



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

260011 - 2019/07

Medicaid Reimbursement Rate Change Form

Florida State Hospital
 Building 260
 Chattahoochee, FL 32324-

Provider Number: 0260011-00
 Date: 7/1/2019
 Fiscal Year End: 6/30/2018
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>306.51</u>	<u>431.24</u>	<u>7/1/2019</u>
Outpatient	<u>0.00</u>	<u>0.00</u>	<u>7/1/2019</u>
Inpatient County Billing Rate			<u>7/1/2019</u>

Rate Type:

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

BASIS:

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

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
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260029 - 2019/07

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0260029-00
 Date: 7/1/2019
 Fiscal Year End: 6/30/2018
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	364.30	272.22	7/1/2019
Outpatient	0.00	0.00	7/1/2019
Inpatient County Billing Rate			7/1/2019

Rate Type:

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

BASIS:

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

W. Rydell Samuel

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260045 - 2019/07

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0260045-00
 Date: 7/1/2019
 Fiscal Year End: 6/30/2018
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>278.62</u>	<u>191.75</u>	<u>7/1/2019</u>
Outpatient	<u>0.00</u>	<u>0.00</u>	<u>7/1/2019</u>
Inpatient County Billing Rate			<u>7/1/2019</u>

Rate Type:

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

BASIS:

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

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

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260053 - 2019/07

Medicaid Reimbursement Rate Change Form

West Florida Community Care Center
 5500 Stewart St.
 Milton, FL 32570-

Provider Number: 0260053-00
 Date: 7/1/2019
 Fiscal Year End: 6/30/2018
 Audit Status: Unaudited Cost Report

Provider Type:

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	189.40	200.80	7/1/2019
Outpatient	0.00	0.00	7/1/2019
Inpatient County Billing Rate			7/1/2019

Rate Type:

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

BASIS:

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

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate