hospitals:						
Managed Care						
Contract Management						
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102229 - 2015/07

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

Memorial Hospital Pembroke				Provider Number: 0	102229-00	
2301 University Dr.				Date: 6/29/2015		
Pembroke Pines, FL 33024-				Fiscal Year End: 4/30/2014		
1 0111010101011100,1 2 00021				Audit Status: U	Jnaudited Cost Report	
Provider Type:				_		
HOSPITAL		Current Ra	ate	New Rate	Effective Date	
Inpatie	int	DRG		DRG	7/1/2015	
Outpati		121.50	<u> </u>	103.48	7/1/2015	
Inpatient County Billi		121.30	<u></u>	103.40	7/1/2015	
	ng rate					
Rate Type:						
<u>Interim</u>		X	Prospec			
	Interim		X	Total Prospectiv	/e	
Settle	ment Based o	on Cost				
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		BAS	<u> 15:</u>			
		Budget				
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		Field Audited (				
		Revised Field				
		Cost Report La	ate Test			
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			W. Rydell	Samuel or Chanda Fa	arcas	
<b>DISTRIBUTION:</b>			Medicaid	Cost Reimbursement	Analysis	
Hospitals:						
Managed Care						
Contract Management						
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102261 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

#### Medicaid Reimbursement Rate Change Form

IVIC	Jaioaia Itoliili	barsement reace enang	<u> </u>	
Homestead Hospital			Provider Number:	0102261-00
160 N.W. 13th Street			Date:	6/29/2015
Homestead, FL 33030-			Fiscal Year End:	9/30/2014
			Audit Status:	Unaudited Cost Report
Provider Type:				
<u>HOSPITAL</u>		<b>Current Rate</b>	New Rate	Effective Date
Inpatier	nt	DRG	DRG	7/1/2015
Outpatie	nt	167.07	179.09	7/1/2015
Inpatient County Billin	g Rate			7/1/2015
Rate Type:				
<u>Interim</u>		Х <u>Р</u> г	rospective	
Total Ir	nterim		X Total Prospec	tive
Settlen	nent Based o	n Cost		
		BASIS:		
	•	Budget		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Te	est	
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		W.	Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>		Me	dicaid Cost Reimbursemer	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
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		_	For Information of	nly - No Change in rate

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Batch ID:XX920



102288 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Heart Of Florida Hospital			F	Provider Number:	0102288-00	
P.O. Box 67				Date:	6/29/2015	
Haines City, FL 33845-				Fiscal Year End:	6/30/2014	
Tidinoo oky, 12 00010				Audit Status:	Unaudited Cost	Report
Provider Type:						
HOSPITAL		Current Rate	<u>!</u>	New Rate	Effectiv	ve Date
Inpati		DRG		DRG	- — 7/1/2	2015
Outpat		78.03		59.61	- — 7/1/2	2015
Inpatient County Bil		-			7/1/2	2015
Rate Type:	<del>-</del>				_	
Interim		Х	Prospective	e		
	I Interim		X	Total Prospec	tive	
Settl	ement Based on	Cost				
		BASIS	<u>:</u>			
		Budget				
	X	Unaudited Costs				
		Field Audited Co	sts			
		Revised Field Au	dit			
		Cost Report Late	Test			
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<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
6						
			F	or Information or	ılv - No Change i	n rate
Batch ID:XX920			Prir	ited on: 6/29/2015 9:	56 AM	



102300 - 2015/07

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

Kindred Hospital Central Tampa		Provider Number:	0102300-00
4801 N HOWARD AVE.		Date:	6/29/2015
Tampa, FL 33604-		Fiscal Year End:	8/31/2014
		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatien	t DRG	DRG	7/1/2015
Outpatie	nt <b>9.15</b>	14.53	7/1/2015
Inpatient County Billin	g Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pros</u>	<u>spective</u>	
Total Ir	nterim	X Total Prospec	tive
Settlen	nent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
			-IP
	W. Rv	dell Samuel or Chanda	Farcas d
DIATRIBUTION			
DISTRIBUTION:	iviedic	aid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
6			
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102326 - 2015/07

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

Baptist Medical Center - Beaches		Provider Number:	0102326-00
1350 13th AVE., SOUTH		Date:	6/29/2015
Jacksonville, FL 32250-		Fiscal Year End:	9/30/2014
.,		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Inpatien	t <b>DRG</b>	DRG	7/1/2015
Outpatie	nt <b>69.62</b>	67.65	7/1/2015
Inpatient County Billin	g Rate		7/1/2015
Rate Type:			
Interim	X <u>Pro</u>	<u>ospective</u>	
Total Ir	nterim	X Total Prospec	tive
Settlem	nent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Tes	st	
			-D
	W. I	Rydell Samuel or Chanda	Farcas (
DISTRIBUTION:	Med	dicaid Cost Reimbursemen	it Analysis
Hospitals:			
Managed Care			
Contract Management			
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102334 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Atmore Community Hospital			-	Provider Number:	0102334-00	1
Atmore Community Hospital					6/29/2015	
401 Medical Park Dr.				Fiscal Year End:		
Atmore, AL 36502-				Audit Status:		Cost Report
Barrella Torre				710011 0101001		
Provider Type:		0		Name Bata		antha Data
<u>HOSPITAL</u>	-	Current Rat	<u></u> —	New Rate		ective Date
Inpati		DRG		DRG		//1/2015
Outpa		42.37		41.08		//1/2015
Inpatient County Bil	ling Rate				7	//1/2015
Rate Type:						
<u>Interim</u>		X	<u>Prospecti</u>	<u>ve</u>		
 Tota	al Interim		_ x	Total Prospec	tive	
Sett	lement Based o	on Cost				
		BASIS	<u>S:</u>			
		Budget				
	X	Unaudited Cost	S			
		Field Audited C	osts			
		Revised Field A	udit			
		Cost Report Lat	te Test			
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			W. Rydell S	Samuel or Chanda	Farcas	PU
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
0						
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102342 - 2015/07

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

Kindred Hospital-Bay Area-Tamp	oa			Provider Number: (	0102342-00
4555 SOUTH MANHATTAN AVE				Date: 6	6/29/2015
Tampa, FL 33611-				Fiscal Year End: 8	3/31/2014
•				Audit Status:	Unaudited Cost Report
Provider Type:				_	
<u>HOSPITAL</u>		<b>Current Rate</b>	<u>)</u>	New Rate	Effective Date
Inpatio	ent	DRG		DRG	7/1/2015
Outpat	ient	9.15		14.53	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
Interim		X	Prospectiv	<u>e</u>	
Total	I Interim		- X	Total Prospecti	ve
Settle	ement Based o	on Cost			
		BASIS	<u>:</u>		
		Budget			
	X	Unaudited Costs			
		Field Audited Co	sts		
	-	Revised Field Au	ıdit		
		Cost Report Late	e Test		
			M. Dudall Ca	omercal or Chanda F	
			vv. Rydeli Sa	amuel or Chanda F	arcas
DISTRIBUTION:			Medicaid Co	st Reimbursement	Analysis
Hospitals:					
Managed Care					
Contract Management					
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				For Information onl	y - No Change in rate
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102369 - 2015/07

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

	rrembursement rate ondinger	Provider Number:	0102369-00
Smith Hospital			6/29/2015
P.O. Box 10010		Fiscal Year End:	
Valdosta, GA 31604-			Unaudited Cost Report
		Addit Otatus.	- Chadated Cost Report
Provider Type:			
<u>HOSPITAL</u>	<u>Current Rate</u>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatient	91.83	87.41	7/1/2015
Inpatient County Billing Ra	te		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pros</u>	<u>pective</u>	
Total Interim		X Total Prospec	tive
Settlement B	ased on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
	<u> </u>		
			TIK
	W. Ryo	dell Samuel or Chanda	Farcas
DISTRIBUTION:	Medica	aid Cost Reimbursemen	nt Analysis
Hospitals:			·
Managed Care			
Contract Management			
0			
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102407 - 2015/07

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

Ct. Anthony's Bahabilitation Hoor	sital		·	Provider Number: 01	02407-00		
St. Anthony's Rehabilitation Hosp	Jilai			Date: 6/2			
3075 N.W. 35th Ave.				Fiscal Year End: 9/30/2014			
Lauderdale Lake, FL 33311-					audited Cost Report		
Duna dalan Tamas							
Provider Type:		Orrespond Dead	_	Now Date	Effective Date		
HOSPITAL		Current Rat	<u>e</u>	New Rate	Effective Date		
Inpatie		DRG		DRG	7/1/2015		
Outpati		9.15		14.53	7/1/2015		
Inpatient County Bill	ing Rate				7/1/2015		
Rate Type:							
<u>Interim</u>		X	Prospective	<u>e</u>			
Total	Interim		X	Total Prospective			
Settle	ement Based o	on Cost	•				
		BASIS	<u> </u>				
		Budget					
	X	Unaudited Cost	S				
		Field Audited C	osts				
		Revised Field A	udit				
		Cost Report Lat	e Test				
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					THE STATE OF THE S		
			W. Rydell Sa	muel or Chanda Far	cas 🖊		
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursement Ar	nalysis		
Hospitals:							
Managed Care							
Contract Management							
10							
			F	or Information only -	No Change in rate		
Batch ID:XX920			— Prir	nted on : 6/29/2015 9:56 A	M		



102474 - 2015/07

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

1613 West McKenzie St. Foley, AL 36536 Fiscal Year End: 9/30/1995 Audit Status: Unaudited Cost Report  Provider Type:    MOSPITAL   Current Rate   New Rate   Effective Date     Inpatient   OUtpatient   9.15   14.53   7/1/2015     Inpatient County Billing Rate   X   Prospective     Total 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     DISTRIBUTION:   Medicaid Cost Reimbursement Analysis     Hospitals:   Managed Care     Contract Management   0	South Baldwin Hospital			Provider Number:	0102474-00
Provider Type:    HOSPITAL   Current Rate   New Rate   Effective Date	1613 West McKenzie St.			Date:	6/29/2015
Provider Type:    HOSPITAL	Foley, AL 36536			Fiscal Year End:	9/30/1995
HOSPITAL   Inpatient   DRG   DRG   T/1/2015     Outpatient   Outpati	<b>,</b> ,			Audit Status:	Unaudited Cost Report
HOSPITAL   Inpatient   DRG   DRG   T/1/2015     Outpatient   Outpati	Provider Type:				
Outpatient County Billing Rate    Rate Type:			<b>Current Rate</b>	New Rate	Effective Date
Inpatient County Billing Rate  Rate Type: Interim Total Interim Settlement Based on Cost   BASIS: Budget X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  DISTRIBUTION: Hospitals: Managed Care Contract Management 0	Inpatie	ent	DRG	DRG	7/1/2015
Rate Type:    Interim	Outpat	ient	9.15	14.53	7/1/2015
Interim Total Interim Settlement Based on Cost   BASIS:  Budget X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  DISTRIBUTION: Hospitals: Managed Care Contract Management 0	Inpatient County Bill	ing Rate			7/1/2015
Interim Total Interim Settlement Based on Cost   BASIS:  Budget X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  DISTRIBUTION: Hospitals: Managed Care Contract Management 0	Rate Type:				
BASIS:    Budget     Vinaudited Costs     Field Audited Costs     Revised Field Audit     Cost Report Late Test			X <u>Pros</u>	spective	
BASIS:  Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 0	Total	Interim		X Total Prospecti	ive
Budget X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 0	Settle	ement Based o	n Cost		
Budget X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 0					
X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 0					
Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 0			<del>_</del>		
Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 0		X			
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  0					
M. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Managed Care Contract Management 0					
DISTRIBUTION: Hospitals: Managed Care Contract Management 0			Cost Report Late Test —		
DISTRIBUTION: Hospitals: Managed Care Contract Management 0					
DISTRIBUTION: Hospitals: Managed Care Contract Management 0			\// D <sub>\</sub>	idall Samuel or Chanda E	arcas
Hospitals:  Managed Care  Contract Management  0					( '
Managed Care Contract Management 0	<b>DISTRIBUTION:</b>		Medic	caid Cost Reimbursement	Analysis
Contract Management 0					
0	Managed Care				
	Contract Management				
For Information only - No Change in rate	0				
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102521 - 2015/07

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

AA			Provider Number:	0102521-00
Memorial Hospital West			Date:	10/29/2015
703 North Flamingo Road			Figure Vega Fade	4/20/2014
Pembroke Pines, FL 33028-			Fiscal Year End:	4/30/2014
,			Audit Status:	Unaudited Cost Report
Provider Type:		Current Pate	Now Poto	Effective Date
HOSPITAL Inpatient		Current Rate DRG	New Rate DRG	<u>Effective Date</u> 7/1/2015
Outpatient		103.62	122.21	7/1/2015
Inpatient County Billing	Rate			7/1/2015
Rate Type:				
Interim		X Pro	spective	
Total Inter	im t Based on (	Cost	X Total Prospect	live
		BASIS:		
_		Budget		
<del>-</del>	Х	Unaudited Costs		
_		Field Audited Costs		
_		Revised Field Audit		
<del>-</del>		Cost Report Late Test		
		- W. Rydell S	Samuel or Chanda Farcas	# G
		Medicaid C	ost Reimbursement Analy	rsis
			For Information on	ly - No Change in rate
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102539 - 2015/07

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

Englewood Community Hospital			F	Provider Number:	0102539-0	)0
700 Medical Blvd.				Date:	6/29/2015	
Englewood, FL 34223-				Fiscal Year End:	12/31/201	3
2.11g10W0004, 1.2. 0.1220				Audit Status:	Unaudited	Cost Report
Provider Type:						
HOSPITAL		<b>Current Rate</b>		New Rate	<u>E</u>	ffective Date
Inpatier	nt	DRG		DRG		7/1/2015
Outpatie	ent	51.04		49.60		7/1/2015
Inpatient County Billin	ng Rate					7/1/2015
Rate Type:						
Interim		X	Prospective	<u>e</u>		
Total I	nterim		X	Total Prospec	tive	
Settler	nent Based on	Cost		<del></del>		
						-
		BASIS:				
		Budget				
	X	Unaudited Costs	4-			
		Field Audited Cos Revised Field Aud				
	-	Cost Report Late				
		- Cost Report Late	1651			
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		V	V. Rydell Sa	muel or Chanda I	Farcas	R
DISTRIBUTION:			Aedicaid Co	st Reimbursemen	t Δnalveis	( '
Hospitals:		''	ricalcala Co.	3t Reimburgemen	t Analysis	
Managed Care						
Contract Management						
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102555 - 2015/07

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

Southeast Georgia Medical Center		Provider Nur	mber: 0102555-00
3100 Kemble Avenue		I	Date: 6/29/2015
Brunswick, GA 31520-		Fiscal Year	End: 4/30/2010
		Audit St	tatus: Unaudited Cost Report
Provider Type:			
HOSPITAL	Current Rat	<u>e</u> <u>New Rate</u>	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien	t <b>60.24</b>	57.34	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	Х	<u>Prospective</u>	
Total Int	erim	– X Total Pro	ospective
Settleme	ent Based on Cost		
	BASIS	<u>8:</u>	
	Budget		
	X Unaudited Cost		
	Field Audited Co		
	Revised Field A		
	Cost Report Lat	e l'est	
			- P
		W. Rydell Samuel or Cha	anda Farcas
DISTRIBUTION:		Medicaid Cost Reimburs	ement Analysis
Hospitals:			
Managed Care			
Contract Management			
0			
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102598 - 2015/07

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

Edward White Hospital				Provider Number:	0102598-00
2323 9th Avenue NorthP.O. Box				Date:	6/29/2015
12018				Fiscal Year End:	12/31/2013
St. Petersburg, FI 33733-				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rate	<u>e</u>	New Rate	<b>Effective Date</b>
Inpatie	nt	DRG		DRG	7/1/2015
Outpatie	ent	96.44		93.71	7/1/2015
Inpatient County Billing	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Χ	Prospectiv	<u>'e</u>	
Total I	Interim		X	Total Prospect	tive
Settle	ment Based on C	Cost			
		BASIS	<u>:</u>		
		Budget			
		Unaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e l'est		
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			W. Rvdell Sa	amuel or Chanda F	Farcas (
DISTRIBUTION:			Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management 5					
5					
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102601 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Florida Haarital Wassahala			F	Provider Number:	0102601-00
Florida Hospital Wauchula			•		6/29/2015
2501 U.S. Hwy 27 NorthP.O. Box 1200				Fiscal Year End:	
Avon Park, FL 33825-					Unaudited Cost Report
Danida Tura					
Provider Type:		Current Bot	_	New Pete	Effortive Date
<u>HOSPITAL</u>	<b>4</b>	Current Rat	<u>.e</u>	New Rate	Effective Date
Inpatie		DRG		DRG	7/1/2015
Outpati		107.84		113.88	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	Prospective	<u> </u>	
	Interim		X	Total Prospec	etive
Settle	ment Based on	Cost			
		BASIS	<u>S:</u>		
		Budget			
	X	Unaudited Cost			
		Field Audited Co			
		Revised Field A			
		Cost Report Lat	e Test		
			W. Dudoll Co	marral av Chanda	
			w. Rydell Sa	muel or Chanda	raicas /V
<b>DISTRIBUTION:</b>			Medicaid Cos	st Reimbursemen	nt Analysis
Hospitals:					
Managed Care					
Contract Management					
6					
			-	or Information as	alv. No Chango in rate
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102610 - 2015/07

