



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2012 through June 30, 2013

004170 - 2012/07

853.93 / 14.24

Kindred Hospital The Palm Beaches

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,412,855	188,367	77,469	0	Total Bed Days	25,550
2. Routine	10,735,322		68,223		Total Inpatient Days	14,225
3. Special Care	2,676,925		31,286		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	105
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,178
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-347,469	-2,999	-2,818	0	Medicaid Paid Claims	0
9. Total Cost	21,477,633	185,368	174,160	0	Property Rate Allowance	0.80
10. Charges	\$81,406,527	\$1,826,738	\$695,776	0	First Semester in effect:	2012/07
11. Fixed Costs	3,100,146.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,356.87		0.00	County Ceiling Base	1,005.19	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		21,477,632.92	
AB	Total Fixed Costs		(-) 3,100,146.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		18,377,486.92	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		19,786,015.18	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		14,225	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		1,390.93	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		0.00	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		1,390.93	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county		1,798.35	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		1,026.08	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		1,026.08	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		1,026.08	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		174.35	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		1,200.43	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		\$81,406,527.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		5,722.78	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		6,161.40	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)		\$1,200.43	\$19.53
AU	Medicaid Trend Adjustment	IP% : 28.865 OP% : 27.083	\$346.50	\$5.29
AV	Exemption Tier Adj		0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00	0.00
AX	Buy Back of Exemption Tier Adjustment		0.00	0.00
AY	Final Prospective Rates		853.93	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

009496 - 2012/07

704.14 / 14.24

UCHLTACH at Connerton

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2009-12/31/2009

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0	0	0	0	Total Bed Days	0
2. Routine	7,274,672		243,100		Total Inpatient Days	4,964
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	149
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	150,000	0	4,502	0	Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	7,424,672	0	247,602	0	Property Rate Allowance	0.80
10. Charges	\$15,251,119	\$0	\$457,534	0	First Semester in effect:	2009/01
11. Fixed Costs	828,665.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,381.83		0.00	County Ceiling Base	838.88	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.807
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,686.95	196.45	FPLI	0.9616

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	7,424,672.00	
AB	Total Fixed Costs	(-) 828,665.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,596,007.00	
AE	Variable Operating Cost - NOT Inflated due to Interim status	6,596,007.00	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	4,964	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,328.77	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,328.77	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,686.95	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	856.32	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	856.32	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	856.32	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	133.55	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	989.87	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$15,251,119.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,072.34	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,072.34	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$989.87	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$285.73	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	704.14	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

016815 - 2012/07

887.04 / 14.24

Kindred Hospital Melbourne

Type of Control: Proprietary(1)
 Fiscal Year : 8/1/2010-7/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,899,886	40,393	45,903	0	Total Bed Days	21,900
2. Routine	7,139,553		76,632		Total Inpatient Days	8,127
3. Special Care	3,086,797		4,682		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	69
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,746
7. Malpractice					Prospective Inflation factor	1.0656073808
8. Adjustments	-226,372	-567	-1,786	0	Medicaid Paid Claims	0
9. Total Cost	15,899,864	39,826	125,431	0	Property Rate Allowance	0.80
10. Charges	\$43,938,495	\$299,223	\$290,690	0	First Semester in effect:	2010/07
11. Fixed Costs	2,795,336.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,843.63		0.00	County Ceiling Base	952.02	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,612.47	NA	Cost Report DRI Index	1.951
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,635.03	190.41	FPLI	0.9320

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	15,899,864.02	
AB	Total Fixed Costs	(-) 2,795,336.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	13,104,528.02	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,964,281.78	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	8,127	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,718.26	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,645.99	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,645.99	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,635.03	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	971.81	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	971.81	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	971.81	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	275.17	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,246.98	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$43,938,495.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,406.48	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,761.19	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,246.98	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$359.94	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	887.04	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

020127 - 2012/07

3,498.14 / 273.74

Sacred Heart Hospital on the Gulf

Type of Control: Proprietary(1)

Fiscal Year : 7/10/2010-6/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Gulf (23)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,198,126	8,987,321	373,617	1,137,764	Total Bed Days	6,935
2. Routine	2,849,642		455,604		Total Inpatient Days	1,206
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	216
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	695
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	4,058
9. Total Cost	4,047,768	8,987,321	829,221	1,137,764	Property Rate Allowance	1.00
10. Charges	\$3,969,004	\$19,519,517	\$827,268	2,638,125	First Semester in effect:	2010/01
11. Fixed Costs	2,836,896.00		591,300.31		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,296.87		330.10	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,596.78	185.95	FPLI	0.9102

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	829,221.00	1,137,764.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 591,300.31	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	237,920.69	1,137,764.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	254,967.59	1,219,284.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	216	4,058
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,180.41	300.46
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)	1,180.41	300.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9102) for Gulf county	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)	1,180.41	300.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	2,737.50	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,917.91	300.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$827,268.00	2,638,125.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,829.94	650.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,104.35	696.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,917.91	\$300.46
AU	Medicaid Trend Adjustment IP% : 14.888 OP% : 10.546	\$583.29	\$31.69
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	163.52	4.97
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	3,498.14	273.74



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

025766 - 2012/07

2,939.69 / 224.53

Shriners Hospital for Children

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2011-12/31/2011

Hospital Classification: Specialized:Children's

Type of Action: Interim Budget [4]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,506,858	5,972,974	1,503,476	1,648,142	Total Bed Days	21,900
2. Routine	5,341,767		926,403		Total Inpatient Days	4,561
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	791
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	7,171
9. Total Cost	11,848,625	5,972,974	2,429,879	1,648,142	Property Rate Allowance	0.80
10. Charges	\$14,308,931	\$13,099,547	\$4,916,194	3,927,163	First Semester in effect:	2009/07
11. Fixed Costs	1,522,000.00		522,921.47		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,578.69		245.83	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11	191.00	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,429,879.00	1,648,142.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 522,921.47	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,906,957.53	1,648,142.00
AE	Variable Operating Cost - NOT Inflated due to Interim status	1,906,957.53	1,648,142.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	791	7,171
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,410.82	229.83
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)	2,410.82	229.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	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)	2,410.82	229.83
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	528.87	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,939.69	229.83
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,916,194.00	3,927,163.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,215.16	547.65
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,215.16	547.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,939.69	\$229.83
AU	Medicaid Trend Adjustment IP% : 12.214 OP% : 8.190	\$359.07	\$18.82
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 89\%)$	0.00	5.30
AW	Buy Back of Medicaid Trend Adjustment	359.07	18.82
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,939.69	224.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

025766 - 2012/07

2,580.62 / 162.81

County Billing ONLY

Shriners Hospital for Children

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2011-12/31/2011

Hospital Classification: Specialized:Children's

Type of Action: Interim Budget [4]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,506,858	5,972,974	1,503,476	1,648,142	Total Bed Days	21,900
2. Routine	5,341,767		926,403		Total Inpatient Days	4,561
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	791
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	7,171
9. Total Cost	11,848,625	5,972,974	2,429,879	1,648,142	Property Rate Allowance	0.80
10. Charges	\$14,308,931	\$13,099,547	\$4,916,194	3,927,163	First Semester in effect:	2009/07
11. Fixed Costs	1,522,000.00		522,921.47		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,578.69		245.83	County Ceiling Base	Exempt	169.55
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11	191.00	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,429,879.00	1,648,142.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 522,921.47	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,906,957.53	1,648,142.00
AE	Variable Operating Cost - NOT Inflated due to Interim status	1,906,957.53	1,648,142.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	791	7,171
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,410.82	229.83
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)	2,410.82	229.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	191.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	177.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	177.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,410.82	177.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	528.87	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,939.69	177.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,916,194.00	3,927,163.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,215.16	547.65
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,215.16	547.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,939.69	\$177.33
AU	Medicaid Trend Adjustment IP% : 12.214 OP% : 8.190	\$359.07	\$14.52
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,580.62	162.81



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

031588 - 2012/07

1,199.08 / 116.45

Viera Hospital

Type of Control: Non-Profit (Church) (2)
 Fiscal Year : 4/1/2009-9/30/2010
 Hospital Classification: General

Type of Action: Interim Budget [4]

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,749,286	13,532,258	430,209	463,158	Total Bed Days	18,200
2. Routine	13,379,083		504,638		Total Inpatient Days	9,652
3. Special Care	2,692,234		107,245		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	386
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,052
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	2,900
9. Total Cost	24,820,603	13,532,258	1,042,092	463,158	Property Rate Allowance	0.80
10. Charges	\$49,212,002	\$54,610,336	\$1,910,323	1,962,299	First Semester in effect:	2011/01
11. Fixed Costs	8,872,736.00		344,423.94		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,939.30		171.36	County Ceiling Base	952.02	171.23
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.857
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,635.03	190.41	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,042,092.00	463,158.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 344,423.94	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	697,668.06	463,158.00
AE	Variable Operating Cost - NOT Inflated due to Interim status	697,668.06	463,158.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	386	2,900
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,807.43	159.71
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)	1,807.43	159.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,635.03	190.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	971.81	179.09
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	971.81	179.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	971.81	159.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	713.83	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,685.64	159.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,910,323.00	1,962,299.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,949.02	676.65
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,949.02	676.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,685.64	\$159.71
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$486.56	\$43.26
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,199.08	116.45



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

032265 - 2012/07

955.85 / 139.05

West Kendall Baptist Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,868,056	67,586,975	14,617,204	8,180,350	Total Bed Days	51,830
2. Routine	49,175,318		8,011,297		Total Inpatient Days	40,437
3. Special Care	16,138,342		2,425,495		Total Newborn Days	4,355
4. Newborn Routine	3,371,328		2,286,780		Medicaid Inpatient Days	7,918
5. Intern-Resident	670,743		0		Medicaid Newborn IP Days	939
6. Home Health					Medicare Inpatient Days	8,984
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	-1,302,067	-744,375	-301,120	-90,095	Medicaid Paid Claims	42,424
9. Total Cost	116,921,720	66,842,600	27,039,656	8,090,255	Property Rate Allowance	0.80
10. Charges	\$431,579,680	\$292,848,353	\$72,375,519	32,948,132	First Semester in effect:	2011/01
11. Fixed Costs	21,172,001.00		3,550,525.27		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,201.41		158.30	County Ceiling Base	1,002.18	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.878
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,039,656.13	8,090,255.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,550,525.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	23,489,130.86	8,090,255.05
AE	Variable Operating Cost - NOT Inflated due to Interim status	23,489,130.86	8,090,255.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,857	42,424
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,652.04	190.70
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)	2,652.04	190.70
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,023.01	190.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	320.70	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,343.71	190.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$72,375,519.00	32,948,132.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,171.56	776.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,171.56	776.64
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,343.71	\$190.70
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$387.86	\$51.65
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	955.85	139.05



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

032975 - 2012/07

989.69 / 79.13

Palm Bay Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 4/1/2010-9/30/2011

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,837,253	12,534,109	1,359,794	1,502,970	Total Bed Days	27,331
2. Routine	11,954,681		647,295		Total Inpatient Days	13,644
3. Special Care	2,555,186		179,483		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	955
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,883
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	13,850
9. Total Cost	24,347,120	12,534,109	2,186,572	1,502,970	Property Rate Allowance	0.80
10. Charges	\$104,504,515	\$93,032,659	\$10,224,776	9,890,135	First Semester in effect:	2011/01
11. Fixed Costs	5,117,960.00		500,743.86		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,894.07		116.44	952.02	171.23	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Exempt	Exempt	Cost Report DRI Index	1.940		
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,635.03	190.41	FPLI	0.9320	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,186,572.00	1,502,970.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 500,743.86	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,685,828.14	1,502,970.00
AE	Variable Operating Cost - NOT Inflated due to Interim status	1,685,828.14	1,502,970.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	955	13,850
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,765.27	108.52
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)	1,765.27	108.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,635.03	190.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	971.81	179.09
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	971.81	179.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	971.81	108.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	419.47	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,391.28	108.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,224,776.00	9,890,135.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,706.57	714.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,706.57	714.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,391.28	\$108.52
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$401.59	\$29.39
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	989.69	79.13



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

054568 - 2012/07

893.95 / 97.42

Florida Hospital Wesley Chapel

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/2012-12/31/2013

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	22,086,429	24,487,857	2,111,055	1,808,244	Total Bed Days	37,931
2. Routine	13,999,801		1,466,505		Total Inpatient Days	13,670
3. Special Care	4,616,846		499,180		Total Newborn Days	365
4. Newborn Routine	368,045		39,325		Medicaid Inpatient Days	1,478
5. Intern-Resident	0		0		Medicaid Newborn IP Days	8
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	-730,832	-435,744	-73,242	-32,176	Medicaid Paid Claims	13,293
9. Total Cost	40,340,289	24,052,113	4,042,823	1,776,068	Property Rate Allowance	0.80
10. Charges	\$167,888,827	\$143,618,815	\$13,009,459	9,798,781	First Semester in effect:	2012/07
11. Fixed Costs	9,597,654.00		743,708.13		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,308.79		138.95	County Ceiling Base	838.88	165.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.100
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,686.95	196.45	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,042,822.51	1,776,067.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 743,708.13	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,299,114.38	1,776,067.57
AE	Variable Operating Cost - NOT Inflated due to Interim status	3,299,114.38	1,776,067.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,486	13,293
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,220.13	133.61
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)	2,220.13	133.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,686.95	196.45
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	856.32	173.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	856.32	173.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	856.32	133.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	400.38	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,256.70	133.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,009,459.00	9,798,781.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,754.68	737.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,754.68	737.14
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,256.70	\$133.61
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$362.75	\$36.19
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	893.95	97.42



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100030 - 2012/07

2,524.40 / 229.56

Shands Teaching Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Specialized: Statutory Teaching

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Alachua (1)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	423,597,807	211,503,109	87,252,920	40,079,456	Total Bed Days	322,573
2. Routine	192,636,211		46,163,210		Total Inpatient Days	243,510
3. Special Care	67,904,191		8,776,226		Total Newborn Days	23,466
4. Newborn Routine	21,661,749		14,775,877		Medicaid Inpatient Days	51,585
5. Intern-Resident	0		0		Medicaid Newborn IP Days	12,368
6. Home Health					Medicare Inpatient Days	85,888
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	151,034
9. Total Cost	705,799,958	211,503,109	156,968,233	40,079,456	Property Rate Allowance	0.80
10. Charges	\$1,765,231,481	\$767,215,455	\$369,409,917	117,209,672	First Semester in effect:	2012/07
11. Fixed Costs	79,036,720.00		16,540,011.04		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,668.86	322.54	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,546.78	180.13	FPLI	0.8817
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	156,968,233.00	40,079,456.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 16,540,011.04	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	140,428,221.96	40,079,456.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	150,489,831.68	42,951,128.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	63,953	151,034
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,353.13	284.38
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)	2,353.13	284.38
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county	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)	2,353.13	284.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	206.90	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,560.03	284.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$369,409,917.00	117,209,672.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,776.27	776.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,190.14	831.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,560.03	\$284.38
AU	Medicaid Trend Adjustment IP% : 24.303 OP% : 26.356	\$622.17	\$74.95
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	187.20	26.60
AW	Buy Back of Medicaid Trend Adjustment	586.54	30.02
AX	Buy Back of Exemption Tier Adjustment	187.20	16.71
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,524.40	229.56



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100030 - 2012/07

1,214.45 / 116.53

County Billing ONLY

Shands Teaching Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Specialized: Statutory Teaching

Type of Action: Amended Cost Report [2]

County: Alachua (1)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	423,597,807	211,503,109	87,252,920	40,079,456	Total Bed Days	322,573
2. Routine	192,636,211		46,163,210		Total Inpatient Days	243,510
3. Special Care	67,904,191		8,776,226		Total Newborn Days	23,466
4. Newborn Routine	21,661,749		14,775,877		Medicaid Inpatient Days	51,585
5. Intern-Resident	0		0		Medicaid Newborn IP Days	12,368
6. Home Health					Medicare Inpatient Days	85,888
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	151,034
9. Total Cost	705,799,958	211,503,109	156,968,233	40,079,456	Property Rate Allowance	0.80
10. Charges	\$1,765,231,481	\$767,215,455	\$369,409,917	117,209,672	First Semester in effect:	2012/07
11. Fixed Costs	79,036,720.00		16,540,011.04		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,668.86		322.54	County Ceiling Base	Exempt	152.81
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,469.80	221.55	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,546.78	180.13	FPLI	0.8817

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	156,968,233.00	40,079,456.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 16,540,011.04	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	140,428,221.96	40,079,456.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	150,489,831.68	42,951,128.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	63,953	151,034
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,353.13	284.38
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,500.35	231.72
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,500.35	231.72
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county	Exempt	180.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	159.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	159.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,500.35	159.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	206.90	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,707.25	159.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$369,409,917.00	117,209,672.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,776.27	776.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,190.14	831.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,707.25	\$159.82
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$492.80	\$43.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,214.45	116.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100048 - 2012/07

4,279.64 / 84.61

Ed Fraser Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Baker (2)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,451	9,674,296	0	850,478	Total Bed Days	9,125
2. Routine	1,371,062		14,743		Total Inpatient Days	42
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	31
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-12,690	-87,599	-133	-7,701	Medicaid Paid Claims	9,677
9. Total Cost	1,388,823	9,586,697	14,610	842,777	Property Rate Allowance	1.00
10. Charges	\$170,494	\$36,954,380	\$1	3,284,461	First Semester in effect:	2012/07
11. Fixed Costs	1,342,415.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,221.45		96.28	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,673.09	194.84	FPLI	0.9537

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,388,822.61	842,777.11
AB	Total Fixed Costs	(-) 1,342,415.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	46,407.61	842,777.11
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	48,925.67	888,505.89
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	42	9,677
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,164.90	91.82
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)	1,164.90	91.82
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9537) for Baker county	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)	1,164.90	91.82
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	31,962.26	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	33,127.16	91.82
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$170,494.00	3,284,461.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,059.38	339.41
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	4,279.64	357.83
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$4,279.64	\$91.82
AU	Medicaid Trend Adjustment IP% : 10.770 OP% : 10.546	\$460.90	\$9.68
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	460.90	2.47
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	4,279.64	84.61



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100064 - 2012/07

1,388.39 / 132.64

Bay Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	60,889,911	61,655,208	8,703,500	6,964,612	Total Bed Days	117,895
2. Routine	38,221,985		5,168,977		Total Inpatient Days	74,884
3. Special Care	24,922,813		2,364,233		Total Newborn Days	486
4. Newborn Routine	473,442		287,377		Medicaid Inpatient Days	11,752
5. Intern-Resident	0		0		Medicaid Newborn IP Days	6
6. Home Health					Medicare Inpatient Days	41,205
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,862,559	-922,321	-247,189	-104,186	Medicaid Paid Claims	51,196
9. Total Cost	122,645,592	60,732,887	16,276,898	6,860,426	Property Rate Allowance	0.80
10. Charges	\$450,447,136	\$364,690,519	\$59,691,721	38,850,235	First Semester in effect:	2012/07
11. Fixed Costs	24,791,274.00		3,285,255.23		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,300.22	157.69	Exempt	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,571.70	183.03	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	16,276,897.65	6,860,426.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,285,255.23	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,991,642.42	6,860,426.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,696,564.19	7,232,670.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,758	51,196
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,164.87	141.27
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)	1,164.87	141.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	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)	1,164.87	141.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	223.52	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,388.39	141.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$59,691,721.00	38,850,235.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,076.69	758.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,352.15	800.02
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,388.39	\$141.27
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$400.76	\$38.26
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	73.14	5.36
AW	Buy Back of Medicaid Trend Adjustment	400.76	31.60
AX	Buy Back of Exemption Tier Adjustment	73.14	3.39
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,388.39	132.64



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100064 - 2012/07

735.43 / 84.53

County Billing ONLY

Bay Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	60,889,911	61,655,208	8,703,500	6,964,612	Total Bed Days	117,895
2. Routine	38,221,985		5,168,977		Total Inpatient Days	74,884
3. Special Care	24,922,813		2,364,233		Total Newborn Days	486
4. Newborn Routine	473,442		287,377		Medicaid Inpatient Days	11,752
5. Intern-Resident	0		0		Medicaid Newborn IP Days	6
6. Home Health					Medicare Inpatient Days	41,205
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,862,559	-922,321	-247,189	-104,186	Medicaid Paid Claims	51,196
9. Total Cost	122,645,592	60,732,887	16,276,898	6,860,426	Property Rate Allowance	0.80
10. Charges	\$450,447,136	\$364,690,519	\$59,691,721	38,850,235	First Semester in effect:	2012/07
11. Fixed Costs	24,791,274.00		3,285,255.23		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,300.22		157.69	County Ceiling Base	913.77	155.07
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	793.83	110.84	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,571.70	183.03	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	16,276,897.65	6,860,426.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,285,255.23	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,991,642.42	6,860,426.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,696,564.19	7,232,670.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,758	51,196
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,164.87	141.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	810.33	115.93
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	810.33	115.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	1,571.70	183.03
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	932.76	162.19
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	932.76	162.19
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	810.33	115.93
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	223.52	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,033.85	115.93
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$59,691,721.00	38,850,235.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,076.69	758.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,352.15	800.02
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,033.85	\$115.93
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$298.42	\$31.40
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	735.43	84.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100072 - 2012/07

1,777.07 / 123.06

Shands at Starke

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Bradford (4)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,492,413	10,219,019	288,573	2,303,123	Total Bed Days	9,125
2. Routine	4,347,472		281,984		Total Inpatient Days	4,226
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	333
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,607
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-109,558	-163,684	-9,139	-36,890	Medicaid Paid Claims	19,052
9. Total Cost	6,730,327	10,055,335	561,418	2,266,233	Property Rate Allowance	1.00
10. Charges	\$19,160,661	\$54,612,482	\$1,688,976	10,758,625	First Semester in effect:	2012/07
11. Fixed Costs	1,563,960.00		137,860.11		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,523.51	142.47	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,569.59	182.79	FPLI	0.8947
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	561,418.07	2,266,232.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 137,860.11	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	423,557.96	2,266,232.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	453,905.67	2,428,606.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	333	19,052
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,363.08	127.47
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)	1,363.08	127.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8947) for Bradford county	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)	1,363.08	127.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	413.99	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,777.07	127.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,688,976.00	10,758,625.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,072.00	564.70
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,435.41	605.16
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,777.07	\$127.47
AU	Medicaid Trend Adjustment IP% : 10.770 OP% : 10.546	\$191.39	\$13.44
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	191.39	9.03
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,777.07	123.06



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100081 - 2012/07

1,275.04 / 98.39

Holmes Regional Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	166,717,489	113,733,598	14,557,397	4,993,550	Total Bed Days	215,328
2. Routine	126,504,155		9,849,722		Total Inpatient Days	154,342
3. Special Care	26,394,425		1,633,996		Total Newborn Days	9,154
4. Newborn Routine	5,495,724		2,676,405		Medicaid Inpatient Days	13,148
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,602
6. Home Health					Medicare Inpatient Days	67,505
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-4,200,086	-1,469,313	-370,999	-64,511	Medicaid Paid Claims	39,303
9. Total Cost	320,911,707	112,264,285	28,346,521	4,929,039	Property Rate Allowance	0.80
10. Charges	\$1,162,731,783	\$624,992,209	\$96,464,393	29,571,853	First Semester in effect:	2012/07
11. Fixed Costs	50,069,977.00		4,153,984.62		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,855.33	141.87	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,635.03	190.41	FPLI	0.9320
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	28,346,521.28	4,929,038.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,153,984.62	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	24,192,536.66	4,929,038.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,505,214.87	5,196,486.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	14,750	39,303
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,729.17	132.22
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)	1,729.17	132.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	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)	1,729.17	132.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	225.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,954.47	132.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$96,464,393.00	29,571,853.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,539.96	752.41
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,894.82	793.24
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,954.47	\$132.22
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$543.28	\$34.85
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	183.29	2.02
AW	Buy Back of Medicaid Trend Adjustment	47.14	3.04
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,275.04	98.39



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100081 - 2012/07

851.57 / 90.44

County Billing ONLY

Holmes Regional Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	166,717,489	113,733,598	14,557,397	4,993,550	Total Bed Days	215,328
2. Routine	126,504,155		9,849,722		Total Inpatient Days	154,342
3. Special Care	26,394,425		1,633,996		Total Newborn Days	9,154
4. Newborn Routine	5,495,724		2,676,405		Medicaid Inpatient Days	13,148
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,602
6. Home Health					Medicare Inpatient Days	67,505
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-4,200,086	-1,469,313	-370,999	-64,511	Medicaid Paid Claims	39,303
9. Total Cost	320,911,707	112,264,285	28,346,521	4,929,039	Property Rate Allowance	0.80
10. Charges	\$1,162,731,783	\$624,992,209	\$96,464,393	29,571,853	First Semester in effect:	2012/07
11. Fixed Costs	50,069,977.00		4,153,984.62		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,855.33	141.87	952.02	171.23	2.0790	2.0790	
2. Base Rate Semester	2011/07	2011/07	975.33	118.59	1.972	1.972	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	2008	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,635.03	190.41	0.9320	0.9320	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	28,346,521.28	4,929,038.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,153,984.62	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	24,192,536.66	4,929,038.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,505,214.87	5,196,486.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	14,750	39,303
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,729.17	132.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	995.60	124.03
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	995.60	124.03
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,635.03	190.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	971.81	179.09
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	971.81	179.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	971.81	124.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	225.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,197.11	124.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$96,464,393.00	29,571,853.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,539.96	752.41
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,894.82	793.24
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,197.11	\$124.03
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$345.54	\$33.59
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	851.57	90.44



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100099 - 2012/07

791.33 / 102.96

Cape Canaveral Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,756,013	39,348,397	2,293,436	1,400,660	Total Bed Days	54,750
2. Routine	24,777,107		1,621,353		Total Inpatient Days	27,750
3. Special Care	4,411,455		0		Total Newborn Days	1,554
4. Newborn Routine	774,099		308,841		Medicaid Inpatient Days	2,180
5. Intern-Resident	0		0		Medicaid Newborn IP Days	40
6. Home Health					Medicare Inpatient Days	12,456
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-769,338	-524,478	-56,297	-18,670	Medicaid Paid Claims	8,282
9. Total Cost	56,949,336	38,823,919	4,167,333	1,381,990	Property Rate Allowance	0.80
10. Charges	\$187,403,831	\$222,971,240	\$13,838,052	6,836,242	First Semester in effect:	2012/07
11. Fixed Costs	12,642,715.00		933,548.41		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,647.75		188.76	952.02	171.23	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	760.23	135.00	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,635.03	190.41	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,167,332.84	1,381,990.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 933,548.41	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,233,784.43	1,381,990.47
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,409,248.40	1,456,976.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,220	8,282
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,535.70	175.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	776.03	141.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	776.03	141.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,635.03	190.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	971.81	179.09
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	971.81	179.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	776.03	141.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	336.41	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,112.44	141.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,838,052.00	6,836,242.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,233.36	825.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,571.58	870.22
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,112.44	\$141.20
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$321.11	\$38.24
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	791.33	102.96



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100102 - 2012/07

1,985.62 / 178.64

Parrish Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	26,837,803	63,115,626	2,451,843	4,770,598	Total Bed Days	76,650
2. Routine	37,498,258		2,667,734		Total Inpatient Days	33,910
3. Special Care	5,951,520		0		Total Newborn Days	1,552
4. Newborn Routine	1,138,174		659,291		Medicaid Inpatient Days	2,683
5. Intern-Resident	0		0		Medicaid Newborn IP Days	55
6. Home Health					Medicare Inpatient Days	16,464
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-938,831	-829,601	-75,958	-62,705	Medicaid Paid Claims	25,752
9. Total Cost	70,486,924	62,286,025	5,702,910	4,707,893	Property Rate Allowance	0.80
10. Charges	\$172,489,387	\$329,215,989	\$14,056,549	22,378,502	First Semester in effect:	2012/07
11. Fixed Costs	17,949,346.00		1,462,732.67		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,751.79	206.80	Exempt	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,635.03	190.41	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,702,909.70	4,707,892.55
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,462,732.67	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,240,177.03	4,707,892.55
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,470,247.49	4,963,341.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,738	25,752
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,632.67	192.74
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)	1,632.67	192.74
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,558.23	185.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	427.39	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,985.62	185.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,056,549.00	22,378,502.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,133.87	869.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,412.43	916.15
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,985.62	\$185.13
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$573.15	\$50.14
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	573.15	43.65
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,985.62	178.64



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100102 - 2012/07

868.87 / 77.99

County Billing ONLY

Parrish Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	26,837,803	63,115,626	2,451,843	4,770,598	Total Bed Days	76,650
2. Routine	37,498,258		2,667,734		Total Inpatient Days	33,910
3. Special Care	5,951,520		0		Total Newborn Days	1,552
4. Newborn Routine	1,138,174		659,291		Medicaid Inpatient Days	2,683
5. Intern-Resident	0		0		Medicaid Newborn IP Days	55
6. Home Health					Medicare Inpatient Days	16,464
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-938,831	-829,601	-75,958	-62,705	Medicaid Paid Claims	25,752
9. Total Cost	70,486,924	62,286,025	5,702,910	4,707,893	Property Rate Allowance	0.80
10. Charges	\$172,489,387	\$329,215,989	\$14,056,549	22,378,502	First Semester in effect:	2012/07
11. Fixed Costs	17,949,346.00		1,462,732.67		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,751.79		206.80	County Ceiling Base	952.02	171.23
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	777.87	102.27	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,635.03	190.41	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,702,909.70	4,707,892.55
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,462,732.67	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,240,177.03	4,707,892.55
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,470,247.49	4,963,341.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,738	25,752
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,632.67	192.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	794.04	106.96
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	794.04	106.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,635.03	190.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	971.81	179.09
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	971.81	179.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	794.04	106.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	427.39	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,221.43	106.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,056,549.00	22,378,502.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,133.87	869.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,412.43	916.15
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,221.43	\$106.96
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$352.56	\$28.97
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	868.87	77.99



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100111 - 2012/07

763.07 / 73.83

Wuesthoff Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,178,035	41,334,041	3,680,798	1,883,818	Total Bed Days	108,770
2. Routine	30,910,459		2,383,173		Total Inpatient Days	60,668
3. Special Care	10,515,305		563,663		Total Newborn Days	2,339
4. Newborn Routine	1,669,947		849,940		Medicaid Inpatient Days	4,874
5. Intern-Resident	0		0		Medicaid Newborn IP Days	671
6. Home Health					Medicare Inpatient Days	30,615
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-899,753	-436,130	-78,899	-19,877	Medicaid Paid Claims	19,408
9. Total Cost	84,373,993	40,897,911	7,398,676	1,863,941	Property Rate Allowance	0.80
10. Charges	\$348,974,712	\$278,927,975	\$51,062,902	12,978,992	First Semester in effect:	2012/07
11. Fixed Costs	9,091,422.00		1,330,280.89		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)			OP (G)		Inflation/FPLI Data (H)	
	2011/07	2011/07		2011/07	2011/07	2011/07	2011/07
1. Normalized Rate	1,237.95	108.64	County Ceiling Base	952.02	171.23	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	862.84	100.08	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,635.03	190.41	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,398,675.50	1,863,941.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,330,280.89	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,068,394.61	1,863,941.18
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,397,663.49	1,965,077.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,545	19,408
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,153.77	101.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	880.78	104.67
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	880.78	101.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,635.03	190.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	971.81	179.09
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	971.81	179.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	880.78	101.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	191.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,072.71	101.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,062,902.00	12,978,992.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,208.82	668.74
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,708.49	705.03
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,072.71	\$101.25
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$309.64	\$27.42
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	763.07	73.83



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100129 - 2012/07

1,842.36 / 169.11

Broward General Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	144,503,557	131,016,330	40,422,030	19,956,969	Total Bed Days	224,475
2. Routine	91,109,528		23,577,576		Total Inpatient Days	153,545
3. Special Care	55,355,823		20,637,060		Total Newborn Days	5,485
4. Newborn Routine	2,542,113		301,719		Medicaid Inpatient Days	47,969
5. Intern-Resident	0		0		Medicaid Newborn IP Days	70
6. Home Health					Medicare Inpatient Days	28,864
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	100,515
9. Total Cost	293,511,021	131,016,330	84,938,385	19,956,969	Property Rate Allowance	0.80
10. Charges	\$1,137,007,481	\$659,623,923	\$307,661,246	87,537,681	First Semester in effect:	2012/07
11. Fixed Costs	34,272,321.00		9,273,698.86		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,560.00	196.65	Exempt	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	84,938,385.00	19,956,969.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 9,273,698.86	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	75,664,686.14	19,956,969.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	81,086,021.90	21,386,875.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	48,039	100,515
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,687.92	212.77
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)	1,687.92	212.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	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)	1,687.92	212.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	154.44	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,842.36	212.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$307,661,246.00	87,537,681.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,404.41	870.89
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,863.28	933.29
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,842.36	\$212.77
AU	Medicaid Trend Adjustment IP% : 24.303 OP% : 24.657	\$447.76	\$52.46
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	153.90	17.98
AW	Buy Back of Medicaid Trend Adjustment	447.76	20.54
AX	Buy Back of Exemption Tier Adjustment	153.90	6.24
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,842.36	169.11



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100129 - 2012/07

811.86 / 95.16

County Billing ONLY

Broward General Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	144,503,557	131,016,330	40,422,030	19,956,969	Total Bed Days	224,475
2. Routine	91,109,528		23,577,576		Total Inpatient Days	153,545
3. Special Care	55,355,823		20,637,060		Total Newborn Days	5,485
4. Newborn Routine	2,542,113		301,719		Medicaid Inpatient Days	47,969
5. Intern-Resident	0		0		Medicaid Newborn IP Days	70
6. Home Health					Medicare Inpatient Days	28,864
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	100,515
9. Total Cost	293,511,021	131,016,330	84,938,385	19,956,969	Property Rate Allowance	0.80
10. Charges	\$1,137,007,481	\$659,623,923	\$307,661,246	87,537,681	First Semester in effect:	2012/07
11. Fixed Costs	34,272,321.00		9,273,698.86		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,560.00		196.65	County Ceiling Base	966.76	187.22
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,105.08	124.77	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	84,938,385.00	19,956,969.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 9,273,698.86	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	75,664,686.14	19,956,969.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	81,086,021.90	21,386,875.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	48,039	100,515
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,687.92	212.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,128.05	130.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,128.05	130.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	195.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	195.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	986.86	130.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	154.44	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,141.30	130.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$307,661,246.00	87,537,681.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,404.41	870.89
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,863.28	933.29
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,141.30	\$130.50
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$329.44	\$35.34
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	811.86	95.16



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100188 - 2012/07

776.69 / 84.33

Holy Cross Hospital, Inc.

