

260011 - 2019/07

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

Medicaid Reimbursement Rate Change Form

Florida State F	loenital					_	Pr	ovider Number:	026001	1-00	
	ΙΟΟΡΙΙΔΙ							Date:	7/1/2019	9	
Building 260 Chattahoochee, FL 32324-							F	iscal Year End:	6/30/2018		
Chattanooche	5, I L 3232.						Audit Status:	: Unaudited Cost Report			
Provider Ty	pe:										
<u> </u>	HOSP	ITAL		Currei	nt Rate	<u>e</u>		New Rate		Effective Date	
	Inpatient Outpatient			306.51 0.00			431.24 0.00		7/1/2019 7/1/2019		
Inpatie	ent Count	y Billing	Rate						7/1/2019		
Rate Type:											
rate Type.	<u>Interim</u>				Х	Pros	<u>pective</u>				
	-	Total Inte	erim	_		_	X	Total Prospec	tive		
		_ Settleme	ent Based on	Cost				<u> </u>			
					ASIS	<u>}:</u>					
		-		Budget							
			Х	Unaudited							
				Field Audi							
		•		Revised F Cost Repo							
		-		- -	JII Lai	C 1631					
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					5				H	K	
					W. Ry	ydell Sa	amuel		_ ^	<u> </u>	
					Medic	caid Co	st Reimb	oursement Anal	ysis		
							_				
							Fo	r Information or	nly - No C	Change in rate	
Batch ID:TKDWZ							Print	ted on : 7/2/2019 12	2:58 PM		



260029 - 2019/07

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

Medicaid Reimbursement Rate Change Form

Northeast Florida State Hospital		Р	rovider Number:	0260029-00			
HWY 121 SOUTH			Date:	7/1/2019			
Macclenny, FL 32063-			Fiscal Year End:	: 6/30/2018			
,, 0_000			Audit Status:	: Unaudited Cost Report			
Provider Type:							
HOSPITAL	<u>Current</u>	Rate	New Rate	Effective Date			
Inpatien	t 364. :		272.22	7/1/2019 7/1/2019 7/1/2019			
Outpatie	nt 0.0	0	0.00				
Inpatient County Billin							
Rate Type:							
Interim		X <u>Prospective</u>	!				
Total In		X	Total Prospec	etive			
Settlem	ent Based on Cost	_					
		<u>SIS:</u>					
	Budget						
	X Unaudited (
	Field Audite						
	Revised Fie						
	Cost Report	t Late Test					
				K			
	V	V. Rydell Samuel		βÚ			
	N	Medicaid Cost Reimbursement Analysis					
		F	or Information or	nly - No Change in rate			
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260045 - 2019/07

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Rate Change Form

South Florida S	State Hospi	ital				Pr	ovider Number:	0260045	5-00	
800 East Cypro	ess Dr						Date:	7/1/2019)	
Pembroke Pine	25-			F	iscal Year End:	6/30/2018				
							Audit Status:	Unaudite	ed Cost Report	
Provider Ty	<u>/pe:</u>									
-	HOSF	PITAL		Curren	t Rate		New Rate		Effective Date	
		Inpatient		278.62			191.75		7/1/2019	
Outpatient				0.0	00		0.00		7/1/2019	
Inpatie	ent Count	ty Billing	Rate						7/1/2019	
Rate Type:										
rato Typo.	<u>Interim</u>				X <u>Pro</u>	spective				
	-	Total Inte	erim			X	Total Prospec	tive		
		_ Settleme	nt Based on	Cost			_			
										
		<u>-</u>		<u>B</u>	ASIS:					
		_		Budget -						
		_	X	Unaudited	Costs					
		_		Field Audite						
		_		Revised Fig						
		-		Cost Repoi	rt Late Test	t				
								I	Z .	
					W. Rydell S	Samuel		PU		
				Ī	Medicaid Cost Reimbursement Analysis					
						Fo	r Information or	nly - No C	hange in rate	
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260053 - 2019/07

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

Medicaid Reimbursement Rate Change Form

West Florida Co	mmunity Car	e Cente	er			ı	Provider Number:	0260053-00		
5500 Stewart St.							Date:	7/1/2019		
Milton, FL 3257							Fiscal Year End:	: 6/30/2018		
							Audit Status:	: Unaudited Cost Report		
Provider Typ	<u>e:</u>									
	HOSPITA	<u>4L</u>		Curre	nt Rate		New Rate	Effecti	ve Date	
	Inpatient			189	9.40		200.80	7/1/2019		
	Outp	patient		0.	00		0.00	7/1/2019		
Inpatien	t County E	Billing	Rate					7/1/	2019	
Rate Type:										
	<u>nterim</u>				Χ	<u>Prospectiv</u>	<u>'e</u>			
	T	otal Inte	erim	_		Х	Total Prospec	tive		
_	S	ettleme	nt Based on	Cost	•					
		_			ASIS:					
		-		Budget -	10					
		-	Х	Unaudited – Field Audi		.to				
		-		Revised F						
		-		Cost Repo						
		-			ort Late	1001				
								_		
					W D	lall Camarral		THE STREET		
					w. Ryc	dell Samuel		M		
					Medica	id Cost Rei	mbursement Anal	lysis		
						_				
							For Information or	nly - No Change	in rate	
Batch ID:EGFGN						Pi	rinted on : 7/2/2019 12	2:59 PM		