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

A.G. Holley State Hospital			Pr	ovider Number:	0102610-00
1199 Lantana Rd.P.O. Box 30	184			Date:	6/29/2015
Lantana, FL 33465-			F	iscal Year End:	6/30/2010
Lantana, i L 30400				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPITA	<b>L</b>	Current Rate	<u> </u>	New Rate	Effective Date
Inpa	 atient	DRG		DRG	7/1/2015
Outp	atient	9.15		14.53	7/1/2015
Inpatient County B	Billing Rate				7/1/2015
Rate Type:					<del>-</del>
Interim		Х	<u>Prospective</u>		
To	otal Interim		_ X	Total Prospec	tive
Se	ettlement Based on	Cost		_	
		BASIS	<u>:</u>		
		Budget -			
	X	Unaudited Costs Field Audited Co			
		- Revised Field Au			
		Cost Report Late			
	-		7 1 001		
			W. Rydell Sam	nuel or Chanda I	Farcas
<b>DISTRIBUTION:</b>		•	Medicaid Cost	Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
9					
			Fo	or Information or	nly - No Change in rate
Batch ID:XX920				ed on : 6/29/2015 9:	



102679 - 2015/07

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

<del></del>	rodicala Homiso		ango i omi	Provider Number: (	1102670 00
Kindred Hosp North Fla				_	
801 Oak Street				_	6/29/2015
Green Cove Springs, FL 32043-				Fiscal Year End: 8	
				Audit Status: (	Jnaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rate	<u>e</u>	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpati	ent	9.15		14.53	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Х	Prospecti	<u>ve</u>	
Total	Interim		_ X	Total Prospecti	ve
Settle	ment Based on	Cost			
		<b>BASIS</b>	<u>:</u>		
		Budget			
	X	Unaudited Costs	5		
		Field Audited Co	sts		
		Revised Field Au	udit		
		Cost Report Late	e Test		
		_			
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			W. Rydell S	samuel or Chanda F	arcas
<b>DISTRIBUTION:</b>		•	Medicaid C	ost Reimbursement	Analysis
Hospitals:					
Managed Care					
Contract Management					
4					
				For Information only	y - No Change in rate
Batch ID:XX920			Pi	rinted on : 6/29/2015 9:56	S AM



102687 - 2015/07

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

<u>-</u>	viedicala ixellili	disement itale change	1 OIIII	
HealthSouth Rehab - Dothan Provider Number: 0102687-00			02687-00	
1736 East Main Street			Date: 6/29/2015	
Dothan, AL 36301-			Fiscal Year End: 12	2/31/2012
			Audit Status: Ui	naudited Cost Report
Provider Type:			_	
HOSPITAL		<b>Current Rate</b>	New Rate	Effective Date
Inpation	ent	DRG	DRG	7/1/2015
Outpat	ient	9.15	14.53	7/1/2015
Inpatient County Bill	ing Rate			7/1/2015
Rate Type:				
Interim		X <u>Pro</u>	spective	
Total	I Interim		X Total Prospective	e
Settle	ement Based o	n Cost		
		BASIS:		
		Budget		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test	t	
		W D	lydall Camual ay Chanda Far	#
		W. R	lydell Samuel or Chanda Fai	cas /V
<b>DISTRIBUTION:</b>		Medi	icaid Cost Reimbursement A	nalysis
Hospitals:				
Managed Care				
Contract Management				
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			For Information only	- No Change in rate
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102709 - 2015/07

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

HealthSouth Rehabililation Hospital of	of	Provider Number: 0102709-00			
Miami		Date	Date: 6/29/2015		
20601 Old Cutler Road		Fiscal Year End	: 12/31/2013		
Miami, FL 33188-		Audit Status	: Unaudited Cost Report		
Provider Type:					
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	Effective Date		
Inpatient	DRG	DRG	7/1/2015		
Outpatient	9.15	14.53	7/1/2015		
Inpatient County Billing	Rate		7/1/2015		
Rate Type:					
<u>Interim</u>	X <u>Pr</u>	<u>ospective</u>			
Total Inte	erim	X Total Prospec	ctive		
Settleme	nt Based on Cost				
-	BASIS:				
-	Budget				
-	X Unaudited Costs				
<u>-</u>	Field Audited Costs				
_	Revised Field Audit				
-	Cost Report Late Te	st			
	\\/	Rydell Samuel or Chanda	Farcas		
<u>DISTRIBUTION:</u>	Med	dicaid Cost Reimbursemer	nt Analysis		
Hospitals:					
Managed Care					
Contract Management					
11					
		For Information o	nly - No Change in rate		
Batch ID:XX920	_	Printed on : 6/29/2015 9	,		



102717 - 2015/07

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

Brooks Rehabilitation Hospital			Provider Number: 0102717-00		
3599 University Blvd., S			Date: 6/29/2015		
Jacksonville, FL 32216-			Fiscal Year End: 1	2/31/2013	
,			Audit Status: U	Inaudited Cost Report	
Provider Type:					
<u>HOSPITAI</u>	=	<b>Current Rate</b>	New Rate	Effective Date	
Inpa	tient	DRG	DRG	7/1/2015	
Outpa	atient	46.42	45.11	7/1/2015	
Inpatient County Bi	Iling Rate			7/1/2015	
Rate Type:					
Interim		X Pros	<u>spective</u>		
Tot	al Interim		X Total Prospectiv	ve	
Set	tlement Based o	on Cost			
		BASIS:			
		Budget			
	X	Unaudited Costs			
		Field Audited Costs			
		Revised Field Audit			
		Cost Report Late Test	t		
		W D	udall Carronal an Obarada Fr	* H	
		W. R.	ydell Samuel or Chanda Fa	arcas	
<b>DISTRIBUTION:</b>		Medio	caid Cost Reimbursement	Analysis	
Hospitals:					
Managed Care					
Contract Management					
4					
			For Information only	y - No Change in rate	
				•	
Batch ID:XX920			Printed on : 6/29/2015 9:56	S AM	



102750 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

HealthSouth Emerald Coast			Pi	rovider Number: (	0102750-00
Rehabilitation Hospital			Date: 6	5/29/2015	
1847 Florida Avenue			F	iscal Year End: 1	12/31/2013
Panama City, FL 32405-				Audit Status: l	Jnaudited Cost Report
Provider Type:				_	
HOSPITA	<b>AL</b>	Current Rate	<u> </u>	New Rate	Effective Date
	— atient	DRG		DRG	7/1/2015
•	patient	47.48		37.07	7/1/2015
Inpatient County E					7/1/2015
					-
Rate Type: Interim		X	Prospective		
	otal Interim		- X	Total Prospectiv	ve
	ettlement Based on	Cost		<del>-</del> '	
		<b>BASIS</b>	<u>.</u>		
		Budget			
	Х	Unaudited Costs			
		Field Audited Co	sts		
		Revised Field Au	ıdit		
		Cost Report Late	e Test		
					_
					- JK
			W. Rydell San	nuel or Chanda Fa	arcas
<b>DISTRIBUTION:</b>			Medicaid Cost	Reimbursement	Analysis
Hospitals:					
Managed Care					
Contract Management	t				
2					
			E,	or Information only	y - No Change in rate
Batch ID:XX920			Print	ed on: 6/29/2015 9:56	S AM



102768 - 2015/07

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

Kindred Hospital-Bay Area-St			Provider Number	
Petersburg				: 6/29/2015
3030 6th Street, South			Fiscal Year End	: 8/31/2014
St. Petersburg, FL 33705-			Audit Status	: Unaudited Cost Report
Provider Type:				
<u>HOSPITAL</u>	Cui	rrent Rate	New Rate	Effective Date
Inpatier	nt	DRG	DRG	7/1/2015
Outpatie	ent	9.15	14.53	7/1/2015
Inpatient County Billir	ng Rate			7/1/2015
Rate Type:				
Interim		X <u>Pros</u>	<u>pective</u>	
Total I	nterim		X Total Prospec	ctive
Settler	ment Based on Cost			
		BASIS:		
	Budge	t		
	X Unaud	ited Costs		
	Field A	udited Costs		
	Revise	d Field Audit		
	Cost R	eport Late Test		
				R
		W. Ry	dell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>		Medic	aid Cost Reimburseme	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
5				
			For Information o	nly - No Change in rate
Batch ID:XX920			Printed on : 6/29/2015 9	:56 AM



102776 - 2015/07

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

Douglas Gardens Hospital	_	Provider Number: 0	)102776-00
5200 NE 2nd Avenue		Date: 6	6/29/2015
Miami, FL 33137-		Fiscal Year End: 6	6/30/2014
Wildilli, FL 33137-		Audit Status: U	Jnaudited Cost Report
Providor Typo:		_	
Provider Type: HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien		14.53	7/1/2015
Inpatient County Billing			7/1/2015
	Titato	<u> </u>	
Rate Type:	V <b>D</b>		
Interim Total Inte		ospective  X Total Prospective	10
	nt Based on Cost	Total Prospectiv	ve
Settleffle	Lased on Cost		
	Budget X Unaudited Costs Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Tes	st	
	W. F	Rydell Samuel or Chanda Fa	arcas A
<b>DISTRIBUTION:</b>	Med	dicaid Cost Reimbursement	Analysis
Hospitals:			
Managed Care			
Contract Management			
11			
		For Information only	y - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:56	_



103144 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Physicians Regional Medical Center -			Provider Number: 0103144-00		
Pine Ridge			Date:	Date: 6/29/2015	
6101 Pine Ridge Road			Fiscal Year End:	9/30/2014	
Naples, FL 34119-			Audit Status:	Unaudited Cost Report	
Provider Type:					
<u>HOSPITA</u>	<u>\L</u>	<b>Current Rate</b>	New Rate	<b>Effective Date</b>	
Inpa	atient	DRG	DRG	7/1/2015	
Outp	atient	79.98	57.12	7/1/2015	
Inpatient County B	Billing Rate			7/1/2015	
Rate Type:			<u> </u>	<del> </del>	
Interim		X Pros	<u>spective</u>		
To	otal Interim		X Total Prospec	tive	
Se	ettlement Based or	n Cost			
		BASIS:			
		Budget —			
	X	Unaudited Costs			
		Field Audited Costs			
		Revised Field Audit			
		Cost Report Late Test	t		
		W D	ydall Samual ar Chanda l	Enropa #	
			ydell Samuel or Chanda I		
<b>DISTRIBUTION:</b>		Medio	caid Cost Reimbursemen	t Analysis	
Hospitals:					
Managed Care					
Contract Management					
8					
			For Information or	nly - No Change in rate	
				ny - No Ghange III fale	
Batch ID:XX920			Printed on: 6/29/2015 9:	56 AM	



103144 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Physicians Regional Medical Center -		Provider Number: 0103144-01			
Pine Ridge				Date: 6/29/2015	
6101 Pine Ridge Road				Fiscal Year End: 9	/30/2014
Naples, FL 34119-				Audit Status: U	naudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>		New Rate	<b>Effective Date</b>
Inpatier	nt	DRG		DRG	7/1/2015
Outpatie	ent	79.98		57.12	7/1/2015
Inpatient County Billir	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Х <u>Р</u>	rospective	<u> </u>	
Total I	nterim		Χ	Total Prospectiv	е
Settler	ment Based on Co	st		_	
		BASIS:			
		udget			
		naudited Costs			
		eld Audited Costs			
		evised Field Audit			
	C	ost Report Late To	est		
		W	Rydell Sa	muel or Chanda Fa	reas d
DISTRIBUTION:		Me	edicaid Cos	st Reimbursement A	Analysis
Hospitals:					
Managed Care					
Contract Management					
8					
			F	or Information only	- No Change in rate
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103179 - 2015/07

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

The Villages Regional Hospital				Provider Number:	0103179-00
600 East Dixie Ave				Date: 6/29/2015	
Leesburg, FL 34748-				Fiscal Year End: 6/30/2014	
Leesburg, I L 34740-				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPITAL		<b>Current Rat</b>	<u>e</u>	New Rate	Effective Date
Inpatie	nt	DRG		DRG	7/1/2015
Outpation	ent	56.46		54.86	7/1/2015
Inpatient County Billing Rate					7/1/2015
Rate Type:					
<u>Interim</u>		X	Prospect	<u>ive</u>	
Total	Interim		_ x	Total Prospec	tive
Settle	ment Based on	Cost			
		BASIS	<u>5:</u>		
		Budget			
	X	Unaudited Costs			
		Field Audited Co			
		Revised Field A			
		Cost Report Lat	e rest		
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			W. Rydell S	Samuel or Chanda	Farcas 🖟
DISTRIBUTION.				ost Reimbursemer	
DISTRIBUTION:  Hospitals:			Medicald C	ost Keimbursemer	it Allalysis
Managed Care					
Contract Management					
3					
· ·					
				For Information or	nly - No Change in rate
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103209 - 2015/07

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

Wuesthoff Medical Center Melbe	Olimo O			Provider Number:	0103209-00	
	Juine			Date: 6/29/2015		
250 N. Wickham Road				Fiscal Year End: 9/30/2014		
Melbourne, FL 32935-					Unaudited Cost F	 Report
Provider Type:					<b>-</b> 44 .1	
<u>HOSPITAL</u>	='	Current Ra	<u>te</u>	New Rate	<u>Effective</u>	<u> </u>
Inpati		DRG		DRG	7/1/2	
Outpa		78.36	<u> </u>	60.26	7/1/2	
Inpatient County Bil	ling Rate				7/1/2	015
Rate Type:						
<u>Interim</u>		Х	Prospecti	<u>ve</u>		
 Tota	al Interim		X	Total Prospec	tive	
Sett	lement Based o	on Cost				
		BASIS	<u>S:</u>			
		Budget				
	X	Unaudited Cost	ts			
		Field Audited C	osts			
	-	— Revised Field A	Audit			
		Cost Report La	te Test			
					H	~
			W. Rydell S	Samuel or Chanda	Farcas 👭	
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
7						
				For Information or	nly - No Change in	rate
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103233 - 2015/07

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

Coared Heart Hearital			Provider Number	: 0103233-00
Coast	Sacred Heart Hospital on the Emerald Coast			6/29/2015
7800 US Highway 98 V	Vest		Fiscal Year End	
Destin, FL 32550-7228	3			: Unaudited Cost Report
Drovidor Typo				· ·
Provider Type:	SPITAL	Current Rate	New Rate	Effective Date
<u>1100</u>	Inpatient	DRG	DRG	7/1/2015
	Outpatient	106.64		7/1/2015
Inpatient County Billing Rate		100.04		7/1/2015
	inty bining Nate			
Rate Type:		.,		
Interim		X	Prospective - Tatal Bases	
	Total Interim	d on Coat	XTotal Prospec	ctive
	Settlement Based	J ON COSt		
		BASIS:		
		Budget	<u>.</u>	
	X	Unaudited Costs		
		Field Audited Cos	sts	
		Revised Field Au		
		Cost Report Late	Test	
		<u> </u>		
				IR
		,	W. Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>		<u>-</u>	Medicaid Cost Reimbursemer	nt Analysis
Hospitals:				
Managed Care				
Contract Manag	gement			
1				
			For Information o	nly - No Change in rate
Batch ID:XX920			Printed on: 6/29/2015 9	:56 AM



103284 - 2015/07

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

O'este a <b>F</b>			Provider Number	·· 0103284-00	
Sister Emmanuel Hospital				Date: 6/29/2015	
3663 South Miami Ave, 4th Floor	•		Fiscal Year End		
Miami, FL 33133-				: Unaudited Cost Report	
			/ tadit otatao	- Undusted Goot Report	
Provider Type:					
<u>HOSPITAL</u>		Current Rate	New Rate	Effective Date	
Inpatie		DRG	DRG	7/1/2015	
Outpat		9.15	14.53	7/1/2015	
Inpatient County Bill	ing Rate		_	7/1/2015	
Rate Type:					
<u>Interim</u>		X	Prospective Prospe		
Total	Interim		X Total Prospec	ctive	
Settle	ement Based o	n Cost			
		BASIS:			
		Budget			
	X	Unaudited Costs			
		Field Audited Cost	ts		
		— Revised Field Aud	lit		
		Cost Report Late	Test		
				K	
		V	V. Rydell Samuel or Chanda	Farcas 🖊	
<b>DISTRIBUTION:</b>		N	ledicaid Cost Reimburseme	nt Analysis	
Hospitals:					
Managed Care					
Contract Management					
11					
		_	For Information o	nly - No Change in rate	
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103373 - 2015/07