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	100,903,108	132,554,979	3,604,209	2,012,471	Total Bed Days	208,415
2. Routine	64,045,761		2,554,673		Total Inpatient Days	91,660
3. Special Care	22,575,896		1,619,219		Total Newborn Days	2,459
4. Newborn Routine	1,063,019		316,011		Medicaid Inpatient Days	4,404
5. Intern-Resident	0		0		Medicaid Newborn IP Days	292
6. Home Health					Medicare Inpatient Days	45,599
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,042,952	-1,435,954	-87,683	-21,801	Medicaid Paid Claims	10,436
9. Total Cost	186,544,832	131,119,025	8,006,429	1,990,670	Property Rate Allowance	0.80
10. Charges	\$915,665,398	\$752,515,427	\$29,967,604	12,101,026	First Semester in effect:	2012/07
11. Fixed Costs	32,805,534.00		1,073,649.01		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,499.29		193.72	County Ceiling Base	966.76	193.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	890.44	110.57	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,006,429.33	1,990,670.11
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,073,649.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,932,780.32	1,990,670.11
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,617,996.97	2,187,422.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,696	10,436
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,622.23	209.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	908.95	115.65
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	908.95	115.65
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	202.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	202.85
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	908.95	115.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	182.90	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,091.85	115.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$29,967,604.00	12,101,026.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,381.52	1,159.55
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,012.25	1,274.16
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,091.85	\$115.65
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$315.16	\$31.32
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	776.69	84.33



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100196 - 2012/07

703.46 / 14.24

Kindred Hospital-Ft. Lauderdale

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2010-8/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,553,978	251,774	49,974	0	Total Bed Days	25,550
2. Routine	12,690,666		43,178		Total Inpatient Days	17,175
3. Special Care	2,899,037		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	50
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-424,576	-4,089	-1,513	0	Medicaid Paid Claims	0
9. Total Cost	25,719,105	247,685	91,639	0	Property Rate Allowance	0.80
10. Charges	\$115,916,866	\$2,768,010	\$632,965	0	First Semester in effect:	2012/07
11. Fixed Costs	3,699,711.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,256.20		0.00	County Ceiling Base	966.76	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	799.95	NA	Cost Report DRI Index	1.961
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	25,719,104.84	
AB	Total Fixed Costs	(-) 3,699,711.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	22,019,393.84	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,344,375.21	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	17,175	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,359.21	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	816.58	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	816.58	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	816.58	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	172.33	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	988.91	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$115,916,866.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,749.16	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	7,155.28	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$988.91	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$285.45	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	703.46	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100200 - 2012/07

1,970.07 / 244.86

Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2010-4/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	214,439,178	236,959,455	32,867,892	29,466,441	Total Bed Days	362,445
2. Routine	148,421,011		19,857,145		Total Inpatient Days	190,694
3. Special Care	41,986,886		9,912,692		Total Newborn Days	23,376
4. Newborn Routine	23,145,661		8,346,984		Medicaid Inpatient Days	30,835
5. Intern-Resident	1,786,163		259,167		Medicaid Newborn IP Days	5,852
6. Home Health					Medicare Inpatient Days	52,667
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-5,175,894	-2,853,739	-858,001	-354,869	Medicaid Paid Claims	120,441
9. Total Cost	424,603,005	234,105,716	70,385,879	29,111,572	Property Rate Allowance	0.80
10. Charges	\$1,971,089,596	\$1,526,485,013	\$331,444,188	148,522,901	First Semester in effect:	2012/07
11. Fixed Costs	82,153,485.00		13,814,336.59		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,542.36	241.77	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,898.17	221.05	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	70,385,878.95	29,111,572.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 13,814,336.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	56,571,542.36	29,111,572.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	61,224,485.46	31,505,964.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	36,687	120,441
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,668.83	261.59
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)	1,668.83	261.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	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)	1,668.83	261.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	301.24	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,970.07	261.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$331,444,188.00	148,522,901.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,034.38	1,233.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,777.45	1,334.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,970.07	\$261.59
AU	Medicaid Trend Adjustment IP% : 24.303 OP% : 24.657	\$478.79	\$64.50
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	157.55	27.39
AW	Buy Back of Medicaid Trend Adjustment	478.79	55.34
AX	Buy Back of Exemption Tier Adjustment	157.55	19.82
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,970.07	244.86



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

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100200 - 2012/07

890.86 / 99.35

County Billing ONLY

Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2010-4/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	214,439,178	236,959,455	32,867,892	29,466,441	Total Bed Days	362,445
2. Routine	148,421,011		19,857,145		Total Inpatient Days	190,694
3. Special Care	41,986,886		9,912,692		Total Newborn Days	23,376
4. Newborn Routine	23,145,661		8,346,984		Medicaid Inpatient Days	30,835
5. Intern-Resident	1,786,163		259,167		Medicaid Newborn IP Days	5,852
6. Home Health					Medicare Inpatient Days	52,667
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-5,175,894	-2,853,739	-858,001	-354,869	Medicaid Paid Claims	120,441
9. Total Cost	424,603,005	234,105,716	70,385,879	29,111,572	Property Rate Allowance	0.80
10. Charges	\$1,971,089,596	\$1,526,485,013	\$331,444,188	148,522,901	First Semester in effect:	2012/07
11. Fixed Costs	82,153,485.00		13,814,336.59		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,542.36		241.77	966.76	187.22	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	931.74	130.27	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	70,385,878.95	29,111,572.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 13,814,336.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	56,571,542.36	29,111,572.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	61,224,485.46	31,505,964.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	36,687	120,441
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,668.83	261.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	951.11	136.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	951.11	136.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	195.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	195.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	951.11	136.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	301.24	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,252.35	136.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$331,444,188.00	148,522,901.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,034.38	1,233.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,777.45	1,334.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,252.35	\$136.25
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$361.49	\$36.90
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	890.86	99.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100218 - 2012/07

1,814.42 / 149.92

North Broward Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	72,389,485	53,340,945	8,024,726	5,084,003	Total Bed Days	125,195
2. Routine	51,938,156		6,089,727		Total Inpatient Days	71,172
3. Special Care	10,013,263		1,667,951		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	9,106
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,008
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	32,650
9. Total Cost	134,340,904	53,340,945	15,782,404	5,084,003	Property Rate Allowance	0.80
10. Charges	\$493,823,777	\$271,404,534	\$53,419,579	24,578,035	First Semester in effect:	2012/07
11. Fixed Costs	13,310,641.00		1,439,883.76		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,560.00		154.22	Exempt	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,782,404.00	5,084,003.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,439,883.76	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,342,520.24	5,084,003.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,370,154.42	5,448,269.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,106	32,650
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,687.92	166.87
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)	1,687.92	166.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	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)	1,687.92	166.87
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	126.50	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,814.42	166.87
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$53,419,579.00	24,578,035.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,866.42	752.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,286.75	806.71
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,814.42	\$166.87
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$504.35	\$43.98
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	182.04	10.86
AW	Buy Back of Medicaid Trend Adjustment	504.35	34.26
AX	Buy Back of Exemption Tier Adjustment	182.04	3.63
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,814.42	149.92



