

260011 - 2020/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Rate Change Form

Florida State Hospi	tal						Pr	ovider Number:	02600)11-00	
Building 260								Date:	6/30/2	2020	
Chattahoochee, FL 32324-								Fiscal Year End		: 6/30/2019	
								Audit Status:	Amen	ded Cost Report	
Provider Type:	_										
<u>.</u>	HOSPI	<u>TAL</u>		<u>Cui</u>	rrent Rate	<u>2</u>		New Rate		Effective Date	<u>e</u>
Inpatient				419.68			301.89		7/1/2020		
	Οι	utpatient		0.00			0.00		7/1/2020		
Inpatient County Billing Rate			Rate					7/1/2020			
Rate Type:											
Inte	<u>rim</u>				Х	<u>Pros</u>	<u>pective</u>				
		Total Interio	m		-	_	Χ	Total Prospec	tive		
		Settlement	Based on	Cost				_			
				5	BASIS	<u>:</u>					
				Budget							
				_	ited Costs						
				_	udited Co d Field Au						
				_	eport Late						
				-	eport Late	7 1631					
					W D.	رامال د				JK.	
						/dell Sa	amuei		_ /	<u> </u>	
					Medic	aid Co	st Reim	bursement Anal	ysis		
							Fo	or Information or	nly - No	Change in rate	
Batch ID:RM1JL							Print	ed on : 6/30/2020 1:	58 PM		



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

Medicaid Reimbursement Rate Change Form

New description of the Oracle Head	-9-1		Pro	vider Number:	0260029-00	
Northeast Florida State Hos	pitai				6/30/2020	
HWY 121 SOUTH			E :	scal Year End:		
Macclenny, FL 32063-			Г			
				Audit Status.	Unaudited Cost Report	
Provider Type:						
HOSPI7	<u>ral</u>	Current Rate	<u> </u>	New Rate	Effective Date	
In	patient	272.22		145.51	7/1/2020	
Ou	tpatient	0.00		0.00	7/1/2020	
Inpatient County	Billing Rate				7/1/2020	
Rate Type:						
Interim		Х	<u>Prospective</u>			
	Total Interim		- X	Total Prospec	tive	
	Settlement Based on (Cost		-		
						
		BASIS	<u>.</u>			
		Budget	=			
		Unaudited Costs				
		Field Audited Co	sts			
		Revised Field Au				
		Cost Report Late				
		·				
					- JK	
		W. Ry	dell Samuel		M	
		Medic	aid Cost Reimb	ursement Anal	ysis	
			Fo	r Information or	nly - No Change in rate	
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Medicaid Reimbursement Rate Change Form

South Florida State	Hospital		Pro	ovider Number:	0260045-00	
800 East Cypress D	Or			Date:	6/30/2020	
Pembroke Pines, Fl			F	scal Year End:	6/30/2019	
,				Audit Status:	Unaudited Cost Report	
Provider Type:						
	- HOSPITAL	Current Rat	<u>:e</u>	New Rate	Effective Date	
	Inpatient	197.78		184.10	7/1/2020	
	Outpatient	0.00		0.00	7/1/2020	
Inpatient C	County Billing	Rate			7/1/2020	
Rate Type:						
Inte	rim	Х	<u>Prospective</u>			
	—– Total Inte		X	Total Prospec	tive	
	Settleme	t Based on Cost		-		
	_	BASIS	<u>S:</u>			
	_	Budget				
	_	X Unaudited Cost	S			
	_	Field Audited C	osts			
	<u>-</u>	Revised Field A				
	_	Cost Report Lat	te Test			
					W.	
		W. R	ydell Samuel		FO.	
		Medi	caid Cost Reimb	ursement Anal	ysis	
			Fo	r Information or	nly - No Change in rate	
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260053 - 2020/07

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

Medicaid Reimbursement Rate Change Form

West Florida Comr	munity Care Cente	r		Provider Number:	0260053-00		
5500 Stewart St.	·			Date:	6/30/2020		
Milton, FL 32570-				Fiscal Year End:	d: 6/30/2019		
				Audit Status:	Unaudited Cost Report		
Provider Type:	<u>. </u>						
	<u>HOSPITAL</u>	<u>Curi</u>	ent Rate	New Rate	Effective Date		
	1	87.25	213.92	7/1/2020			
		0.00	0.00	7/1/2020			
Outpatient Inpatient County Billing Rate					7/1/2020		
Rate Type:							
	<u>erim</u>		X <u>Pros</u>	spective			
	Total Inte	erim -		X Total Prospec	etive		
	Settleme	nt Based on Cost					
	-		BASIS:				
	-	Budget					
	-		ed Costs				
	-		idited Costs				
	-		I Field Audit				
	-	Cost Re	port Late Test				
					THE		
			W. Rydell S	amuel	βÚ		
			Medicaid Cost Reimbursement Analysis				
				For Information or	nly - No Change in rate		
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