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

Select Specialty Hospital-Miami			F	Provider Number:	0103373-00
955 NW 3rd Street, 8th Floor				Date:	6/29/2015
Miami, FL 33128-				Fiscal Year End:	8/31/2014
Wildini, FE 33120				Audit Status:	Unaudited Cost Report
Provider Type:				•	
HOSPITAL		Current Rate	<u>e</u>	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpat	ient	9.15		14.53	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					_
<u>Interim</u>		X	Prospective	<u>e</u>	
Total	Interim		_ X	Total Prospect	tive
Settle	ement Based o	n Cost			
		BASIS	<u>:</u>		
		Budget —			
	X	Unaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e l'est		
					1
			W. Rydell Sa	muel or Chanda F	Farcas
DISTRIBUTION:			Medicaid Co	st Reimbursement	t Analysis
Hospitals:			Wicalcala Co.	3t Noimbursement	r Ariary 515
Managed Care					
Contract Management					
11					
			F	or Information on	ly - No Change in rate
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103390 - 2015/07

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

### Medicaid Reimbursement Rate Change Form Provider Number: 0103390-00 Select Specialty Hospital - Orlando (South Campus) Date: 6/29/2015 601 E Rollins Street Fiscal Year End: 12/31/2013 Orlando, FL 32803-Audit Status: Unaudited Cost Report **Provider Type: Current Rate New Rate Effective Date** HOSPITAL Inpatient **DRG DRG** 7/1/2015 Outpatient 9.15 14.53 7/1/2015 **Inpatient County Billing Rate** 7/1/2015 Rate Type: **Interim** Χ **Prospective Total Interim** Χ **Total Prospective** Settlement Based on Cost **BASIS: Budget** Χ **Unaudited Costs** Field Audited 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

Batch ID:XX920 Printed on : 6/29/2015 9:56 AM



103411 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Observation Managerial Hassaital			_	Provider Number:	0103411-00
Charlton Memorial Hospital			1		6/29/2015
Post Office Box 188				Fiscal Year End:	
Folkston, GA 31537-					Unaudited Cost Report
				Addit Status.	- Chaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rate	<u>e</u>	New Rate	Effective Date
Inpatie	nt	DRG		DRG	7/1/2015
Outpatie	ent	153.66		149.12	7/1/2015
Inpatient County Billin	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	Prospectiv	<u>'e</u>	
Total I	nterim		_ X	Total Prospec	tive
Settler	ment Based on (	Cost			
		BASIS	<u>):</u>		
		Budget			
	X	Unaudited Costs	5		
		Field Audited Co	osts		
		Revised Field A	udit		
		Cost Report Late	e Test		
		-			
					THE
			W. Rydell Sa	amuel or Chanda I	Farcas
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
0					
				For Information or	nly - No Change in rate
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103420 - 2015/07

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

Lakewood Ranch Medical Center			Provider Number	: 0103420-00
8330 Lakewood Ranch Boulevard	d		Date	6/29/2015
Bradenton, FL 34202-			Fiscal Year End	12/31/2013
,			Audit Status	: Unaudited Cost Report
Provider Type:				
HOSPITAL		<b>Current Rate</b>	New Rate	Effective Date
Inpatie	nt	DRG	DRG	7/1/2015
Outpati	ent	103.03	90.14	7/1/2015
Inpatient County Billi	ng Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pro</u>	ospective	
 Total	Interim		X Total Prospe	ctive
Settle	ment Based or	n Cost		
		BASIS:		
		Budget		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit	-4	
		Cost Report Late Tes	SI	
				-IR
		W. F	Rydell Samuel or Chanda	Farcas
DISTRIBUTION				
DISTRIBUTION:		Med	licaid Cost Reimburseme	nt Analysis
Hospitals: Managed Care				
Contract Management				
6				
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			For Information o	only - No Change in rate
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103438 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Calaat Caasialt	h. Haanital Dana				- Provider Number:	0103438-	00
City	ty Hospital-Pana	ama				6/29/2015	
615 N Bonita A	venue				Fiscal Year End:		
Panama City, F	FL 32401-						Cost Report
Provider Tu	vo.						<u> </u>
<u>Provider Ty</u>	<u>pe.</u> <u>HOSPITA</u>	ı	Current Ra	to	New Rate	=	ffective Date
		<u>∟</u> ıtient	DRG	<u></u> –	DRG	=	7/1/2015
	•	atient	9.15		14.53	<u> </u>	7/1/2015
Innatio	ent County B		9.13		14.55	<u> </u>	7/1/2015
	The County B	illing ivate					7/1/2013
Rate Type:				_			
	Interim —	(-1.1-(	X	_ <u>Prospec</u>		r: -	
		tal Interim ttlement Based o	on Coat	X	Total Prospec	tive	
	Se	ttiernent based C	on Cost				
			BASI	2.			
			Budget	<u>J.</u>			
		X	Unaudited Cos	ts			
			Field Audited C				
			Revised Field A				
		-	Cost Report La				
							IR
				W. Rydell	Samuel or Chanda	Farcas	P
DISTRIBUT	ION:			Medicaid (	Cost Reimbursemen	t Analysis	
Hospita	als:						
Manage	ed Care						
Contrac	ct Management						
2							
					For Information and	du Na Ot	ango in rata
					For Information or —	ily - No Ch	ange in rate
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103454 - 2015/07

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

Memorial Hospital Miramar		Provider Number:	0103454-00
1901 SW 172nd Avenue		Date:	6/29/2015
Miramar, FL 33029-		Fiscal Year End:	4/30/2014
,		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpatien	DRG	DRG	7/1/2015
Outpatier	nt <b>96.35</b>	94.67	7/1/2015
Inpatient County Billin	g Rate		7/1/2015
Rate Type:			
Interim	X	<u>Prospective</u>	
Total In	terim	X Total Prospec	tive
Settlem	ent Based on Cost		
	BASIS:		
	Budget  X Unaudited Costs		
	Field Audited Cos	te	
	Revised Field Aud		
	Cost Report Late		
		. • • • • • • • • • • • • • • • • • • •	
			IK
	V	V. Rydell Samuel or Chanda	Farcas 🎵
<b>DISTRIBUTION:</b>	N	Medicaid Cost Reimbursemen	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
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		For Information or	nly - No Change in rate
Batch ID:XX920	-	Printed on : 6/29/2015 9:	56 AM



103462 - 2015/07

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

St Claud Degianal Madical Cont			-	Provider Number:	0103462-0	)0
St Cloud Regional Medical Cent	er				6/29/2015	
2906 17th Street				Fiscal Year End:		
Saint Cloud, FL 34769-				Audit Status:		
				riddit Otatao.		
Provider Type:					_	
<u>HOSPITAL</u>		Current Rat	<u>te</u>	New Rate	_ <u>E</u>	ffective Date
Inpati		DRG		DRG		7/1/2015
Outpa		62.26		59.77		7/1/2015
Inpatient County Bil	ling Rate					7/1/2015
Rate Type:						
<u>Interim</u>		X	<u>Prospecti</u>	ve		
 Tota	I Interim		_ x	Total Prospec	tive	
Settl	lement Based o	on Cost				
<del></del>						
		BASIS	<u> </u>			
		Budget				
	X	Unaudited Cost	S			
		Field Audited C	osts			
		Revised Field A	udit			
		Cost Report Lat	te Test			
						R
			W. Rydell S	Samuel or Chanda	Farcas	βŲ
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	nt Analysis	
Hospitals:						
Managed Care						
Contract Management						
7						
				For Information or	nly - No Cha	ange in rate
Batch ID:XX920			Р	rinted on : 6/29/2015 9:	56 AM	



103535 - 2015/07

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

Kindred Hospital Ocala		Provider Number:	0103535-00
1500 SW 1st Avenue, 5th Floor		Date:	6/29/2015
Ocala, FL 34474-		Fiscal Year End:	8/31/2014
		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpatier	nt DRG	DRG	7/1/2015
Outpatie	nt <b>9.15</b>	14.53	7/1/2015
Inpatient County Billin	ng Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pr</u>	ospective	
Total I	nterim	X Total Prospec	tive
Settler	nent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit	oot.	
	Cost Report Late Te	est .	
			TR
	W.	Rydell Samuel or Chanda	Farcas 🕡
DISTRIBUTION.	Mo	dicaid Cost Reimbursemen	at Analysis
DISTRIBUTION:	IVIE	dicaid Cost Reimbursemen	it Arialysis
Hospitals:  Managed Care			
Contract Management			
3			
J			
		For Information or	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	56 AM



103543 - 2015/07

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

Doctors Hospital		Provider Number:	0103543-00
5000 University Drive		Date:	6/29/2015
Coral Gables, FL 33146-		Fiscal Year End:	9/30/2014
		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Inpatient	DRG	DRG	7/1/2015
Outpatient	179.44	174.37	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
Interim	X <u>Pros</u>	<u>pective</u>	
Total Inte	erim	X Total Prospec	tive
Settleme	nt Based on Cost		
	BASIS:		
<u>.</u>	Budget		
<u>.</u>	X Unaudited Costs		
	Field Audited Costs		
_	Revised Field Audit		
	Cost Report Late Test		
	W Dv	dell Samuel or Chanda I	Earana #
<u>DISTRIBUTION:</u>	Medica	aid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
11			
		For Information or	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	



103551 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

HealthSouth Rehabilitation Hospit	al of		_	Provider Number:	0103551-0	0
Spring Hill	ai Oi			Date:	6/29/2015	
12440 Cortez Boulrvard				Fiscal Year End:	12/31/2013	<u> </u>
Brooksville, FL 34613-				Audit Status:	Unaudited	Cost Report
Provider Type:						
HOSPITAL		Current Ra	<u>te</u>	New Rate	<u>Ef</u>	fective Date
Inpatie	nt	DRG		DRG		7/1/2015
Outpatie	ent	100.41		30.15	_	7/1/2015
Inpatient County Billin	ng Rate					7/1/2015
Rate Type:						
<u>Interim</u>		X	Prospectiv	<u>re</u>		
Total I	nterim		_ x	Total Prospec	tive	
Settler	ment Based o	n Cost				
		BASIS	<u>S:</u>			
		Budget	_			
	X	Unaudited Cost				
		Field Audited C  Revised Field A				
	-	Cost Report La				
		— Cost Neport La	ie resi			
						IR
			W. Rydell Sa	amuel or Chanda I	Farcas	PI
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
3						
				For Information or	nly - No Cha	inge in rate
Batch ID:XX920				nted on : 6/29/2015 9:		



103560 - 2015/07

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

Healthsouth Ridgelake Hospital		Provider Number:	0103560-00
6150 Edgelake Drive		Date:	6/29/2015
Sarasota, FL 34240-		Fiscal Year End:	5/31/2014
		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Inpatient	DRG	DRG	7/1/2015
Outpatien	9.15	14.53	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pro</u>	<u>spective</u>	
Total Inte	erim	X Total Prospec	tive
Settleme	nt Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test	t	
	W D	ydell Samuel or Chanda	Farcas
<u>DISTRIBUTION:</u>	Medi	caid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
8			
		For Information or	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	



103683 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Select Specialty Hospital Pensacola		Provider Number:	0103683-00
Inc		Date:	6/29/2015
7000 Cobble Creek Drive		Fiscal Year End:	9/30/2014
Pensacola, Fl 32504-		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL	<b>Current Rate</b>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatient	9.15	14.53	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pros</u>	<u>spective</u>	
Total Inte	rim	X Total Prospec	etive
Settlemen	nt Based on Cost		
-	BASIS:		
-	Budget		
-	X Unaudited Costs		
-	Field Audited Costs		
-	Revised Field Audit		
-	Cost Report Late Test	İ	
	W. R	ydell Samuel or Chanda	Farcas 0
DISTRIBUTION:	Medio	caid Cost Reimbursemer	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
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103721 - 2015/07

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

BayCare Alliant Hospital			-	Provider Number:	0103721-0	0
601 Main Street, MS 469				Date:	6/29/2015	
Dunedin, FL 34698-				Fiscal Year End:	12/31/2013	3
Dunidam, 1 E 04000				Audit Status:	Unaudited	Cost Report
Provider Type:						
HOSPITAL		Current Rat	<u>e</u>	New Rate	<u>Ef</u>	fective Date
Inpatio	ent	DRG		DRG	_	7/1/2015
Outpat	ient	9.15	<del></del>	14.53		7/1/2015
Inpatient County Bill	ing Rate				_	7/1/2015
Rate Type:						
Interim		Х	Prospectiv	<u>re</u>		
	I Interim		X	Total Prospec	tive	
Settle	ement Based on	Cost				
		BASIS	<u>):</u>			
		Budget				
	X	Unaudited Costs	3			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Lat	e Test			
			W. Dudall Co	amual ar Chanda l	Forces	J.
				amuel or Chanda I	raicas	M
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
5						
				For Information or	nly - No Cha	ange in rate
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103730 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

St. Vincent's Medical Center			F	Provider Number:	0103730-00
Southside				Date:	6/29/2015
4201 Belfort Road				Fiscal Year End:	6/30/2014
Jacksonville, FL 32215-				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPITAL		Current Rate	<u>e</u>	New Rate	<b>Effective Date</b>
Inpatie	ent	DRG		DRG	7/1/2015
Outpati	ent	75.48		73.35	7/1/2015
Inpatient County Billi	ing Rate				7/1/2015
Rate Type:					
Interim		Х	Prospective	<u>9</u>	
Total	Interim		_ X	Total Prospec	tive
Settle	ement Based on C	Cost			
		BASIS	<u>:</u>		
		Budget			
		Unaudited Costs			
		Field Audited Co			
		Revised Field A			
		Cost Report Late	e Test		
			W Rydell Sa	muel or Chanda	Farcas
<u>DISTRIBUTION:</u>			Medicaid Cos	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
4					
			F	or Information or	nly - No Change in rate
Batch ID:XX920				ted on: 6/29/2015 9:	



103748 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Select Specialty Hospital -			F	Provider Number:	0103748-00
Tallahassee				Date:	6/29/2015
1554 Surgeon's Drive				Fiscal Year End:	2/28/2014
Tallahassee, FL 32308-				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPITAL		<b>Current Rat</b>	<u>e</u>	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpati	ent	9.15		14.53	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
Interim		X	Prospective	<u> </u>	
Total	Interim		_ X	Total Prospec	tive
Settle	ement Based or	n Cost			
		BASIS	<u>5:</u>		
		Budget			
	X	Unaudited Costs			
		Field Audited Co			
		Revised Field A			
		Cost Report Lat	e rest		
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			W. Rydell Sa	muel or Chanda	Farcas (
DICTRIBUTION.					
DISTRIBUTION:			ivieuicaiu Cos	st Reimbursemen	it Analysis
Hospitals: Managed Care					
Contract Management					
2					
2					
			F	or Information or	nly - No Change in rate
Batch ID:XX920			Prin	ted on : 6/29/2015 9:	56 AM



103764 - 2015/07

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

Outside Outside House State Dates	N I		-	Provider Number:	0103764-0	0
Select Specialty Hospital-Palm E	seacn				6/29/2015	
3060 Melaleuca Lane				Fiscal Year End:		<u> </u>
Lake Worth, FL 33461-				Audit Status:		
				Addit Status.		Cost Report
Provider Type:						
<u>HOSPITAL</u>		Current Ra	<u>te</u>	New Rate	<u>Ef</u>	fective Date
Inpati	ent	DRG		DRG	_	7/1/2015
Outpat	ient	9.15		14.53		7/1/2015
Inpatient County Bill	ling Rate				_	7/1/2015
Rate Type:						
Interim		Х	<u>Prospecti</u>	ive		
	l Interim		— X	Total Prospec	tive	
	ement Based o	on Cost				
		BASIS	S:			
		Budget	<del></del> ,			
	X	— Unaudited Cost	ts			
		— Field Audited C	osts			
		— Revised Field A				
		Cost Report La				
						TK
			W. Rydell S	Samuel or Chanda	Farcas	P
DISTRIBUTION:			Medicaid C	ost Reimbursemen	nt Analysis	
Hospitals:						
Managed Care						
Contract Management						
9						
				For Information or	nly - No Cha	inge in rate
Batch ID:XX920			P	- rinted on : 6/29/2015 9:	56 AM	