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100218 - 2012/07

672.24 / 84.61

County Billing ONLY

North Broward Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	72,389,485	53,340,945	8,024,726	5,084,003	Total Bed Days	125,195
2. Routine	51,938,156		6,089,727		Total Inpatient Days	71,172
3. Special Care	10,013,263		1,667,951		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	9,106
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,008
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	32,650
9. Total Cost	134,340,904	53,340,945	15,782,404	5,084,003	Property Rate Allowance	0.80
10. Charges	\$493,823,777	\$271,404,534	\$53,419,579	24,578,035	First Semester in effect:	2012/07
11. Fixed Costs	13,310,641.00		1,439,883.76		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,560.00		154.22	County Ceiling Base	966.76	187.22
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	801.85	110.95	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,782,404.00	5,084,003.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,439,883.76	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,342,520.24	5,084,003.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,370,154.42	5,448,269.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,106	32,650
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,687.92	166.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	818.52	116.04
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	818.52	116.04
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	195.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	195.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	818.52	116.04
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	126.50	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	945.02	116.04
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$53,419,579.00	24,578,035.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,866.42	752.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,286.75	806.71
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$945.02	\$116.04
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$272.78	\$31.43
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	672.24	84.61



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100269 - 2012/07

1,605.93 / 74.97

Calhoun Liberty Hospital

Type of Control: Government (4)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Calhoun (7)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	990,959	3,886,243	63,454	499,249	Total Bed Days	5,475
2. Routine	1,443,670		103,118		Total Inpatient Days	1,532
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	128
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	917
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	6,949
9. Total Cost	2,434,629	3,886,243	166,572	499,249	Property Rate Allowance	1.00
10. Charges	\$6,043,628	\$14,348,800	\$363,852	1,552,188	First Semester in effect:	2012/07
11. Fixed Costs	402,535.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,734.74		93.97	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,473.98	171.65	FPLI	0.8402

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	2,434,629.00	499,249.00
AB	Total Fixed Costs	(-) 402,535.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,032,094.00	499,249.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,232,940.50	548,593.38
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,532	6,949
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,457.53	78.95
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)	1,457.53	78.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8402) for Calhoun county	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)	1,457.53	78.95
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	262.75	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,720.28	78.95
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$6,043,628.00	1,552,188.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,944.93	223.37
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	4,334.83	245.45
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,720.28	\$78.95
AU	Medicaid Trend Adjustment IP% : 14.888 OP% : 10.546	\$256.11	\$8.33
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	141.76	4.35
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,605.93	74.97



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100277 - 2012/07

781.92 / 56.71

Charlotte Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Charlotte (8)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,213,427	21,409,838	2,324,419	1,306,578	Total Bed Days	74,460
2. Routine	27,930,651		1,327,994		Total Inpatient Days	49,812
3. Special Care	6,296,889		1,088,422		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,097
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	30,411
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,156,300	-328,153	-72,664	-20,026	Medicaid Paid Claims	16,639
9. Total Cost	74,284,667	21,081,685	4,668,171	1,286,552	Property Rate Allowance	0.80
10. Charges	\$452,594,095	\$183,300,592	\$26,316,507	10,865,563	First Semester in effect:	2012/07
11. Fixed Costs	9,991,455.00		580,962.50		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,463.18	85.73	938.69	172.65	74.37	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	929.80	204.30	194.27	FPLI Year Used	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	1,668.18		FPLI	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					0.9509

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,668,171.21	1,286,551.80
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 580,962.50	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,087,208.71	1,286,551.80
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,308,979.17	1,356,359.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,097	16,639
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,391.34	81.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	949.13	77.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	949.13	77.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county	1,668.18	194.27
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	958.20	180.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	958.20	180.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	949.13	77.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	150.07	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,099.20	77.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$26,316,507.00	10,865,563.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,497.42	653.02
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,958.49	688.45
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,099.20	\$77.78
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$317.28	\$21.07
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	781.92	56.71



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100285 - 2012/07

703.51 / 63.15

Peace River Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Charlotte (8)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,744,103	27,424,710	3,869,428	3,050,871	Total Bed Days	68,985
2. Routine	23,915,277		3,261,302		Total Inpatient Days	39,615
3. Special Care	3,853,200		419,058		Total Newborn Days	3,347
4. Newborn Routine	1,666,130		1,179,288		Medicaid Inpatient Days	5,572
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,409
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	32,284
9. Total Cost	61,178,710	27,424,710	8,729,076	3,050,871	Property Rate Allowance	0.80
10. Charges	\$326,236,055	\$171,460,547	\$41,180,453	22,162,890	First Semester in effect:	2012/07
11. Fixed Costs	13,210,257.00		1,667,517.61		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,464.50		109.20	County Ceiling Base	938.69	169.77
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	734.31	82.81	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,668.18	194.27	FPLI	0.9509

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,729,076.00	3,050,871.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,667,517.61	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,061,558.39	3,050,871.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,759,503.11	3,352,410.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,572	32,284
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,392.59	103.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	749.57	86.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	749.57	86.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county	1,668.18	194.27
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	958.20	177.56
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	958.20	177.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	749.57	86.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	239.41	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	988.98	86.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$41,180,453.00	22,162,890.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,390.61	686.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,121.08	754.35
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$988.98	\$86.61
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$285.47	\$23.46
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	703.51	63.15



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100315 - 2012/07

1,384.20 / 75.71

Naples Community Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	136,248,769	91,050,135	10,578,133	5,644,925	Total Bed Days	248,565
2. Routine	108,985,653		9,568,672		Total Inpatient Days	141,019
3. Special Care	15,201,798		837,682		Total Newborn Days	10,327
4. Newborn Routine	7,019,059		4,290,598		Medicaid Inpatient Days	12,960
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2,009
6. Home Health					Medicare Inpatient Days	80,472
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-4,134,471	-1,407,503	-390,716	-87,262	Medicaid Paid Claims	56,196
9. Total Cost	263,320,808	89,642,632	24,884,369	5,557,663	Property Rate Allowance	0.80
10. Charges	\$974,968,244	\$502,587,994	\$80,940,922	29,988,515	First Semester in effect:	2012/07
11. Fixed Costs	26,808,020.00		2,225,575.93		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,594.73	104.19	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,755.55	204.44	FPLI	1.0007
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,884,368.83	5,557,662.64
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,225,575.93	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	22,658,792.90	5,557,662.64
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,888,250.73	5,859,219.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	14,969	56,196
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,595.85	104.26
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)	1,595.85	104.26
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county	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)	1,595.85	104.26
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	118.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,714.79	104.26
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$80,940,922.00	29,988,515.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,407.24	533.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,700.63	562.60
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,714.79	\$104.26
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$494.97	\$28.24
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	138.10	0.31
AW	Buy Back of Medicaid Trend Adjustment	176.34	0.00
AX	Buy Back of Exemption Tier Adjustment	126.14	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,384.20	75.71



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100315 - 2012/07

807.78 / 75.10

County Billing ONLY

Naples Community Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	136,248,769	91,050,135	10,578,133	5,644,925	Total Bed Days	248,565
2. Routine	108,985,653		9,568,672		Total Inpatient Days	141,019
3. Special Care	15,201,798		837,682		Total Newborn Days	10,327
4. Newborn Routine	7,019,059		4,290,598		Medicaid Inpatient Days	12,960
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2,009
6. Home Health					Medicare Inpatient Days	80,472
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-4,134,471	-1,407,503	-390,716	-87,262	Medicaid Paid Claims	56,196
9. Total Cost	263,320,808	89,642,632	24,884,369	5,557,663	Property Rate Allowance	0.80
10. Charges	\$974,968,244	\$502,587,994	\$80,940,922	29,988,515	First Semester in effect:	2012/07
11. Fixed Costs	26,808,020.00		2,225,575.93		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,594.73	104.19	995.92	173.07	2.0790	Cost Report DRI Index	1.972
2. Base Rate Semester	2011/07	2011/07	1,056.16	98.48	FPLI Year Used	2008	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	FPLI	1.0007	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,755.55	204.44			

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,884,368.83	5,557,662.64
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,225,575.93	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	22,658,792.90	5,557,662.64
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,888,250.73	5,859,219.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	14,969	56,196
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,595.85	104.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,078.11	103.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,078.11	103.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county	1,755.55	204.44
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,016.62	181.01
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,016.62	181.01
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,016.62	103.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	118.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,135.56	103.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$80,940,922.00	29,988,515.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,407.24	533.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,700.63	562.60
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,135.56	\$103.00
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$327.78	\$27.90
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	807.78	75.10



