



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2019 through June 30, 2020

260011 - 2019/07
431.24 / 0.00

Type of Control: Government

Florida State Hospital

County: Gadsden (20)

Fiscal Year: 7/1/2017 - 6/30/2018

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,999,487.00	0.00	0.00	0.00	Total Bed Days	21,170
2. Routine	7,271,767.00		5,620,485.00		Total Inpatient Days	13,852
3. Special Care	140,329.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	9,500
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0634345265
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	27,411,583.00	0.00	5,620,485.00	0.00	Property Rate Allowance	1.00
10. Charges	27,411,583.00	0.00	5,620,485.00	0.00	First Rate Semester in Effect	2019/07
11. Fixed Costs	181.00		37.11		Last Rate Semester in Effect	2019/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	6.65		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2019/07	2019/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.2070
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2017
4. Rate of Increase (Year/Sem.)	1.019778	1.043673	County Ceiling	0.00	0.00	FPLI	94.6000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	5,620,485.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	37.11	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,620,447.89	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	5,976,978.34	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,500	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	629.16	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	629.16	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (94.6000) for Gadsden (20)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	629.16	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	0.00	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	629.16	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	5,620,485.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	591.63	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	629.16	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	629.16	0.00
AU	(IP%: 31.4582 %, OP%: 25.6234 %)	(197.92)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	431.24	0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2019 through June 30, 2020

260029 - 2019/07
272.22 / 0.00

Northeast Florida State Hospital

Type of Control: Government

County: Baker (2)

Fiscal Year: 7/1/2017 - 6/30/2018

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,278,409.00	265,285.00	0.00	0.00	Total Bed Days	18,250
2. Routine	7,597,310.00		3,379,489.00		Total Inpatient Days	20,318
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	9,038
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0634345265
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	9,875,719.00	265,285.00	3,379,489.00	0.00	Property Rate Allowance	1.00
10. Charges	10,141,004.00	0.00	3,379,489.00	0.00	First Rate Semester in Effect	2019/07
11. Fixed Costs	205,332.00		68,426.88		Last Rate Semester in Effect	2019/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	4.03		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2019/07	2019/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.2070
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2017
4. Rate of Increase (Year/Sem.)	1.019778	1.043673	County Ceiling	0.00	0.00	FPLI	96.7900

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	3,379,489.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	68,426.88	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,311,062.12	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	3,521,097.78	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,038	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	389.59	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	389.59	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (96.7900) for Baker (2)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	389.59	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	7.57	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	397.16	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,379,489.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	373.92	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	397.64	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	397.16	0.00
AU	(IP%: 31.4582 %, OP%: 25.6234 %)	(124.94)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	272.22	0.00



Florida Agency for Health Care Administration
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 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2019 through June 30, 2020

260045 - 2019/07
191.75 / 0.00

Type of Control: Government

County: Broward (6)

Fiscal Year: 7/1/2017 - 6/30/2018

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: Special

South Florida State Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	283,662.00	0.00	0.00	0.00	Total Bed Days	18,250
2. Routine	4,718,302.00		969,949.00		Total Inpatient Days	17,882
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,676
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0634345265
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	5,001,964.00	0.00	969,949.00	0.00	Property Rate Allowance	1.00
10. Charges	5,001,964.00	0.00	969,949.00	0.00	First Rate Semester in Effect	2019/07
11. Fixed Costs	250,563.00		48,587.58		Last Rate Semester in Effect	2019/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2.61		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2019/07	2019/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.2070
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2017
4. Rate of Increase (Year/Sem.)	1.019778	1.043673	County Ceiling	0.00	0.00	FPLI	102.2700

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	969,949.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	48,587.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	921,361.42	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	979,807.54	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,676	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	266.54	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	266.54	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (102.2700) for Broward (6)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	266.54	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	13.22	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	279.76	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	969,949.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	263.86	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	280.60	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	279.76	0.00
AU	(IP%: 31.4582 %, OP%: 25.6234 %)	(88.01)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	191.75	0.00



Florida Agency for Health Care Administration
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 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2019 through June 30, 2020

260053 - 2019/07
200.80 / 0.00

Type of Control: Government

West Florida Community Care Center

County: Santa Rosa (57)

Fiscal Year: 7/1/2017 - 6/30/2018

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	0.00	0.00	Total Bed Days	36,500
2. Routine	7,472,782.00		229,758.00		Total Inpatient Days	27,093
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	833
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	931
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0634345265
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	7,472,782.00	0.00	229,758.00	0.00	Property Rate Allowance	1.00
10. Charges	7,472,782.00	0.00	229,758.00	0.00	First Rate Semester in Effect	2019/07
11. Fixed Costs	155,177.00		4,771.07		Last Rate Semester in Effect	2019/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	2.96		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2019/07	2019/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.2070
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2017
4. Rate of Increase (Year/Sem.)	1.019778	1.043673	County Ceiling	0.00	0.00	FPLI	96.9500

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	229,758.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	4,771.07	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	224,986.93	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	239,258.87	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	833	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	287.23	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	287.23	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (96.9500) for Santa Rosa (57)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	287.23	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	5.73	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	292.95	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	229,758.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	275.82	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	293.32	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	292.95	0.00
AU	(IP%: 31.4582 %, OP%: 25.6234 %)	(92.16)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	200.80	0.00