103772 - 2015/07

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

Select Speciality Hospital Gainesvill	e	Provider Number:	0103772-00
Inc.	•	Date:	6/29/2015
2708 SW Archer Road		Fiscal Year End:	7/31/2014
Gainesville, FL 32608-		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL	<b>Current Rate</b>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien	t 9.15	14.53	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pros</u>	pective	
Total Int	erim	X Total Prospec	tive
Settleme	ent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
	W Pv	dell Samuel or Chanda I	Farcas
<b>DISTRIBUTION:</b>	Medic	aid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
3			
		For Information or	nly - No Change in rate
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104591 - 2015/07

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

	<u>iviedicala Reimb</u>	ursement Rate Un	ange Form		
Northwest Medical Center			Pr	ovider Number:	0104591-00
5801 North State Road 7				Date:	6/29/2015
Margate, FL 33063-			F	iscal Year End:	12/31/2013
<b>0</b>				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSPI	<u>ΓΑL</u>	Current Rate	<u>e</u>	New Rate	Effective Date
In	patient	DRG		DRG	7/1/2015
Ou	ıtpatient	52.28		50.50	7/1/2015
Inpatient County	Billing Rate				7/1/2015
Rate Type:					
Interim		X	Prospective		
	Total Interim		_ X	Total Prospec	tive
	Settlement Based or	n Cost		<u> </u>	
		<u>BASIS</u>	<u>):</u>		
		Budget			
	X	Unaudited Costs	3		
		Field Audited Co	osts		
		Revised Field A	udit		
		Cost Report Late	e Test		
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			W. Rydell Sam	nuel or Chanda	Farcas
<b>DISTRIBUTION:</b>			Medicaid Cost	Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Manageme	ent				
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			Fc	or Information or	nly - No Change in rate
Batch ID:XX920			Printe	ed on : 6/29/2015 9:	56 AM



104604 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Palmetto General Hospital			Provider Number: 0	)104604-00		
2001 West 68th St.			Date: 6	Date: 6/29/2015		
Hialeah, FL 33016-			Fiscal Year End: 1	2/31/2013		
			Audit Status: U	Jnaudited Cost Report		
Provider Type:			_			
HOSPITAL	<b>=</b>	<b>Current Rate</b>	New Rate	Effective Date		
Inpa	tient	DRG	DRG	7/1/2015		
Outpa	atient	90.64	77.98	7/1/2015		
Inpatient County Bi	Iling Rate			7/1/2015		
Rate Type:						
<u>Interim</u>		X <u>Pros</u>	spective			
Tot	al Interim		X Total Prospectiv	ve .		
Set	tlement Based o	on Cost				
		BASIS:				
		Budget —				
	X	Unaudited Costs				
		Field Audited Costs				
		Revised Field Audit				
		Cost Report Late Test				
		\M/ D.	idall Camual or Chanda Fa	#		
		W. Ry	ydell Samuel or Chanda Fa	arcas		
<b>DISTRIBUTION:</b>		Medic	caid Cost Reimbursement	Analysis		
Hospitals:						
Managed Care						
Contract Management						
11						
			For Information only	y - No Change in rate		
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105520 - 2015/07

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

<u></u>	iodiodia i tomio	<u> </u>	idingo i oiiii	Provider Number:	0105520-00
Medical Center of Trinity					6/29/2015
5637 Marine Parkway				Fiscal Year End:	
New Port Richey, FL 34652-					Unaudited Cost Report
				Audit Status.	- Unaddited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rat	<u>e</u>	New Rate	Effective Date
Inpatie	nt	DRG		DRG	7/1/2015
Outpation	ent	41.66		40.48	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
Interim		Х	<u>Prospecti</u>	<u>ve</u>	
	Interim		X	Total Prospec	tive
Settle	ment Based on	Cost			
		BASIS	<u>s:</u>		
		Budget			
	X	Unaudited Cost	S		
		Field Audited Co	osts		
		Revised Field A	udit		
		Cost Report Lat	e Test		
		_			
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			W. Rydell S	Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemer	nt Analysis
Hospitals:					
Managed Care					
Contract Management					
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Batch ID:XX920			Р	rinted on : 6/29/2015 9:	56 AM



106470 - 2015/07

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

Specialty Hospital Jacksonville			Provider Number: 01	106470-00
4901 Richard Street			Date: 6/	29/2015
Jacksonville, FL 32207-			Fiscal Year End: 12	2/31/2013
,			Audit Status: Ui	naudited Cost Report
Provider Type:			_	
HOSPITAL	<u>.</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpat	ient	DRG	DRG	7/1/2015
Outpa	tient	9.15	14.53	7/1/2015
Inpatient County Bil	lling Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pros</u>	spective	
Tota	al Interim		X Total Prospective	е
Sett	lement Based o	n Cost		
		BASIS:		
		Budget —		
	X	Unaudited Costs —		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test		
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		w. Ky	/dell Samuel or Chanda Fai	icas //
<b>DISTRIBUTION:</b>		Medic	caid Cost Reimbursement A	nalysis
Hospitals:				
Managed Care				
Contract Management				
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Batch ID:XX920			Printed on: 6/29/2015 9:56 /	AM



108219 - 2015/07

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

Broward Health Imperial Point				Provider Number:	0108219-00
1608 S.E. 3rd Avenue				Date:	6/29/2015
Ft. Lauderdale, FL 33316-				Fiscal Year End:	6/30/2014
				Audit Status:	Unaudited Cost Report
Provider Type:				_	
HOSPITAL		<b>Current Rate</b>		New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpati	ent	119.27		109.54	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
Interim		X	Prospectiv	<u>e</u>	
 Total	Interim		X	Total Prospecti	ve
Settle	ement Based or	n Cost			
<del></del>					
		BASIS:			
		Budget —			
	X	Unaudited Costs			
		Field Audited Cos	sts		
		Revised Field Aud	dit		
		Cost Report Late	Test		
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		_		amuel or Chanda F	
<u>DISTRIBUTION:</u>		N	Medicaid Co	st Reimbursement	Analysis
Hospitals:					
Managed Care					
Contract Management					
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108219 - 2015/07

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

Broward Health Imperial Point			F	Provider Number:	0108219-05	
1608 S.E. 3rd Avenue				Date:	6/29/2015	_
				Fiscal Year End:	6/30/2014	
Ft. Lauderdale, FL 33316-				Audit Status:	Unaudited Cost Report	
Provider Type:					<u> </u>	
Provider Type:  HOSPITAL		Current Rate	۵	New Rate	Effective Date	
<u>HOSFITAL</u> Inpatie	nt	DRG	<u>~</u>	DRG	7/1/2015	_
Outpatie		119.27		109.54	7/1/2015	
•		119.27		109.54	7/1/2015	
Inpatient County Billing	ng Kale					
Rate Type:						
<u>Interim</u>		X	Prospective			
	Interim		X	Total Prospec	tive	
Settle	ment Based on	Cost				
		BASIS	<u>:</u>			
		Budget -				
	X	Unaudited Costs  —				
		Field Audited Co	osts			
		Revised Field A				
		Cost Report Late	e Test			
					JK.	
			W. Rydell Sa	muel or Chanda	Farcas	
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
10						
			F	or Information or	nly - No Change in rate	
Batch ID:XX920			Prir	nted on : 6/29/2015 9:	56 AM	



108227 - 2015/07

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

Lala Ballandian'(al		Provider Number:	0108227-00
Lake Butler Hospital			6/29/2015
850 EAST MAIN ST.P.O.B. 748		Fiscal Year End:	
Lake Butler, FL 32954-			Unaudited Cost Report
		Addit Status.	- Chadaled Cost Report
Provider Type:			<b></b>
<u>HOSPITAL</u>	Current Rate	<u> </u>	Effective Date
Inpatier		DRG	7/1/2015
Outpatie		126.37	7/1/2015
Inpatient County Billin	g Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X	<u>Prospective</u>	
Total Ir	terim	X Total Prospec	tive
Settlen	nent Based on Cost		
	BASIS	<u>:</u>	
	Budget		
	X Unaudited Costs	3	
	Field Audited Co	osts	
	Revised Field A	udit	
	Cost Report Late	e Test	
			_
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		W. Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>		Medicaid Cost Reimbursemen	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
3			
		For Information or	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	56 AM



108626 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

North Florida Regional Medical			Provider Number: 01	08626-00
Center			Date: 6/2	29/2015
P.O. Box NFR			Fiscal Year End: 2/2	28/2014
Gainesville, FL 32602-			Audit Status: Ur	naudited Cost Report
Provider Type:				
<u>HOSPITAL</u>	Current l	Rate	New Rate	Effective Date
Inpatient	DRG		DRG	7/1/2015
Outpatien	98.80	0 —	96.00	7/1/2015
Inpatient County Billing	g Rate			7/1/2015
Rate Type:				
<u>Interim</u>	Х	( Prospecti	<u>ive</u>	
Total Int	erim	X	Total Prospective	9
Settleme	ent Based on Cost			
<u> </u>				
		SIS:		
	Budget			
	X Unaudited C			
	Field Audited			
	Revised Field	d Audit		
	Cost Report	Late Test		
		W Rydell S	Samuel or Chanda Far	ras d
				( '
DISTRIBUTION:		Medicaid C	ost Reimbursement A	nalysis
Hospitals:				
Managed Care				
Contract Management				
3				
			For Information only	- No Change in rate
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109592 - 2015/07

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

	dad Reimbarsement Rate Chang	Provider Number:	0100502 00
Bayfront Health Dade City			6/29/2015
13100 Fort King Road		Fiscal Year End:	
Dade City, FL 33525-			
		Audit Status.	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<u>Current Rate</u>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatient	65.19	63.35	7/1/2015
Inpatient County Billing	Rate	_	7/1/2015
Rate Type:			
Interim	X <u>P</u> i	<u>rospective</u>	
Total Inte	rim	X Total Prospec	tive
Settleme	nt Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
-	Revised Field Audit		
-	Cost Report Late Te	est	
-			
			TR
	W.	Rydell Samuel or Chanda	Farcas 🖊
DISTRIBUTION:	Me	edicaid Cost Reimbursemen	nt Analysis
Hospitals:	•		
Managed Care			
Contract Management			
5			
3			
		For Information or	nly - No Change in rate
Batch ID:XX920	_	Printed on : 6/29/2015 9:	56 AM



109606 - 2015/07

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

Coral Gables Hospital			-	Provider Number:	0109606-00	)
P.O. BOX 610				Date:	6/29/2015	
Coral Gables, FL 33134-				Fiscal Year End:	12/31/2013	
Corai Gables, FL 33134-				Audit Status:	Unaudited C	Cost Report
Provider Type:						
HOSPITAL		Current Rat	e	New Rate	Eff	ective Date
Inpatier	nt	DRG	<del>_</del>	DRG		7/1/2015
Outpatie		120.23	<del></del>	102.13	_	7/1/2015
Inpatient County Billir						7/1/2015
Rate Type: Interim		Х	<u>Prospectiv</u>	<b>1</b> 0		
Total li	nterim		X	Total Prospec	tive	
	nent Based on	Cost				
		BASIS	<b>S</b> :			
		Budget				
	X	- Unaudited Costs	3			
		- Field Audited Co	osts			
		- Revised Field A	udit			
		- Cost Report Lat	e Test			
		-				
					-	R
			W. Rydell Sa	amuel or Chanda I	Farcas	PU
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
11						
				For Information or	nly - No Char	ige in rate
Batch ID:XX920			Pri	inted on : 6/29/2015 9:	56 AM	



109886 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

·	viodicaia i toiiiik	<del>Jaroomoni Rato Ono</del>	ango i oim	Dravidar Numbari O	100006 00	
Ocala Regional Medical Center				Provider Number: 0		
1431 SW 1st AvenuePost Office 2200	Box			_	/29/2015	
Ocala, FL 32678-				Fiscal Year End: 8/31/2014		
Ocala, 1 L 02010				Audit Status: U	naudited Cost Report	
Provider Type:						
HOSPITAL		<b>Current Rate</b>	!	New Rate	<b>Effective Date</b>	
Inpation	ent	DRG		DRG	7/1/2015	
Outpat	ient	57.58		44.74	7/1/2015	
Inpatient County Billing Rate					7/1/2015	
Rate Type:						
Interim		X	Prospect	ive		
	I Interim		X	— Total Prospectiv	e	
Settle	ement Based o	n Cost		<u> </u>		
		BASIS:	<u>!</u>			
		Budget	<del>-</del>			
	X	Unaudited Costs				
		Field Audited Cos	sts			
		— Revised Field Au	dit			
		Cost Report Late	Test			
					TR	
		,	W. Rydell S	Samuel or Chanda Fa	rcas 🖊	
<b>DISTRIBUTION:</b>		1	Medicaid C	ost Reimbursement A	Analysis	
Hospitals:						
Managed Care						
Contract Management						
3						
				For Information only	- No Change in rate	
Batch ID:XX920			F	Printed on: 6/29/2015 9:56	AM	



110213 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Date	Blake Memorial Hospital			Provider Numbe	er: 0110213-00
Bradenton, FL 33505-  Provider Type:  HOSPITAL Current Rate New Rate Effective Date Inpatient Outpatient 69.27 67.31 7/1/2015 Inpatient County Billing Rate  Rate Type: Interim X Prospective Settlement Based on Cost  BadSIS:  Budget X Unaudited Costs Field Audited Costs Field Audited Costs Field Audite Cost Report Late Test  DISTRIBUTION: Hospitals: Managed Care Contract Management 6  For Information only - No Change in rate				Date	e: 6/29/2015
Provider Type:    HOSPITAL   Current Rate   New Rate   Effective Date				Fiscal Year En	d: 4/30/2014
HOSPITAL   Inpatient   DRG   DRG   7/1/2015     Outpatient   G9.27   G7.31   7/1/2015     Inpatient County Billing Rate	braderitori, FL 33303-			Audit Statu	s: Unaudited Cost Report
HOSPITAL   Inpatient   DRG   DRG   7/1/2015     Outpatient   G9.27   G7.31   7/1/2015     Inpatient County Billing Rate	Provider Type:				
Outpatient County Billing Rate    Rate Type:		_	Current Rate	New Rate	Effective Date
Interim  Total Interim  Settlement Based on Cost   BASIS:  Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  DISTRIBUTION: Hospitals: Managed Care Contract Management 6  For Information only - No Change in rate	Inpat	ient	DRG	DRG	
Rate Type:    Interim	Outpa	tient	69.27	67.31	7/1/2015
Interim Total Interim Settlement Based on Cost     BASIS:	Inpatient County Bi	lling Rate		_	7/1/2015
Interim Total Interim Settlement Based on Cost     BASIS:	Rate Type:				
Total Interim Settlement Based on Cost    BASIS:			X	<u>Prospective</u>	
BASIS:  Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 6  For Information only - No Change in rate		al Interim		-	ective
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 6  For Information only - No Change in rate	Sett	lement Based or	n Cost		
Budget  X Unaudited Costs Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis Hospitals: Managed Care Contract Management 6  For Information only - No Change in rate					
X Unaudited Costs   Field Audited Costs   Revised Field Audit   Cost Report Late Test			BASIS:		
Field Audited Costs Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 6  For Information only - No Change in rate			_		
Revised Field Audit Cost Report Late Test  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  Hospitals: Managed Care Contract Management 6  For Information only - No Change in rate		X	Unaudited Costs		
DISTRIBUTION:  Hospitals: Managed Care Contract Management 6  W. Rydell Samuel or Chanda Farcas  Medicaid Cost Reimbursement Analysis  For Information only - No Change in rate			Field Audited Cos	ts	
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  6   Medicaid Cost Reimbursement Analysis  For Information only - No Change in rate			Revised Field Aud	dit	
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  6  For Information only - No Change in rate			Cost Report Late	Test	
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  6  For Information only - No Change in rate					
DISTRIBUTION:  Hospitals:  Managed Care  Contract Management  6  For Information only - No Change in rate				W D      0	<u>_</u>
Hospitals:  Managed Care  Contract Management  6  For Information only - No Change in rate				v. Rydell Samuel or Chanda	a Farcas
Managed Care Contract Management 6  For Information only - No Change in rate	<b>DISTRIBUTION:</b>		N	Medicaid Cost Reimburseme	ent Analysis
Contract Management  6  For Information only - No Change in rate	Hospitals:				
6  For Information only - No Change in rate	Managed Care				
For Information only - No Change in rate	Contract Management				
	6				
				For Information	only - No Change in rate
	Batch ID:XX920		-		