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100331 - 2012/07

1,870.17 / 126.49

Shands At Lake Shore

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Columbia (12)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,586,438	15,002,025	3,686,186	4,434,277	Total Bed Days	36,135
2. Routine	11,108,036		2,494,206		Total Inpatient Days	17,775
3. Special Care	3,165,657		382,062		Total Newborn Days	1,588
4. Newborn Routine	409,934		321,126		Medicaid Inpatient Days	3,805
5. Intern-Resident	0		0		Medicaid Newborn IP Days	73
6. Home Health					Medicare Inpatient Days	8,510
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-280,212	-154,152	-70,732	-45,564	Medicaid Paid Claims	37,035
9. Total Cost	26,989,853	14,847,873	6,812,848	4,388,713	Property Rate Allowance	1.00
10. Charges	\$89,635,432	\$72,845,962	\$20,488,593	19,459,082	First Semester in effect:	2012/07
11. Fixed Costs	2,960,208.00		676,635.29		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,875.35		140.44	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,586.26	184.73	FPLI	0.9042

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,812,848.24	4,388,712.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 676,635.29	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,136,212.95	4,388,712.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,575,869.44	4,703,161.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,878	37,035
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,695.69	126.99
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)	1,695.69	126.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9042) for Columbia county	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)	1,695.69	126.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	174.48	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,870.17	126.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,488,593.00	19,459,082.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,283.29	525.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,661.84	563.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,870.17	\$126.99
AU	Medicaid Trend Adjustment IP% : 14.888 OP% : 10.546	\$278.43	\$13.39
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	278.43	12.89
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,870.17	126.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100358 - 2012/07

1,465.93 / 156.94

Baptist Of Miami

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	244,355,347	208,029,311	31,863,416	13,645,758	Total Bed Days	240,170
2. Routine	195,616,399		20,128,732		Total Inpatient Days	180,135
3. Special Care	35,101,912		7,685,662		Total Newborn Days	19,277
4. Newborn Routine	15,229,430		4,614,565		Medicaid Inpatient Days	23,683
5. Intern-Resident	3,821,842		443,937		Medicaid Newborn IP Days	2,655
6. Home Health					Medicare Inpatient Days	49,355
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-8,119,624	-3,418,406	-1,063,768	-224,232	Medicaid Paid Claims	60,323
9. Total Cost	486,005,306	204,610,905	63,672,544	13,421,526	Property Rate Allowance	0.80
10. Charges	\$2,285,725,344	\$1,148,799,429	\$260,375,717	68,852,023	First Semester in effect:	2012/07
11. Fixed Costs	54,716,477.00		6,232,963.19		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,908.52	194.71	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	63,672,543.58	13,421,526.41
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 6,232,963.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	57,439,580.39	13,421,526.41
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	60,556,231.05	14,149,773.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	26,338	60,323
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,299.20	234.57
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)	2,299.20	234.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	2,299.20	234.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	189.32	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,488.52	234.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$260,375,717.00	68,852,023.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,885.93	1,141.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,422.34	1,203.32
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,488.52	\$234.57
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$718.31	\$63.53
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	304.28	14.10
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,465.93	156.94



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100358 - 2012/07

862.39 / 128.97

County Billing ONLY

Baptist Of Miami

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	244,355,347	208,029,311	31,863,416	13,645,758	Total Bed Days	240,170
2. Routine	195,616,399		20,128,732		Total Inpatient Days	180,135
3. Special Care	35,101,912		7,685,662		Total Newborn Days	19,277
4. Newborn Routine	15,229,430		4,614,565		Medicaid Inpatient Days	23,683
5. Intern-Resident	3,821,842		443,937		Medicaid Newborn IP Days	2,655
6. Home Health					Medicare Inpatient Days	49,355
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-8,119,624	-3,418,406	-1,063,768	-224,232	Medicaid Paid Claims	60,323
9. Total Cost	486,005,306	204,610,905	63,672,544	13,421,526	Property Rate Allowance	0.80
10. Charges	\$2,285,725,344	\$1,148,799,429	\$260,375,717	68,852,023	First Semester in effect:	2012/07
11. Fixed Costs	54,716,477.00		6,232,963.19		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,908.52		194.71	County Ceiling Base	1,002.18	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,071.09	169.12	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	63,672,543.58	13,421,526.41
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 6,232,963.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	57,439,580.39	13,421,526.41
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	60,556,231.05	14,149,773.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	26,338	60,323
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,299.20	234.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,093.35	176.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,093.35	176.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,023.01	176.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	189.32	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,212.33	176.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$260,375,717.00	68,852,023.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,885.93	1,141.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,422.34	1,203.32
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,212.33	\$176.88
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$349.94	\$47.91
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	862.39	128.97



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100366 - 2012/07

1,780.13 / 193.12

Cedars Medical Center, Inc.

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 6/1/2010-5/31/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	137,336,231	47,629,013	13,645,354	3,886,779	Total Bed Days	187,610
2. Routine	78,663,867		8,974,164		Total Inpatient Days	121,235
3. Special Care	24,484,989		1,927,738		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	14,084
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	56,150
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-3,068,542	-607,737	-313,218	-49,595	Medicaid Paid Claims	17,635
9. Total Cost	237,416,545	47,021,276	24,234,038	3,837,184	Property Rate Allowance	0.80
10. Charges	\$1,287,654,102	\$316,504,673	\$133,948,107	26,479,522	First Semester in effect:	2012/07
11. Fixed Costs	35,448,440.00		3,687,520.92		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,303.79	194.46	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,234,037.86	3,837,184.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,687,520.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	20,546,516.94	3,837,184.47
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,121,288.83	4,131,282.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	14,084	17,635
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,570.67	234.27
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)	1,570.67	234.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	1,570.67	234.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	209.46	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,780.13	234.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$133,948,107.00	26,479,522.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,510.66	1,501.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,239.60	1,616.61
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,780.13	\$234.27
AU	Medicaid Trend Adjustment IP% : 25.423 OP% : 27.084	\$452.57	\$63.45
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	196.52	21.31
AW	Buy Back of Medicaid Trend Adjustment	452.57	39.69
AX	Buy Back of Exemption Tier Adjustment	196.52	3.92
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,780.13	193.12



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100366 - 2012/07

707.03 / 107.24

County Billing ONLY

Cedars Medical Center, Inc.

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 6/1/2010-5/31/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	137,336,231	47,629,013	13,645,354	3,886,779	Total Bed Days	187,610
2. Routine	78,663,867		8,974,164		Total Inpatient Days	121,235
3. Special Care	24,484,989		1,927,738		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	14,084
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	56,150
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-3,068,542	-607,737	-313,218	-49,595	Medicaid Paid Claims	17,635
9. Total Cost	237,416,545	47,021,276	24,234,038	3,837,184	Property Rate Allowance	0.80
10. Charges	\$1,287,654,102	\$316,504,673	\$133,948,107	26,479,522	First Semester in effect:	2012/07
11. Fixed Costs	35,448,440.00		3,687,520.92		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,303.79	194.46	1,002.18	207.84	207.84	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	768.50	140.62	140.62	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	2,113.43	246.12	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,234,037.86	3,837,184.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,687,520.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	20,546,516.94	3,837,184.47
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,121,288.83	4,131,282.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	14,084	17,635
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,570.67	234.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	784.47	147.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	784.47	147.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	784.47	147.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	209.46	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	993.93	147.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$133,948,107.00	26,479,522.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,510.66	1,501.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,239.60	1,616.61
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$993.93	\$147.07
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$286.90	\$39.83
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	707.03	107.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100412 - 2012/07

1,131.39 / 85.09

Hialeah Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	44,127,093	18,134,139	10,849,380	4,060,256	Total Bed Days	124,830
2. Routine	29,133,241		4,953,499		Total Inpatient Days	56,000
3. Special Care	14,084,832		3,962,374		Total Newborn Days	2,555
4. Newborn Routine	1,006,588		830,095		Medicaid Inpatient Days	10,819
5. Intern-Resident	0		0		Medicaid Newborn IP Days	218
6. Home Health					Medicare Inpatient Days	21,238
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-1,214,083	-249,190	-283,010	-55,794	Medicaid Paid Claims	33,188
9. Total Cost	87,137,671	17,884,949	20,312,338	4,004,462	Property Rate Allowance	0.80
10. Charges	\$621,032,563	\$163,200,718	\$120,007,355	34,382,938	First Semester in effect:	2012/07
11. Fixed Costs	8,184,847.00		1,581,626.95		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,516.69	107.84	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	20,312,337.59	4,004,462.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,581,626.95	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,730,710.64	4,004,462.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,166,311.45	4,311,381.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,037	33,188
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,827.16	129.91
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)	1,827.16	129.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	1,827.16	129.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	114.64	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,941.80	129.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$120,007,355.00	34,382,938.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,873.19	1,036.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,706.56	1,115.41
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,941.80	\$129.91
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$560.50	\$35.18
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	249.91	9.64
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,131.39	85.09