111325 - 2015/07

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

Ft. Walton Beach Medical Center			Provider Number: 0	)111325-00
1000 Mar-Walt Drive			Date: 6	6/29/2015
Ft. Walton, FL 32547-			Fiscal Year End: 5	5/31/2014
1 t. Walton, 1 L 32347-			Audit Status: U	Jnaudited Cost Report
Provider Type:			_	
HOSPITAL	<u>Curr</u>	ent Rate	New Rate	Effective Date
Inpatient		DRG	DRG	7/1/2015
Outpatient	t 4	4.12	42.88	7/1/2015
Inpatient County Billing	Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X Prospe	<u>ective</u>	
Total Inte	erim –		X Total Prospectiv	ve
Settleme	nt Based on Cost			
		BASIS:		
	Budget			
	X Unaudite			
		dited Costs		
		Field Audit		
-	Cost Re	port Late Test		
		W Ryde	ell Samuel or Chanda Fa	arcas
DISTRIBUTION:		Medicai	d Cost Reimbursement	Analysis
Hospitals:				
Managed Care				
Contract Management				
1				
			For Information only	y - No Change in rate
Batch ID:XX920			Printed on : 6/29/2015 9:56	S AM



111341 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Gulf Coast Medical Center Lee			F	Provider Number:	0111341-00
Memorial Health System				Date:	6/29/2015
PO Box 151247				Fiscal Year End:	9/30/2014
Cape Coral, FL 33915-				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>	<u>e</u>	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpati	ent	85.46		83.04	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	Prospective	<u>e</u>	
Total	Interim		_ x	Total Prospec	tive
Settle	ement Based on C	Cost			
		BASIS	<u>:</u>		
		Budget			
		Unaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late	e rest		
					R
			W. Rydell Sa	muel or Chanda I	Farcas
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
8					
			F	or Information or	nly - No Change in rate
Batch ID:XX920			Prir	nted on : 6/29/2015 9:	56 AM



111741 - 2015/07

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

Orange Park Medical Center			Provider Number:	: 0111741-00		
2001 Kingsley Avenue			Date	6/29/2015		
Orange Park, FL 32073-			Fiscal Year End: 6/30/2014			
			Audit Status:	Unaudited Cost Report		
Provider Type:						
<u>HOSPITAL</u>		<b>Current Rate</b>	New Rate	Effective Date		
Inpatie	nt	DRG	DRG	7/1/2015		
Outpation	ent	79.99	77.73	7/1/2015		
Inpatient County Billi	ng Rate			7/1/2015		
Rate Type:						
<u>Interim</u>		X <u>Pr</u>	<u>ospective</u>			
Total	Interim		X Total Prospec	ctive		
Settle	ment Based on Cos	st				
		BASIS:				
		ıdget				
		naudited Costs				
		eld Audited Costs				
		evised Field Audit				
	Cc	ost Report Late Te	st			
				10		
		W	Rydell Samuel or Chanda	Farcas (		
DISTRIBUTION:		Med	dicaid Cost Reimbursemer	nt Analysis		
Hospitals:						
Managed Care						
Contract Management						
4						
			For Information of	nly - No Change in rate		
Batch ID:XX920			Printed on : 6/29/2015 9:	:56 AM		



112305 - 2015/07

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

Westside Regional Medical Center		Provider Number:	0112305-00	
8201 West Broward Blvd.		Date:	6/29/2015	
Plantation, FL 33324-		Fiscal Year End: 1/31/2014		
,		Audit Status:	Unaudited Cost Report	
Provider Type:				
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	Effective Date	
Inpatient	DRG	DRG	7/1/2015	
Outpatient	50.86	46.93	7/1/2015	
Inpatient County Billing	Rate		7/1/2015	
Rate Type:				
<u>Interim</u>	X <u>Pro</u>	spective		
Total Inte	erim	X Total Prospec	tive	
Settleme	nt Based on Cost			
-	BASIS:			
<u>-</u>	Budget			
_	X Unaudited Costs			
_	Field Audited Costs			
_	Revised Field Audit			
-	Cost Report Late Tes	t		
	W R	Rydell Samuel or Chanda	Farcas	
			/ \	
DISTRIBUTION:	Medi	icaid Cost Reimbursemen	nt Analysis	
Hospitals:				
Managed Care				
Contract Management				
10				
		For Information or	nly - No Change in rate	
Batch ID:XX920		Printed on : 6/29/2015 9:		



112798 - 2015/07

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

Memorial Hospital Of Tampa		Provider Number:	0112798-00
2901 Swann Avenue		Date:	6/29/2015
Tampa, FL 33609-0409		Fiscal Year End:	9/30/2013
·		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpatien	t DRG	DRG	7/1/2015
Outpatie	nt <b>129.02</b>	125.37	7/1/2015
Inpatient County Billin	g Rate		7/1/2015
Rate Type:			
Interim	Х	<u>Prospective</u>	
Total Ir	nterim	X Total Prospec	ctive
Settlen	nent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Cos		
	Revised Field Aud		
	Cost Report Late	Test	
			10
	V	V. Rydell Samuel or Chanda	Farcas (
	<u>-</u>	•	( \
DISTRIBUTION:	N	Medicaid Cost Reimbursemer	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
6			
		For Information or	nly - No Change in rate
Batch ID:XX920	-	Printed on : 6/29/2015 9:	:56 AM



112801 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

University Hospital and Medical			Pro	ovider Number: 0	0112801-00
Center				Date: 6	6/29/2015
7201 University Drive			F	iscal Year End: 6	6/30/2014
Tamarac, FL 33321-				Audit Status: U	Inaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		<b>Current Rate</b>		New Rate	<b>Effective Date</b>
Inpatien	t	DRG		DRG	7/1/2015
Outpatie	nt	60.25		58.55	7/1/2015
Inpatient County Billin	g Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	<u>Prospective</u>		
Total Ir	nterim		Χ	Total Prospectiv	ve
Settlem	nent Based on (	Cost		-	
		<b>-</b> 1010			
		BASIS:			
		Budget			
	X	Unaudited Costs	4		
		Field Audited Cos			
		Revised Field Aud			
		Cost Report Late	rest		
					TR
		V	V. Rydell Sam	uel or Chanda Fa	arcas
<b>DISTRIBUTION:</b>		N	Medicaid Cost	Reimbursement .	Analysis
Hospitals:					
Managed Care					
Contract Management					
10					
			Fo	r Information only	y - No Change in rate
Batch ID:XX920			<del></del>	d on : 6/29/2015 9:56	



113212 - 2015/07

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

West Florida Hospital			Pro	vider Number: 0	)113212-00
8383 North Davis Hwy.				Date: 6	6/29/2015
Pensacola, FL 32514-			Fi	scal Year End: 5	5/31/2014
7 011000010, 7 2 020 7 1				Audit Status: U	Jnaudited Cost Report
Provider Type:				_	
<u>HOSPITAL</u>		<b>Current Rate</b>	<u>1</u>	New Rate	Effective Date
Inpatie	nt	DRG	_	DRG	7/1/2015
Outpation	ent	64.53		62.70	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Х <u>Р</u>	rospective		
 Total	Interim		Χ	Total Prospectiv	ve
Settle	ment Based on	Cost			
		BASIS:			
		Budget			
	X	Unaudited Costs			
		Field Audited Costs			
		Revised Field Audit			
		Cost Report Late T	est		
					-IR
		W	. Rydell Samı	uel or Chanda Fa	arcas 🕡
DICTRIBUTION.				Reimbursement .	
DISTRIBUTION:  Hospitals:		IVIC	edicald Cost i	veimbursement /	Allalysis
Managed Care					
Contract Management					
1					
•					
		_	For	Information only	y - No Change in rate
Batch ID:XX920			Printed	d on : 6/29/2015 9:56	S AM



113514 - 2015/07

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

P.O. Drawer 778  Palatka, FL 32007-  Provider Type:    HOSPITAL   Current Rate   New Rate   Effective Date     Inpatient   DRG   DRG   7/1/2015	ort
Provider Type:  HOSPITAL Inpatient  DRG  Audit Status: Unaudited Cost Report  New Rate  Effective Date  7/1/2015	ort
Provider Type:  HOSPITAL Current Rate New Rate Effective Date Inpatient DRG DRG 7/1/2015	ort
HOSPITALCurrent RateNew RateEffective DateInpatientDRGDRG7/1/2015	
Inpatient DRG DRG 7/1/2015	
	<u>ate</u>
Outputient 400.00 407.00 7/4/0045	5
Outpatient 102.96 107.29 7/1/2015	5
Inpatient County Billing Rate 7/1/2015	5
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	
<b>DISTRIBUTION:</b> Medicaid Cost Reimbursement Analysis	
Hospitals:	
Managed Care	
Contract Management	
3	
For Information only - No Change in rate	te
Batch ID:XX920 Printed on : 6/29/2015 9:56 AM	-



115193 - 2015/07

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

Northside Hospital			-	Provider Number: 0	115193-00
6000 49th St. North				Date: 6	/29/2015
				Fiscal Year End: 9	/30/2014
St. Petersburg, FL 33709-				Audit Status: U	Inaudited Cost Report
Provider Type:				_	
HOSPITAL		Current Ra	te	New Rate	Effective Date
Inpatier	nt	DRG	<del></del>	DRG	7/1/2015
Outpatie		83.68		73.33	7/1/2015
Inpatient County Billin		03.00	<del></del>	75.55	7/1/2015
	ig ivate				77172013
Rate Type:					
Interim		X	Prospectiv		
Total Ir		- Coot	X	Total Prospectiv	⁄e
Settien	nent Based or	1 Cost			
		BASI	٥.		
		Budget	<u>5.</u>		
	X	Unaudited Cost	te		
		Field Audited Cos			
		Revised Field A			
		Cost Report La			
			10 1031		
					-IR
			W. Rydell Sa	amuel or Chanda Fa	arcas 🖟
DISTRIBUTION:			Medicaid Co	ost Reimbursement /	Analysis
Hospitals:			Wicaldala Oc	ost rembursement	anary515
Managed Care					
Contract Management					
5					
5					
				For Information only	- No Change in rate
Batch ID:XX920			Pri	inted on : 6/29/2015 9:56	AM



116483 - 2015/07

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

Anne Bates Leach Eye Hospita	al		Provider Number: 01	16483-00
900 NW 17th St.		Date: 6/29/2015		
Miami, FL 33136-			Fiscal Year End: 5/3	31/2014
			Audit Status: Un	audited Cost Report
Provider Type:				
HOSPITA	<u>L</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpa	tient	DRG	DRG	7/1/2015
Outpa	atient	202.61	206.72	7/1/2015
Inpatient County B	illing Rate			7/1/2015
Rate Type:				
Interim		X <u>Pros</u>	<u>pective</u>	
Tot	tal Interim		X Total Prospective	
Se	ttlement Based o	on Cost		
		BASIS:		
		Budget		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test		
		\/\ D	dall Camaral as Chanda Fass	
		w. Ry	dell Samuel or Chanda Fard	as M
<b>DISTRIBUTION:</b>		Medica	aid Cost Reimbursement Ar	nalysis
Hospitals:				
Managed Care				
Contract Management				
11				
			For Information only -	No Change in rate
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Batch ID:XX920			Printed on: 6/29/2015 9:56 Al	M



117463 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Fawcett Memorial Hospital		Provider Numb	per: 0117463-00
PO BOX 494960		Da	ate: 6/29/2015
Port Charlotte, FL 33952-		Fiscal Year E	ind: 12/31/2013
		Audit Stat	tus: Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	Current R	ate New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien	t <b>79.93</b>	77.67	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	Х	<u>Prospective</u>	
Total Inte	erim	X Total Pros	pective
Settleme	ent Based on Cost		
	BAS	<u>IS:</u>	
	Budget	-4-	
	X Unaudited Co		
	Field Audited		
	Revised Field		
	Cost Report L	ate Test	
			- P
		W. Rydell Samuel or Chan	da Farcas
DISTRIBUTION:		Medicaid Cost Reimburser	ment Analysis
Hospitals:			
Managed Care			
Contract Management			
8			
		For Information	n only - No Change in rate
Batch ID:XX920		Printed on : 6/29/201	-



117617 - 2015/07

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

				Provider Number:	0117617-00	
Gulf Coast Regional Medical Cer	nter				6/29/2015	
449 West 23rd Street						
Panama City, FL 32405-				Fiscal Year End:		
				Audit Status:	Unaudited Cost Report	
Provider Type:						
<u>HOSPITAL</u>		Current Rat	<u>te</u>	New Rate	Effective Date	:
Inpatie	ent	DRG		DRG	7/1/2015	
Outpati	ent	71.42		70.72	7/1/2015	
Inpatient County Bill	ing Rate				7/1/2015	
Rate Type:					_	_
<u>Interim</u>		X	Prospecti	ive		
	Interim		— <del>1 тозресы</del> — Х	Total Prospec	tive	
	ement Based o	n Cost			arvo	
	- Bassa S					
		BASIS	ş.			
		Budget	<u>J.</u>			
	X	Unaudited Cost	·s			
		Field Audited C				
		Revised Field A				
		Cost Report Lat				
			10 1031			
					-IP	
			W Rydell 9	Samuel or Chanda	Farcas (1)	
					( '	
DISTRIBUTION:			Medicaid C	ost Reimbursemen	nt Analysis	
Hospitals:						
Managed Care						
Contract Management						
2						
				For Information or	nly - No Change in rate	
Batch ID:XX920			Р	rinted on : 6/29/2015 9:	56 AM	



118079 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Brandon Regional Hospital		Provider Number:	0118079-00
119 Oakfield Drive		Date:	6/29/2015
Brandon, FL 33511-		Fiscal Year End:	12/31/2013
		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien	t <b>84.21</b>	75.71	7/1/2015
Inpatient County Billing	Rate	_	7/1/2015
Rate Type:			
Interim	Х <u>Р</u>	rospective	
Total Int	erim ———	X Total Prospec	tive
Settleme	ent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late To	est	
	\\/	. Rydell Samuel or Chanda	Farcas
DISTRIBUTION:	Me	edicaid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
6			
		For Information or	nly - No Change in rate
Batch ID:XX920	_	Printed on : 6/29/2015 9:	



119695 - 2015/07

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

Lawnwood Regional Medical Cente	er		Provider Number: 01	19695-00
& Heart Institute			Date: 6/2	29/2015
P.O. Box 188			Fiscal Year End: 9/3	30/2014
Ft Pierce, FL 33450-			Audit Status: Ur	naudited Cost Report
Provider Type:				
<u>HOSPITAL</u>		Current Rate	New Rate	Effective Date
Inpatier	nt	DRG	DRG	7/1/2015
Outpatie	nt	90.02	85.45	7/1/2015
Inpatient County Billin	ng Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pros</u> r	<u>oective</u>	
Total Ir	nterim		X Total Prospective	9
Settlen	nent Based on Cos	t		
		BASIS:		
		dget		
	X Una	audited Costs		
	Fie	ld Audited Costs		
	Re	vised Field Audit		
	Co:	st Report Late Test		
		W Pve	dell Samuel or Chanda Far	
		W. KyC	dell Samuel Of Chanda Fai	cas /V
<u>DISTRIBUTION:</u>		Medica	aid Cost Reimbursement A	nalysis
Hospitals:				
Managed Care				
Contract Management				
9				
			For Information only	- No Change in rate
Batch ID:XX920			Printed on : 6/29/2015 9:56 A	-



119717 - 2015/07

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

		alouid I (Cillibura)	oment rate on	_	Duar dalam Nicosak a so	0440747.00
Cape Coral Hospita	ul				Provider Number:	
PO Box 151247						6/29/2015
Cape Coral, FL 339	915-				Fiscal Year End:	
					Audit Status:	Unaudited Cost Report
<b>Provider Type:</b>	_					
<u>.</u>	<u>HOSPITAL</u>		Current Rate	<u> </u>	New Rate	<b>Effective Date</b>
	Inpatient	_	DRG		DRG	7/1/2015
	Outpatien	t	61.64		59.90	7/1/2015
Inpatient (	County Billing	g Rate				7/1/2015
Rate Type:						
Inte	rim		X	Prospectiv	re	
	Total Int	erim		X	 Total Prospec	tive
		ent Based on Co	ost			
			BASIS	:		
		B	udget	<del>-</del>		
			naudited Costs	<b>;</b>		
		F	ield Audited Co	sts		
			evised Field Au	udit		
		c	ost Report Late	e Test		
						- FR
				W. Rydell Sa	amuel or Chanda	Farcas
<b>DISTRIBUTION</b>	<u>.</u>		•	Medicaid Co	st Reimbursemer	nt Analysis
Hospitals:						
Managed C	are					
Contract Ma	anagement					
8						
					For Information or	nly - No Change in rate
Batch ID:XX920				Pri	nted on : 6/29/2015 9:	56 AM



119733 - 2015/07

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

Vanias Danianal Dayfrant Haalth				Provider Number:	0119733-0	0
Venice Regional Bayfront Health	]				6/29/2015	
540 THE RIALTO				Fiscal Year End:		
Venice, FL 34285-				Audit Status:		
5 · 1 · 7				, idan Status.		
Provider Type:		O		Name Date	-	Waathaa Bata
<u>HOSPITAL</u>		Current Rat	<u></u> —	New Rate		fective Date
Inpati		DRG		DRG		7/1/2015
Outpat		55.65		54.08		7/1/2015
Inpatient County Bill	ling Rate				_	7/1/2015
Rate Type:						
<u>Interim</u>		X	<u>Prospect</u>	<u>ive</u>		
Tota	l Interim		_ x	Total Prospec	tive	
Settl	ement Based o	on Cost				
		BASIS	<u>S:</u>			
		Budget				
	X	Unaudited Cost	S			
		Field Audited C	osts			
		Revised Field A	udit			
		Cost Report Lat	te Test			
		<del></del>				
						K
			W. Rydell S	Samuel or Chanda	Farcas	PU.
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
8						
				For Information or	nly - No Cha	inge in rate
Batch ID:XX920			P	Printed on : 6/29/2015 9:	56 AM	



119741 - 2015/07

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

Lance Madical Ocean			<del></del>	Provider Number:	0119741-00
Largo Medical Center			·		6/29/2015
201 14th St., SW				Fiscal Year End:	
Largo, FL 33540-					Unaudited Cost Report
				, taan Gtatas.	- Triadanted Geot Hopert
Provider Type:					<b></b>
<u>HOSPITAI</u>	_	Current Rate	<u>e</u>	New Rate	Effective Date
Inpa		DRG		DRG	7/1/2015
Outpa		89.23		83.20	7/1/2015
Inpatient County Bi	illing Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	<u>Prospectiv</u>	<u>e</u>	
Tot	al Interim		_ X	Total Prospec	tive
Set	ttlement Based on	Cost			
		BASIS	<u>:</u>		
		Budget			
	X	Unaudited Costs	3		
		Field Audited Co	sts		
		Revised Field Au	udit		
		Cost Report Late	e Test		
		_			
					K
			W. Rydell Sa	muel or Chanda I	Farcas
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
5					
			F	For Information or	nly - No Change in rate
Batch ID:XX920			Prir	nted on: 6/29/2015 9:	56 AM



119750 - 2015/07

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

Raulerson Hospital			Provider Number: 011	9750-00
P.O.Box 1307		Date: 6/29/2015		
Okeechobee, FL 34974-			Fiscal Year End: 4/30	0/2014
,			Audit Status: Una	audited Cost Report
Provider Type:				
HOSPITAL	<b>=</b>	<b>Current Rate</b>	New Rate	Effective Date
Inpa	tient	DRG	DRG	7/1/2015
Outpa	atient	100.78	97.44	7/1/2015
Inpatient County Bi	Iling Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Prosp</u>	<u>ective</u>	
Tot	al Interim		X Total Prospective	
Set	tlement Based o	n Cost		
		BASIS:		
		Budget —		
	X	Unaudited Costs —		
		Field Audited Costs		
	-	Revised Field Audit		
		Cost Report Late Test		
		W Ryd	lell Samuel or Chanda Farc	as (1)
<u>DISTRIBUTION:</u>		Medica	id Cost Reimbursement And	alysis
Hospitals:				
Managed Care				
Contract Management				
9				
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Batch ID:XX920			Printed on: 6/29/2015 9:56 AM	7



119768 - 2015/07

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

Lake City Medical Center				Provider Number:	0119768-00	
1050 N. Commerce Blvd				Date:	6/29/2015	
				Fiscal Year End:	10/31/2013	
Lake City, FL 32055-				Audit Status:	Unaudited Cost Re	 eport
Provider Type:						
HOSPITAL		Current Rate	e.	New Rate	Effective	Date
Inpatier	nt	DRG	<u> </u>	DRG	7/1/20	
Outpatie		84.81		80.73	7/1/20	
Inpatient County Billin		04.01		00.70	7/1/20	
	ig itate					
Rate Type:						
<u>Interim</u>		X	Prospectiv		eti	
Total I	nterim nent Based on	Coot	X	Total Prospec	tive	
Settler	nent based on	Cost				
		BASIS	•			
		Budget	<u>'•</u>			
	X	_ Duaget _ Unaudited Costs	•			
		Field Audited Co				
		Revised Field A				
		Cost Report Late				
		-	3 1001			
					-IR	
			W. Rydell Sa	amuel or Chanda I	arcas	
DISTRIBUTION:			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
3						
				For Information or	lly - No Change in r	ate
Batch ID:XX920			Pri	nted on : 6/29/2015 9:	56 AM	



119784 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Florida State Hospital-Med			P	rovider Number:	0119784-00
Medicaid Billing Office				Date:	6/29/2015
Chattahoochee, FL 32324-				Fiscal Year End:	6/30/2014
,				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rate	<u>e</u>	New Rate	Effective Date
Inpatie	nt	DRG		DRG	7/1/2015
Outpation	ent	0.00		14.53	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
Interim		Χ	Prospective	<u>)</u>	
Total	Interim		X	Total Prospec	tive
Settle	ment Based on C	cost			
		BASIS	<u>:</u>		
		Budget Unaudited Costs			
		Field Audited Costs			
		Revised Field A			
		Cost Report Late			
		ood Roport Lan	3 1000		
					IR
			W. Rydell Sa	muel or Chanda	Farcas 🎵
<b>DISTRIBUTION:</b>			Medicaid Cos	t Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
2					
			F	or Information or	nly - No Change in rate
Batch ID:XX920			Prin	ted on : 6/29/2015 9:	56 AM



119806 - 2015/07

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

Capital Regional Medical Center			Provider Numbe	er: 0119806-00
2626 CAPITAL MEDICAL BLVD			Dat	e: 6/29/2015
Tallahassee, FL 32308-			Fiscal Year En	d: 4/30/2014
			Audit Statu	s: Unaudited Cost Report
Provider Type:				
HOSPITAL		<b>Current Rate</b>	New Rate	Effective Date
Inpatie	ent	DRG	DRG	7/1/2015
Outpati	ient	78.40		7/1/2015
Inpatient County Bill	ing Rate			7/1/2015
Rate Type:				
Interim		Х <u></u>	Prospective	
Total	Interim		X Total Prospe	ective
Settle	ement Based o	on Cost		
		BASIS:		
		Budget		
	X	Unaudited Costs	_	
		Field Audited Costs Revised Field Audi		
		Cost Report Late T		
		— Cost Report Late 1	651	
				-IR
		W	. Rydell Samuel or Chand	a Farcas
DISTRIBUTION:		M	edicaid Cost Reimburseme	 ent Δnalveis
Hospitals:		IVI	edicaid Cost Reimburseim	ent Analysis
Managed Care				
Contract Management				
2				
_				
		_	For Information	only - No Change in rate
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119849 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Tampa Community Hospital				Provider Number:	0119849-00	
				Date:	6/29/2015	
6001 Webb Road				Fiscal Year End:		
Tampa, FL 33615-					Unaudited Cos	t Report
Dunidas Timas						
Provider Type:		Current Rate	•	New Rate	Effoot	ive Date
HOSPITAL	.4		<u> </u>			
Inpatier		DRG		DRG	_	/2015
Outpatie		75.97		73.83	_	/2015
Inpatient County Billin	ng Rate				7/1/	/2015
Rate Type:						
<u>Interim</u>		X	Prospectiv	<u>e</u>		
Total Ir	nterim		X	Total Prospec	tive	
Settlen	nent Based on	Cost				
		BASIS	<u>):</u>			
		Budget				
	X	Unaudited Costs	3			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Late	e Test			
		_				
						$\mathcal{Z}$
			W. Rydell Sa	muel or Chanda	Farcas 🆊	J
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
6						
			F	or Information or	nly - No Change	in rate
Batch ID:XX920			Prir	nted on : 6/29/2015 9:	56 AM	



119881 - 2015/07

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

Degional Madical Contar Devend		Provider Number:	0119881-00
Regional Medical Center Bayonet Point			6/29/2015
14000 FIVAY RD		Fiscal Year End:	
Hudson, FL 34667-			Unaudited Cost Report
Providor Typo:			·
<u>Provider Type:</u> HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatient		75.36	7/1/2015
Inpatient County Billing			7/1/2015
	- Trail		
Rate Type:	V . D.		
Interim Total Inte		ospective	tiv o
	nt Based on Cost	X Total Prospect	uve
	THE Dased Off Cost		
	BASIS:		
	Budget		
-	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
•	Cost Report Late Te	est	
			IR
	W.	Rydell Samuel or Chanda I	Farcas 🖊
<b>DISTRIBUTION:</b>	Me	dicaid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
5			
		For Information on	nly - No Change in rate
Batch ID:XX920	_	Printed on : 6/29/2015 9:5	



119938 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Kindred Hospital-South Florida-Co	oral		Provider Number: 01	19938-00
Gables			Date: 6/2	29/2015
5190 SW 8TH ST			Fiscal Year End: 8/3	31/2014
Coral Gables, FL 33134-			Audit Status: Un	audited Cost Report
Provider Type:				
HOSPITAL		Current Rate	New Rate	<b>Effective Date</b>
Inpatier	nt	DRG	DRG	7/1/2015
Outpatie	ent	9.15	14.53	7/1/2015
Inpatient County Billir	ng Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X Prosp	<u>ective</u>	
Total I	nterim		X Total Prospective	•
Settler	ment Based on Cos	t		
<u>-</u>				
		BASIS:		
		dget		
		audited Costs		
		ld Audited Costs		
		vised Field Audit		
	Co:	st Report Late Test		
				12
		W Ryd	ell Samuel or Chanda Fare	cas d
				( '
DISTRIBUTION:		Medica	id Cost Reimbursement Ar	nalysis
Hospitals:				
Managed Care				
Contract Management				
11				
			For Information only -	· No Change in rate
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119946 - 2015/07

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

<u>-</u>	nouroura rronnia	arcomone rate on	ango i omi	Provider Number:	0110046 00
South Bay Hospital					6/29/2015
4016 STATE RD 674 EAST				Fiscal Year End:	
Sun City Center, FL 33570-					
				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rate	<u>e</u>	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpati	ent	75.97		73.83	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
Interim		Х	<u>Prospecti</u>	ve	
	Interim		– X	Total Prospec	tive
	ement Based or	n Cost			
		BASIS	<b>6:</b>		
		Budget	<del>_</del>		
	X	<ul> <li>Unaudited Costs</li> </ul>	3		
		<ul><li>Field Audited Co</li></ul>	osts		
		– Revised Field Au	udit		
		Cost Report Late	e Test		
		_			
					IR
			W. Rydell S	Samuel or Chanda	Farcas 🎵
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
6					
				For Information or	nly - No Change in rate
Batch ID:XX920			Р	rinted on : 6/29/2015 9:	56 AM



119954 - 2015/07

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

Doctors Hospital Of Sarasota		Provider Number:	0119954-00
5731 Bee Ridge Road		Date:	6/29/2015
Sarasota, FL 34233-		Fiscal Year End:	12/31/2013
		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Inpatier	nt DRG	DRG	7/1/2015
Outpatie	nt <b>74.64</b>	72.53	7/1/2015
Inpatient County Billir	ng Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pr</u>	<u>ospective</u>	
Total Ir	nterim	X Total Prospec	tive
Settlen	nent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Tes	st	
			- WE
	W. I	Rydell Samuel or Chanda	Farcas 🎵
<b>DISTRIBUTION:</b>	Med	dicaid Cost Reimbursemen	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
8			
		For Information or	nly - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9:	- 56 AM



119971 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

### Medicaid Reimbursement Rate Change Form

St. Lucie Medical Center		Provider Number: 01	19971-00
1800 SE TIFFANY AVE.		Date: 6/2	29/2015
Port St Lucie, FL 34952-		Fiscal Year End: 9/3	30/2014
FOR St Lucie, I L 34932-		Audit Status: Ur	naudited Cost Report
Provider Type:		_	
HOSPITAL	<u>Current Rate</u>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatier	nt <b>81.88</b>	81.27	7/1/2015
Inpatient County Billing	g Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pro</u>	<u>ospective</u>	
Total Int	terim	X Total Prospective	e
Settlem	ent Based on Cost		
<u> </u>			
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Tes	st	
	۱۸/ ۵	Rydell Samuel or Chanda Far	
DISTRIBUTION:	Med	licaid Cost Reimbursement A	nalysis
Hospitals:			
Managed Care			
Contract Management			
9			
		For Information only	- No Change in rate



119989 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Seven Rivers Regional Medical			ſ	Provider Number:	0119989-00	
Center				Date:	6/29/2015	
6201 N Suncoast Blvd.				Fiscal Year End:	5/31/2014	
Crystal River, FL 32629-				Audit Status:	Unaudited C	ost Report
Provider Type:						
HOSPITAL		<b>Current Rate</b>		New Rate	Effe	ctive Date
Inpatie	ent	DRG		DRG	7/	/1/2015
Outpati	ient	64.57		62.09	7/	/1/2015
Inpatient County Bill	ing Rate				7/	/1/2015
Rate Type:						
<u>Interim</u>		X	Prospectiv	<u>e</u>		
Total	Interim		X	Total Prospec	tive	
Settle	ement Based o	on Cost				
		BASIS:				
		Budget				
	X	Unaudited Costs	.4.0			
		Field Audited Cos Revised Field Aud				
		Cost Report Late				
		— Oost Nepoli Late	1031			
						TR
		\	W. Rydell Sa	muel or Chanda	Farcas	a) \
DISTRIBUTION:		<u></u>	Medicaid Co	st Reimbursemen	nt Analysis	
Hospitals:					,	
Managed Care						
Contract Management						
3						
				Tan Infance (Co.)	ala Na Obi	
			F	For Information or	niy - No Chan	je in rate
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120006 - 2015/07

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

Plantation General Hospital		Provider Number	: 0120006-00
401 NW 42ND AVENUE		Date	6/29/2015
Plantation, FL 33317-		Fiscal Year End	8/31/2014
. iamanon, i = Goom		Audit Status	: Unaudited Cost Report
Provider Type:			
HOSPITAL	Current Rate	<u>New Rate</u>	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien	70.23	68.35	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
Interim	X	<u>Prospective</u>	
Total Inte	erim ————	_ X Total Prospe	ctive
Settleme	ent Based on Cost		
	BASIS	<u>:</u>	
	Budget		
	X Unaudited Costs		
	Field Audited Co		
	Revised Field Au		
	Cost Report Late	e Test	
		W. Dudall Camual as Chanda	
		W. Rydell Samuel or Chanda	
<u>DISTRIBUTION:</u>		Medicaid Cost Reimburseme	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
10			
		For Information o	only - No Change in rate
Batch ID:XX920		Printed on : 6/29/2015 9	



120006 - 2015/07

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

Plantation General Hospital			Provider Number:	0120006-01
401 NW 42ND AVENUE			Date:	6/29/2015
Plantation, FL 33317-			Fiscal Year End:	8/31/2014
			Audit Status:	Unaudited Cost Report
Provider Type:				
HOSPITA	<u> </u>	<b>Current Rate</b>	New Rate	Effective Date
Inp	atient	DRG	DRG	7/1/2015
Out	patient	70.23	68.35	7/1/2015
Inpatient County I	Billing Rate			7/1/2015
Rate Type:				
Interim		Х <u>І</u>	Prospective Prospe	
Т	otal Interim		X Total Prospec	ctive
s	ettlement Based or	Cost		
		BASIS:		
		Budget		
	X	Unaudited Costs		
		Field Audited Cost		
		Revised Field Aud		
		Cost Report Late 7	rest	
				1
		V	/. Rydell Samuel or Chanda	Farcas
DISTRIBUTION:		N	ledicaid Cost Reimbursemer	nt Analysis
Hospitals:				
Managed Care				
Contract Managemen	t			
10				
			For Information of	nly - No Change in rate
Potoh ID:VV020		_		,
Batch ID:XX920			Printed on: 6/29/2015 9:	JU AIVI



120014 - 2015/07

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

<u>"</u>	iodiodia i tomino	moonnone reaco or	iango i omi	Provider Number:	0120014 00
Sebastian Hospital					6/29/2015
P.O. BOX 780838				Fiscal Year End:	
Sebastian, FL 32978-					
				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rat	<u>e</u>	New Rate	Effective Date
Inpatie	nt	DRG		DRG	7/1/2015
Outpati	ent	73.03		58.76	7/1/2015
Inpatient County Billi	ng Rate				7/1/2015
Rate Type:					
Interim		Χ	<u>Prospectiv</u>	ve	
	Interim		— X	Total Prospec	tive
	ment Based on	Cost			
		BASIS	S:		
		Budget	<del></del>		
	X	- Unaudited Costs	S		
		- Field Audited Co	osts		
		- Revised Field A	udit		
		- Cost Report Lat	e Test		
		-			
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			W. Rydell S	amuel or Chanda	Farcas
<b>DISTRIBUTION:</b>			Medicaid Co	ost Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
9					
				For Information or	nly - No Change in rate
Batch ID:XX920			Pr	rinted on : 6/29/2015 9:	56 AM



120022 - 2015/07

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

St. Catherine's Rehabilitation F	lospital		Provider Number	: 0120022-00
1050 NE 125 ST			Date	6/29/2015
North Miami, FL 33161-			Fiscal Year End	9/30/2014
110111111111111111111111111111111111111			Audit Status	: Unaudited Cost Report
Provider Type:				
HOSPITA	L	<b>Current Rate</b>	New Rate	Effective Date
	_ tient	DRG	DRG	7/1/2015
Outpa		9.15	14.53	7/1/2015
Inpatient County B				7/1/2015
Rate Type:				
Interim		X F	Prospective	
	tal Interim		X Total Prospe	ctive
Se	ttlement Based o	n Cost		
		BASIS:		
		Budget	_	
	X	Unaudited Costs		
		Field Audited Cost	S	
		Revised Field Audi	it	
		Cost Report Late T	Test	
				_
		VV	/. Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>		M	ledicaid Cost Reimburseme	nt Analysis
Hospitals:				
Managed Care				
Contract Management				
11				
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		_		
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120057 - 2015/07

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

Healthsouth Larkin Hospital-Miami		Provider Number:	0120057-00
7031 SW 62 AVE.		Date: 0	6/29/2015
South Miami, FL 33143-		Fiscal Year End:	12/31/2013
		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatient	218.07	134.53	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			<u> </u>
<u>Interim</u>	X	Prospective	
Total Inte	erim	X Total Prospecti	ve
Settleme	nt Based on Cost		
<u>-</u>			
	BASIS:	<u> </u>	
	Budget		
	X Unaudited Costs		
	Field Audited Cos		
	Revised Field Au		
	Cost Report Late	Test	
	,	W. Rydell Samuel or Chanda F	arcas
	<u>-</u>		
<u>DISTRIBUTION:</u>	I	Medicaid Cost Reimbursement	Analysis
Hospitals:			
Managed Care			
Contract Management			
11			
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120073 - 2015/07

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

<u>-</u>		<u> </u>	iango i oimi	Provider Number:	0120073-00
Oak Hill Hospital					6/29/2015
P.O. BOX 5300				Fiscal Year End:	
Spring Hill, FL 33526-					Unaudited Cost Report
				Audit Status.	- Chaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rat	<u>te</u>	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpati	ent	65.90		64.04	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
Interim		X	<u>Prospecti</u>	ve	
	Interim		– X	Total Prospec	tive
Settle	ement Based on	Cost		<u> </u>	
		BASIS	S:		
		Budget	<del></del>		
	X	<ul><li>Unaudited Cost</li></ul>	S		
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		– Revised Field A			
		Cost Report Lat			
		_			
			W. Rydell S	Samuel or Chanda	Farcas
DISTRIBUTION:			Medicaid C	ost Reimbursemer	nt Analysis
Hospitals:					
Managed Care					
Contract Management					
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120081 - 2015/07

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

Mease Countryside Hospital		Provider Number:	0120081-00
16331 BayVista Drive		Date:	6/29/2015
Clearwater, FL 33760-		Fiscal Year End:	12/31/2013
0.001 Water, 1 2 001 00		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	<b>Effective Date</b>
Inpatient	DRG	DRG	7/1/2015
Outpatien	<b>75.58</b>	73.44	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pros</u>	<u>spective</u>	
Total Inte	erim ———	X Total Prospec	tive
Settleme	ent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
	W Ry	ydell Samuel or Chanda I	Farcas D
DISTRIBUTION:	Medic	caid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
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120090 - 2015/07

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

Delray Comm. Hosp.				Provider Number:	0120090-0	0
5352 Linton Blvd				Date:	6/29/2015	
Delray Beach, FL 33445-				Fiscal Year End:	12/31/2013	3
Donay Boach, 1 E 00440				Audit Status:	Unaudited	Cost Report
Provider Type:						
HOSPITA	λL	Current Rat	<u>e</u>	New Rate	<u>Ef</u>	fective Date
	<del>_</del> atient	DRG		DRG	_	7/1/2015
•	patient	96.67		94.57		7/1/2015
Inpatient County E						7/1/2015
Rate Type:						
Interim		X	Prospectiv	re		
	otal Interim		– X	Total Prospec	tive	
Se	ettlement Based on	Cost		<u> </u>		
		BASIS	<u>8:</u>			
		Budget				
	X	Unaudited Costs	S			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Lat	e Test			
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			W. Rydell Sa	amuel or Chanda I	Farcas	M
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management	t					
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120103 - 2015/07

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

St. Petersburg General Ho	nsnital		Р	rovider Number:	0120103-00
6500 38TH AVE., NORTH	•			Date:	6/29/2015
St Petersburg, FL 33710-			ſ	Fiscal Year End:	4/30/2014
Stretersburg, FL 337 10-				Audit Status:	Unaudited Cost Report
Provider Type:					
HOSP	ITAL	Current Rat	<u>e</u>	New Rate	Effective Date
	npatient	DRG	<u> </u>	DRG	7/1/2015
	utpatient	95.11		89.42	7/1/2015
Inpatient Count	•				7/1/2015
					<del> </del>
Rate Type: Interim		X	<u>Prospective</u>		
	Total Interim		– <u>х</u>	Total Prospec	tive
	<ul> <li>Settlement Based of</li> </ul>	on Cost		_	
	_				
		BASIS	<u>):</u>		
		Budget			
	X	Unaudited Costs	3		
		Field Audited Co	osts		
		Revised Field A	udit		
		Cost Report Lat	e Test		
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			W. Rydell Sar	nuel or Chanda I	Farcas
<b>DISTRIBUTION:</b>			Medicaid Cos	t Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Managen	nent				
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120111 - 2015/07

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

Palms Of Pasadena Hospital			Provider Number: 012	0111-00
1501 Pasadena Ave.			Date: 6/29	9/2015
South Pasadena, FL 33707-			Fiscal Year End: 9/30	0/2014
,			Audit Status: Una	audited Cost Report
Provider Type:				
<u>HOSPITAL</u>	<u>.</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpat	ient	DRG	DRG	7/1/2015
Outpa	tient	109.61	106.52	7/1/2015
Inpatient County Bil	ling Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Prosp</u>	<u>ective</u>	
Tota	al Interim		X Total Prospective	
Sett	lement Based o	n Cost		
		BASIS:		
		Budget —		
	X	Unaudited Costs —		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test		
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		w. Ryu	lell Samuel or Chanda Farc	as /V
<b>DISTRIBUTION:</b>		Medica	id Cost Reimbursement Ana	alysis
Hospitals:				
Managed Care				
Contract Management				
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Batch ID:XX920			Printed on: 6/29/2015 9:56 AM	1



120138 - 2015/07

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

<u>-</u>	vioaioaia reoiiii	sarsonione reals one	<u> </u>	Danidan Nesahan O	400400.00
Kendall Regional Medical Center	ſ			Provider Number: 0	
11750 SW 40TH ST					/29/2015
Miami, FL 33175-				Fiscal Year End: 12	
				Audit Status: U	naudited Cost Report
Provider Type:					
HOSPITAL		<b>Current Rate</b>	<u> </u>	New Rate	<b>Effective Date</b>
Inpatie	ent	DRG		DRG	7/1/2015
Outpat	ient	83.22		79.10	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
					-
Rate Type: Interim		Х	Prospect	ivo	
	Interim		<u>- гтозрест</u> - X	Total Prospectiv	Δ
	ement Based o	n Cost			C
	omone Bacca c				
		BASIS:			
		Budget	<u> </u>		
	X	Unaudited Costs			
		Field Audited Co			
		Revised Field Au			
		Cost Report Late			
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		,	W. Rydell \$	Samuel or Chanda Fa	rcas
		_			
DISTRIBUTION:			Medicaid C	Cost Reimbursement A	Anaiysis
Hospitals:					
Managed Care					
Contract Management					
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120227 - 2015/07

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

St Anthonys Hospital			I	Provider Number: (	0120227-00
3001 W. ML King Blvd.Post Office				Date: 6	6/29/2015
Box 4227				Fiscal Year End:	12/31/2013
Tampa, FL 33677-4227				Audit Status: l	Jnaudited Cost Report
Provider Type:				_	
HOSPITAL		Current Rate	<u>2</u>	New Rate	Effective Date
Inpatier	nt _	DRG		DRG	7/1/2015
Outpatie	ent	136.96		114.54	7/1/2015
Inpatient County Billir	ng Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Χ	<u>Prospectiv</u>	<u>e</u>	
Total li	nterim		_ X	Total Prospecti	ve
Settlen	nent Based on Co	ost		<del></del>	
		BASIS	<u>:</u>		
		Budget			
		Inaudited Costs			
		ield Audited Co			
		Revised Field Au			
		Cost Report Late	e l'est		
					10
			W. Rydell Sa	nmuel or Chanda F	arcas d
			-		
DISTRIBUTION:			Medicaid Co	st Reimbursement	Analysis
Hospitals:					
Managed Care					
Contract Management					
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			i	or Information only	y - No Change in rate
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120243 - 2015/07

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

	iviedicald Melitik	disement rate change	<u>i oiiii</u>	
W. Boca Med. Ctr.			Provider Number: 0°	120243-00
21644 STATE RD 7			Date: 6/	29/2015
Boca Raton, FL 33428-			Fiscal Year End: 12	2/31/2013
,			Audit Status: U	naudited Cost Report
Provider Type:			_	
HOSPITAL	<u>-</u>	Current Rate	New Rate	Effective Date
Inpat	ient	DRG	DRG	7/1/2015
Outpa	ntient	88.47	82.90	7/1/2015
Inpatient County Bi	lling Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X Pros	<u>spective</u>	
Tota	al Interim		X Total Prospective	е
Set	tlement Based o	n Cost		
		BASIS:		
		Budget —		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test	t	
		W D	ydall Samual ar Chanda Ea	roos #
		VV. K	ydell Samuel or Chanda Fa	icas /V
<b>DISTRIBUTION:</b>		Medi	caid Cost Reimbursement A	nalysis
Hospitals:				
Managed Care				
Contract Management				
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				-
Batch ID:XX920			Printed on: 6/29/2015 9:56	AM



120260 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

#### Medicaid Reimbursement Rate Change Form

	vicalogia (Cimb)	discinent rate of	idiige i oiiii	Provider Number:	0120260-00
Palms West Hospital					6/29/2015
P.O. BOX 1150				Fiscal Year End:	
Loxahatchee, FL 33470-					
				Audit Status.	Unaudited Cost Report
Provider Type:					
<u>HOSPITAL</u>		Current Rat	<u>e</u>	New Rate	Effective Date
Inpatio	ent	DRG		DRG	7/1/2015
Outpat	ient	89.26		85.95	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	Prospecti	<u>ive</u>	
Total	Interim		X	Total Prospec	tive
Settle	ement Based on	Cost			
		BASIS	<u>s:</u>		
		Budget			
	X	Unaudited Costs	S		
		Field Audited Co	osts		
		– Revised Field A	udit		
		_ Cost Report Lat	e Test		
		_			
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			W. Rydell S	Samuel or Chanda I	Farcas
<b>DISTRIBUTION:</b>			Medicaid C	ost Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
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120278 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

HealthSouth Rehabiliation Hosp Sunrise	ital-		Provider Number: 01	
4399 NOB HILL RD			Date: 6/	
Ft Lauderdale, FL 33351-			Fiscal Year End: 12	
			Audit Status: Ui	naudited Cost Report
Provider Type:				
<u>HOSPITAL</u>		Current Rate	New Rate	Effective Date
Inpati	ent	DRG	DRG	7/1/2015
Outpa	tient	36.77	28.45	7/1/2015
Inpatient County Bil	ling Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X Pros	<u>spective</u>	
Tota	l Interim		X Total Prospective	e
Settl	lement Based o	n Cost		
		BASIS:		
		Budget		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test		
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		W. R	ydell Samuel or Chanda Fai	rcas 👭
<b>DISTRIBUTION:</b>		Medic	caid Cost Reimbursement A	nalysis
Hospitals:				
Managed Care				
Contract Management				
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120294 - 2015/07

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

Jupiter Hospital		Provider Number:	: 0120294-00
1210 S Old Dixie Highway		Date:	6/29/2015
Jupiter, FL 33458-		Fiscal Year End:	9/30/2014
Jupiter, 1 L 33430-		Audit Status:	Unaudited Cost Report
Provider Type:			
HOSPITAL	Current Rate	e <u>New Rate</u>	Effective Date
 Inpatien	t <b>DRG</b>	DRG	7/1/2015
Outpatie	nt <b>76.85</b>	74.68	7/1/2015
Inpatient County Billin	g Rate		7/1/2015
Rate Type:			
Interim	Χ	<u>Prospective</u>	
Total In	terim	_ X Total Prospec	ctive
Settlem	ent Based on Cost		
	BASIS	<u>3:</u>	
	Budget		
	X Unaudited Costs		
	Field Audited Co		
	Revised Field A		
	Cost Report Late	e l'est	
			10
		W. Rydell Samuel or Chanda	Farcas
<b>DISTRIBUTION:</b>		Medicaid Cost Reimbursemer	nt Analysis
Hospitals:			
Managed Care			
Contract Management			
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Batch ID:XX920		Printed on : 6/29/2015 9:	



120308 - 2015/07

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

West Palm Hospital			Provider Numbe	r: 0120308-00
2201 45TH ST			Date	e: 6/29/2015
West Palm Beach, FL 33407	<u>,</u>		Fiscal Year End	d: 6/30/2014
Wood Failin Boadin, FE Go for			Audit Status	s: Unaudited Cost Report
Provider Type:				
HOSPITA	<b>AL</b>	Current Rate	New Rate	Effective Date
	<del></del> atient	DRG	DRG	
·	oatient	83.11		
Inpatient County E				7/1/2015
				<del>-</del>
Rate Type: Interim		X	<u>Prospective</u>	
	otal Interim		X Total Prospe	ective
s	ettlement Based or	n Cost	·	
		BASIS:		
		Budget	_	
	X	Unaudited Costs		
		Field Audited Cos	sts	
		Revised Field Aud	dit	
		Cost Report Late	Test	
			W D      0     0	
			N. Rydell Samuel or Chanda	a Farcas //
<b>DISTRIBUTION:</b>		N	Medicaid Cost Reimburseme	ent Analysis
Hospitals:				
Managed Care				
Contract Managemen	t			
9				
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120324 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

H Lee Moffitt Cancer Center &			F	Provider Number:	: 0120324-00
Research Institute Hospital				Date:	6/29/2015
12902 Magnolia Drive				Fiscal Year End:	6/30/2014
Tampa, FL 33612-9497				Audit Status:	: Unaudited Cost Report
Provider Type:					
HOSPITAL		<b>Current Rat</b>	<u>e</u>	New Rate	Effective Date
Inpatie	ent	DRG		DRG	7/1/2015
Outpati	ient	335.97		280.75	7/1/2015
Inpatient County Bill	ing Rate				7/1/2015
Rate Type:					
Interim		X	Prospective	<u>2</u>	
Total	Interim		X	Total Prospec	ctive
Settle	ement Based on	Cost		<del></del>	
		BASIS	<u>}:</u>		
		Budget			
	X	Unaudited Costs			
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		Cost Report Lat	e rest		
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			W. Rydell Sa	muel or Chanda	Farcas (
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DISTRIBUTION:			Medicald Cos	st Reimbursemer	il Analysis
Hospitals:					
Managed Care					
Contract Management 6					
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120324 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

#### Medicaid Reimbursement Rate Change Form

H Lee Moffitt Cancer Center &			Provider Number: 0	120324-02
Research Institute Hospital			Date: 6/	/29/2015
12902 Magnolia Drive			Fiscal Year End: 6/	/30/2014
Tampa, FL 33612-9497			Audit Status: U	naudited Cost Report
Provider Type:			_	
HOSPITAL		<b>Current Rate</b>	New Rate	Effective Date
Inpatien	<u> </u>	DRG	DRG	7/1/2015
Outpatier	nt	335.97	280.75	7/1/2015
Inpatient County Billing	g Rate			7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pro</u>	<u>espective</u>	
Total In	terim		X Total Prospective	е
Settlem	ent Based on	Cost		
<u> </u>				
		BASIS:		
		Budget		
	Х	Unaudited Costs		
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		Revised Field Audit		
		Cost Report Late Tes	t	
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		W. R	Rydell Samuel or Chanda Fa	rcas 🖊
DISTRIBUTION:		Med	icaid Cost Reimbursement A	Analysis
Hospitals:				
Managed Care				
Contract Management				
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Batch ID:XX920



120332 - 2015/07

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

HealthSouth Rehabiliation Hospital	of	Provider Number:	0120332-00
Tallahassee		Date:	6/29/2015
1675 RIGGINS RD		Fiscal Year End:	12/31/2013
Tallahassee, FL 32308-		Audit Status:	Unaudited Cost Report
Provider Type:			
<u>HOSPITAL</u>	<b>Current Rate</b>	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien	t <b>65.51</b>	63.65	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pros</u>	spective	
Total Int	erim	X Total Prospec	tive
Settleme	ent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test		
			- JK
	W. Ry	/dell Samuel or Chanda I	-arcas M
<b>DISTRIBUTION:</b>	Medic	caid Cost Reimbursemen	t Analysis
Hospitals:			
Managed Care			
Contract Management			
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120341 - 2015/07

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

### Medicaid Reimbursement Rate Change Form

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HealthSouth Treasure Coast			F	Provider Number:	0120341-0	3
Rehabilitation Hospital				Date:	6/29/2015	
1600 37TH ST				Fiscal Year End:	12/31/2013	1
Vero Beach, FL 32960-				Audit Status:	Unaudited	Cost Report
Provider Type:						
<u>HOSPITAL</u>		Current Rate	<u>e</u>	New Rate	<u>Ef</u>	fective Date
Inpati	ent	DRG		DRG		7/1/2015
Outpa	tient	43.95		14.53		7/1/2015
Inpatient County Bil	ling Rate					7/1/2015
Rate Type:						
<u>Interim</u>		X	<u>Prospective</u>	<u>2</u>		
Tota	l Interim		X	Total Prospec	tive	
Settl	ement Based o	n Cost				
		D 4 010				
		BASIS	<u>):</u>			
		Budget	_			
	X	Unaudited Costs				
		Field Audited Co				
		Revised Field A				
		Cost Report Late	e Test			
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DISTRIBUTION:			Medicaid Cos	st Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
9						
			F	or Information or	nly - No Cha	nge in rate

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120375 - 2015/07

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

Acceptions I leavited and Madical C	2		 P	rovider Number:	0120375-00
Aventura Hospital and Medical (	Jenter		•		6/29/2015
20900 Biscayne Blvd			ı	Fiscal Year End:	
Miami, FL 33180-			'		Unaudited Cost Report
				Addit Status.	
Provider Type:					
<u>HOSPITAL</u>		Current Rate	<u> </u>	New Rate	Effective Date
Inpati	ent	DRG		DRG	7/1/2015
Outpa	tient	39.92		38.79	7/1/2015
Inpatient County Bil	ling Rate				7/1/2015
Rate Type:					
Interim		X	Prospective	<u>!</u>	
Tota	I Interim	-	- X	Total Prospect	tive
Settl	lement Based or	n Cost		_	
		BASIS	• <u>•</u>		
		Budget			
	X	Unaudited Costs			
		Field Audited Co	sts		
		— Revised Field Au	ıdit		
		Cost Report Late	Test		
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		_	W. Rydell Sar	muel or Chanda F	Farcas 🖊
<b>DISTRIBUTION:</b>			Medicaid Cos	t Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
11					
			-	or Information as	No Changa in rata
			F	on noitainioinii ic	nly - No Change in rate
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120383 - 2015/07

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

HealthSouth Rehabiliation Hospital		Provider Number: (	0120383-00
Sarasota		Date: 6	6/29/2015
3660 Grandview Parkway #200		Fiscal Year End:	12/31/2013
Birmingham, AL 35243-		Audit Status: l	Jnaudited Cost Report
Provider Type:		_	
<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient	DRG	DRG	7/1/2015
Outpatien	t 9.15	14.53	7/1/2015
Inpatient County Billing	Rate		7/1/2015
Rate Type:			
<u>Interim</u>	X <u>Pros</u>	<u>spective</u>	
Total Int	erim	X Total Prospecti	ve
Settleme	ent Based on Cost		
	BASIS:		
	Budget		
	X Unaudited Costs		
	Field Audited Costs		
	Revised Field Audit		
	Cost Report Late Test	İ	
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DISTRIBUTION:	Medic	caid Cost Reimbursement	Analysis
Hospitals:			
Managed Care			
Contract Management			
8			
		For Information only	y - No Change in rate
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120405 - 2015/07

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

Broward Health Coral Springs			F	Provider Number:	0120405-00
303 South East 17th St.				Date:	6/29/2015
Ft. Lauderdale, FL 33316-				Fiscal Year End:	6/30/2014
, in the second				Audit Status:	Unaudited Cost Report
Provider Type:					
<u>HOSPITA</u>	<u>L</u>	<b>Current Rate</b>	<u>e</u>	New Rate	<b>Effective Date</b>
Inpa	tient	DRG		DRG	7/1/2015
Outpa	atient	99.64		89.38	7/1/2015
Inpatient County B	illing Rate				7/1/2015
Rate Type:					
<u>Interim</u>		X	<u>Prospective</u>	<u>e</u>	
Tot	al Interim		_ x	Total Prospec	tive
Set	ttlement Based or	n Cost		<del></del>	
		BASIS	<u>:</u>		
		Budget —			
	X	Unaudited Costs	3		
		Field Audited Co	sts		
		Revised Field Au	udit		
		Cost Report Late	e Test		
			W Pydoll Sa	muel or Chanda I	Farcas
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
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120413 - 2015/07

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

				Provider Number:	0120413-00	
Bartow Regional Medical Center					6/29/2015	
2200 Osprey BlvdPost Office Box 1050				Fiscal Year End:		
Bartow, FL 33830-					Unaudited Cost Report	
				radit Otatas.	- Chadanea Cool Report	_
Provider Type:						
<u>HOSPITAL</u>		Current Rate	<u>e</u> 	New Rate	Effective Date	<u>e</u> —
Inpatie		DRG		DRG	7/1/2015	
Outpatie		53.92		52.40	7/1/2015	
Inpatient County Billin	ng Rate				7/1/2015	
Rate Type:						
<u>Interim</u>		X	Prospectiv	<u>/e</u>		
Total I	nterim		_ X	Total Prospec	tive	
Settler	ment Based on	Cost		<del></del>		
			<u>,                                      </u>			
		BASIS	<u>):</u>			
		Budget				
	X	Unaudited Costs	3			
		Field Audited Co	osts			
		Revised Field A	udit			
		Cost Report Late	e Test			
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			W. Rydell S	amuel or Chanda I	Farcas 👭	
<b>DISTRIBUTION:</b>			Medicaid Co	ost Reimbursemen	t Analysis	
Hospitals:						
Managed Care						
Contract Management						
6						
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120421 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Loolth Courth Dohobilistian Lloopita	.1			Provider Number:	0120421-0	00
HealthSouth Rehabiliation Hospita Sea Pines	-				6/29/2015	
101 E Florida Ave.				Fiscal Year End:		 3
Melbourne, FL 32901-				Audit Status:		
Drovidor Typo						· · · · · · · · · · · · · · · · · · ·
Provider Type:		Current Rate	•	New Rate	E	ffective Date
<u>HOSPITAL</u>	nt	DRG	<u>-</u>	DRG		7/1/2015
Inpatier		33.12		32.18		7/1/2015
Outpatie		33.12		32.10		
Inpatient County Billin	ig Kate					7/1/2015
Rate Type:						
<u>Interim</u>		X	Prospectiv			
Total I			X	Total Prospect	tive	
Settler	ment Based on (	Cost				
		BASIS	<u>:</u>			
		Budget				
	X	Unaudited Costs	3			
		Field Audited Co	osts			
		Revised Field Au	udit			
		Cost Report Late	e Test			
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			W. Rydell S	amuel or Chanda I	Farcas	PU
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis	•
Hospitals:						
Managed Care						
Contract Management						
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260011 - 2015/07

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

Florida Stata Hagnital			Provider Number: 02	260011-00
Florida State Hospital			Date: 6/	/29/2015
Building 260			Fiscal Year End: 6/	(00/004.4
Chattahoochee, FL 32324-			Fiscal Year End: 6/	30/2014
			Audit Status: U	naudited Cost Report
Provider Type:			— 	
HOSPITAL Inpatien	+	<u>Current Rate</u>	New Rate 453.42	<u>Effective Date</u> 7/1/2015
Outpatier		0.00	14.53	7/1/2015
Inpatient County Billin				7/1/2015
Rate Type:				
<u>Interim</u>		X <u>Pro</u>	spective	
Total In	iterim		X Total Prospective	e
Settlem	ent Based o	n Cost		
		D 4 0 1 0		
		Budget		
	X	Unaudited Costs		
		Field Audited Costs		
		Revised Field Audit		
		Cost Report Late Test		
				TR
		W. F	Rydell Samuel or Chanda Fa	rcas
DISTRIBUTION:		Med	icaid Cost Reimbursement A	nalysis
Hospitals:				
Managed Care				
Contract Management				
2				
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260029 - 2015/07

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

Northogat Florida Ctata Hagnital			Provider Number:	0260029-00		
Northeast Florida State Hospital			Date:	6/29/2015		
HWY 121 SOUTH			Figure Ve ex Frede	C/20/2014		
Macclenny, FL 32063-			Fiscal Year End:	6/30/2014		
,,			Audit Status:	Unaudited Cost Report		
Provider Type:						
HOSPITAL Inpatien	+	<u>Current Rate</u> 251.48	New Rate 373.72	<u>Effective Date</u> 7/1/2015		
Outpatier		0.00		7/1/2015		
Inpatient County Billin				7/1/2015		
Rate Type:						
<u>Interim</u>		X	<u>Prospective</u>			
Total In	terim		X Total Prospec	tive		
Settlem	ent Based on	Cost				
		BASIS:				
		Budget				
	X	Unaudited Costs				
		Field Audited Cost				
		Revised Field Aud				
		Cost Report Late -	Test			
		\	W. Rydell Samuel or Chanda I	Farcas A		
DISTRIBUTION:			Medicaid Cost Reimbursement Analysis			
Hospitals: Managed Care Contract Management 4						
•						
			For Information on	nly - No Change in rate		
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260045 - 2015/07

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

			Provider Number: 02	260045-00
So. Fla. State Hosp			Date: 6/2	29/2015
800 East Cypress Dr			Fiscal Year End: 6/	30/2014
Pembroke Pines, FL 33025-				
			Audit Status: Ur	naudited Cost Report
Provider Type:				
HOSPITAL	<u>Current</u>		New Rate	Effective Date
Inpatient Outpatien			<u>201.33</u> 14.53	<u>7/1/2015</u> 7/1/2015
Inpatient County Billing	· · · · · · · · · · · · · · · · · · ·	<u> </u>	14.33	7/1/2015 7/1/2015
Rate Type:	,			
<u>Interim</u>		X <u>Prospectiv</u>	<u>′e</u>	
Total Inte	erim	X	Total Prospective	)
Settleme	ent Based on Cost			
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	Budget	<u>SIS:</u>		
	X Unaudited C	Costs		
	Field Audite			
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	Cost Report			
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		W. Rydell S	amuel or Chanda Far	cas 🖊
<u>DISTRIBUTION:</u>		Medicaid Co	ost Reimbursement A	nalysis
Hospitals:				
Managed Care				
Contract Management				
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			For Information only -	No Change in rate
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Daton ID.///OZU		FIII	1100 UII. 0/20/2010 10.00 /	AIVI



260053 - 2015/07

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

W. Fla. Comm. Care			Provider Number: 02	60053-00
w. Fla. Comm. Care			Date: 6/2	9/2015
5500 Stewart St.			Fiscal Year End: 6/3	0/2014
Milton, FL 32570-			riscal feat Effu. 0/3	00/2014
			Audit Status: Un	audited Cost Report
Provider Tvpe: HOSPITAL	<u>Cu</u> ı	rent Rate	New Rate	Effective Date
Inpatient		205.71	183.01	7/1/2015
Outpatien Inpatient County Billing	·	0.00	14.53	<u>7/1/2015</u> 7/1/2015
Rate Type:	y Kale			
Interim		X Prosp	<u>ective</u>	
Total Int	erim		X Total Prospective	
Settleme	ent Based on Cost			
		BASIS:		
	Budget			
	X Unaudi	ted Costs		
	Field A	udited Costs		
	Revise	d Field Audit		
	Cost R	eport Late Test		
		W. Ryd	ell Samuel or Chanda Fard	as #
DISTRIBUTION:		Medica	id Cost Reimbursement Ar	nalysis
Hospitals: Managed Care Contract Management 1				
			For Information only -	No Change in rate
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102814 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

University of South Alabama Me	dical		Provide	r Number: 010281	4-00	
Center				Date: 6/29/20	15	
1504 Springhill Ave Suite #3170			Fiscal	Year End: 9/30/20	14	
Mobile, AL 36604-			Au	dit Status: Unaudit	Unaudited Cost Report	
Provider Type:						
<u>HOSPITAL</u>		<b>Current Rate</b>	<u>New</u>	<u>Rate</u>	Effective Date	
Inpatio	ent	DRG	DF		7/1/2015	
Outpat	ient	82.79	14.	.53	7/1/2015	
Inpatient County Bill	ing Rate		_		7/1/2015	
Rate Type:						
<u>Interim</u>		Х <u>Е</u>	Prospective			
Total	Interim		X Tota	al Prospective		
Settle	ement Based o	on Cost				
<u></u>						
		BASIS:				
		Budget —				
	X	Unaudited Costs				
		Field Audited Costs	6			
		Revised Field Audi	t			
		Cost Report Late T	est			
		W	. Rydell Samuel o	r Chanda Farcas	RO	
DISTRIBUTION.		NA	odicaid Cast Baim	bursement Analysi	in .	
DISTRIBUTION:  Hospitals:		IVI	edicald Cost Neili	bursement Analysi	15	
Managed Care						
Contract Management						
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O .						
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102814 - 2015/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

### Medicaid Reimbursement Rate Change Form

		ivied	ilcaiu Neimic	ursement Nate C	Jilange Fu	<u> </u>		
Infirmary We	est					Provider Number:	0102814	-02
5600 Girby F	Road					Date:	6/29/201	5
Mobile, AL 36693-						Fiscal Year End:	3/31/200	0
,						Audit Status:	Interim B	udget
Provider <sup>-</sup>	Tvpe:							
		PITAL		Current Ra	ate	New Rate	[	Effective Date
		Inpatient		DRG		DRG		7/1/2015
		Outpatien		15.19		14.53		7/1/2015
Inpat	tient Coun	ty Billing	g Rate					7/1/2015
<del>-</del>								
Rate Type X	<u>.</u> Interim				Prospe	ective		
	_	Total Int	erim		<u></u>	Total Prospec	tive	
	X	— Settleme	ent Based or	n Cost		·		
				BAS	IS:			
			X	Budget		_		
				Unaudited Cos	sts			
				Field Audited	Costs			
				Revised Field	Audit			
				Cost Report La	ate Test			
					W. Ryde	ell Samuel or Chanda	Farcas	A
DISTRIBU	ITION:				Medicai	d Cost Reimbursemer	nt Analysis	3
Hosp	oitals:							
Mana	aged Care							
Cont	ract Manage	ment						
0								
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102814 - 2015/07

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

II C A Childrenia 9 Managala I	laanital			Provider Number:	0102814-01
U.S.A Children's & Women's F	юѕрітаі				6/29/2015
1504 Springhill Ave #3170				Fiscal Year End:	
Mobile, AL 36604-					Unaudited Cost Report
				riddit Otaldo.	
Provider Type:					<b>-</b>
<u>HOSPITA</u>		Current Rate	<del>2</del> 	New Rate	Effective Date
·	itient	DRG		DRG	7/1/2015
·	atient	131.55		127.83	7/1/2015
Inpatient County B	illing Rate				7/1/2015
Rate Type:					
<u>Interim</u>		Χ	<u>Prospective</u>	<u>′e</u>	
То	tal Interim		_ X	Total Prospec	tive
Se	ttlement Based on	Cost			
		<b>BASIS</b>	<u>:</u>		
		Budget			
	X	Unaudited Costs	3		
	-	Field Audited Co	sts		
		Revised Field Au	udit		
		Cost Report Late	e Test		
		_			
					THE
			W. Rydell Sa	amuel or Chanda I	Farcas 🖊
<b>DISTRIBUTION:</b>			Medicaid Co	st Reimbursemen	t Analysis
Hospitals:					
Managed Care					
Contract Management					
0					
				For Information or	nly - No Change in rate
Batch ID:XX920			Pri	nted on: 6/29/2015 9:	56 AM