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100412 - 2012/07

635.68 / 65.97

County Billing ONLY

Hialeah Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	44,127,093	18,134,139	10,849,380	4,060,256	Total Bed Days	124,830
2. Routine	29,133,241		4,953,499		Total Inpatient Days	56,000
3. Special Care	14,084,832		3,962,374		Total Newborn Days	2,555
4. Newborn Routine	1,006,588		830,095		Medicaid Inpatient Days	10,819
5. Intern-Resident	0		0		Medicaid Newborn IP Days	218
6. Home Health					Medicare Inpatient Days	21,238
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-1,214,083	-249,190	-283,010	-55,794	Medicaid Paid Claims	33,188
9. Total Cost	87,137,671	17,884,949	20,312,338	4,004,462	Property Rate Allowance	0.80
10. Charges	\$621,032,563	\$163,200,718	\$120,007,355	34,382,938	First Semester in effect:	2012/07
11. Fixed Costs	8,184,847.00		1,581,626.95		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,516.69		107.84	County Ceiling Base	1,002.18	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	763.13	86.50	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	20,312,337.59	4,004,462.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,581,626.95	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,730,710.64	4,004,462.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,166,311.45	4,311,381.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,037	33,188
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,827.16	129.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	778.99	90.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	778.99	90.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	778.99	90.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	114.64	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	893.63	90.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$120,007,355.00	34,382,938.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,873.19	1,036.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,706.56	1,115.41
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$893.63	\$90.47
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$257.95	\$24.50
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	635.68	65.97



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100421 - 2012/07

2,626.57 / 246.11

Jackson Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	489,758,869	382,038,656	171,415,907	48,834,438	Total Bed Days	628,460
2. Routine	335,102,388		95,592,850		Total Inpatient Days	409,139
3. Special Care	132,897,931		30,676,527		Total Newborn Days	22,304
4. Newborn Routine	39,081,558		28,631,003		Medicaid Inpatient Days	117,223
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10,891
6. Home Health					Medicare Inpatient Days	65,070
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	176,703
9. Total Cost	996,840,746	382,038,656	326,316,287	48,834,438	Property Rate Allowance	0.80
10. Charges	\$2,972,930,123	\$1,134,477,789	\$881,517,141	135,866,316	First Semester in effect:	2012/07
11. Fixed Costs	95,132,868.00		28,208,282.85		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,036.32	241.85	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	326,316,287.00	48,834,438.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 28,208,282.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	298,108,004.15	48,834,438.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	314,283,235.61	51,484,176.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	128,114	176,703
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,453.15	291.36
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)	2,453.15	291.36
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	2,453.15	291.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	176.14	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,629.29	291.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$881,517,141.00	135,866,316.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,880.72	768.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,254.07	810.62
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,629.29	\$291.36
AU	Medicaid Trend Adjustment IP% : 25.460 OP% : 24.657	\$669.42	\$71.84
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	233.38	17.15
AW	Buy Back of Medicaid Trend Adjustment	669.42	43.74
AX	Buy Back of Exemption Tier Adjustment	230.66	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,626.57	246.11



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100421 - 2012/07

1,102.34 / 155.22

County Billing ONLY

Jackson Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	489,758,869	382,038,656	171,415,907	48,834,438	Total Bed Days	628,460
2. Routine	335,102,388		95,592,850		Total Inpatient Days	409,139
3. Special Care	132,897,931		30,676,527		Total Newborn Days	22,304
4. Newborn Routine	39,081,558		28,631,003		Medicaid Inpatient Days	117,223
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10,891
6. Home Health					Medicare Inpatient Days	65,070
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	176,703
9. Total Cost	996,840,746	382,038,656	326,316,287	48,834,438	Property Rate Allowance	0.80
10. Charges	\$2,972,930,123	\$1,134,477,789	\$881,517,141	135,866,316	First Semester in effect:	2012/07
11. Fixed Costs	95,132,868.00		28,208,282.85		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,036.32		241.85	County Ceiling Base	Exempt	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,345.53	203.54	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	326,316,287.00	48,834,438.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 28,208,282.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	298,108,004.15	48,834,438.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	314,283,235.61	51,484,176.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	128,114	176,703
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,453.15	291.36
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,373.50	212.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,373.50	212.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,373.50	212.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	176.14	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,549.64	212.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$881,517,141.00	135,866,316.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,880.72	768.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,254.07	810.62
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,549.64	\$212.88
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$447.30	\$57.66
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,102.34	155.22



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100439 - 2012/07

776.55 / 123.30

Mercy Hospital, Inc.

Type of Control: Non-Profit (Church) (2)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	83,958,408	67,329,505	5,871,828	2,695,356	Total Bed Days	125,195
2. Routine	43,808,675		4,015,632		Total Inpatient Days	72,132
3. Special Care	14,708,642		0		Total Newborn Days	4,531
4. Newborn Routine	2,081,844		568,364		Medicaid Inpatient Days	6,202
5. Intern-Resident	0		0		Medicaid Newborn IP Days	440
6. Home Health					Medicare Inpatient Days	28,176
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,101,118	-978,622	-151,974	-39,177	Medicaid Paid Claims	15,075
9. Total Cost	142,456,451	66,350,883	10,303,851	2,656,179	Property Rate Allowance	0.80
10. Charges	\$683,195,729	\$408,257,411	\$50,073,323	15,318,285	First Semester in effect:	2012/07
11. Fixed Costs	17,307,928.00		1,268,546.38		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,240.79		160.71	County Ceiling Base	1,002.18	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	919.75	161.68	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,303,850.50	2,656,179.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,268,546.38	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,035,304.12	2,656,179.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,928,328.36	2,918,708.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,642	15,075
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,494.78	193.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	938.87	169.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	938.87	169.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	938.87	169.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	152.79	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,091.66	169.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$50,073,323.00	15,318,285.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,538.89	1,016.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,284.01	1,116.57
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,091.66	\$169.10
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$315.11	\$45.80
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	776.55	123.30



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100463 - 2012/07

1,831.89 / 184.67

Mt. Sinai Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	141,831,879	97,206,663	9,426,071	6,307,112	Total Bed Days	235,790
2. Routine	90,952,164		5,682,233		Total Inpatient Days	146,117
3. Special Care	22,568,001		1,704,383		Total Newborn Days	5,207
4. Newborn Routine	5,396,500		4,741,484		Medicaid Inpatient Days	9,865
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,802
6. Home Health					Medicare Inpatient Days	68,983
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	33,033
9. Total Cost	260,748,544	97,206,663	21,554,171	6,307,112	Property Rate Allowance	0.80
10. Charges	\$1,203,755,419	\$650,778,089	\$88,115,762	44,446,441	First Semester in effect:	2012/07
11. Fixed Costs	26,158,245.00		1,914,802.34		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,535.40	174.16	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	21,554,171.00	6,307,112.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,914,802.34	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	19,639,368.66	6,307,112.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	21,580,469.05	6,930,489.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,667	33,033
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,849.70	209.81
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)	1,849.70	209.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	1,849.70	209.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,981.00	209.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$88,115,762.00	44,446,441.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,552.56	1,345.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,299.03	1,478.51
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,981.00	\$209.81
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$550.65	\$55.30
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	149.11	5.48
AW	Buy Back of Medicaid Trend Adjustment	550.65	35.64
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,831.89	184.67



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100463 - 2012/07

902.63 / 134.28

County Billing ONLY

Mt. Sinai Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	141,831,879	97,206,663	9,426,071	6,307,112	Total Bed Days	235,790
2. Routine	90,952,164		5,682,233		Total Inpatient Days	146,117
3. Special Care	22,568,001		1,704,383		Total Newborn Days	5,207
4. Newborn Routine	5,396,500		4,741,484		Medicaid Inpatient Days	9,865
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,802
6. Home Health					Medicare Inpatient Days	68,983
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	33,033
9. Total Cost	260,748,544	97,206,663	21,554,171	6,307,112	Property Rate Allowance	0.80
10. Charges	\$1,203,755,419	\$650,778,089	\$88,115,762	44,446,441	First Semester in effect:	2012/07
11. Fixed Costs	26,158,245.00		1,914,802.34		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	1,535.40	174.16	Variable Cost Base	1,114.43	176.07	Cost Report DRI Index	1.892
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	21,554,171.00	6,307,112.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,914,802.34	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	19,639,368.66	6,307,112.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	21,580,469.05	6,930,489.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,667	33,033
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,849.70	209.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,137.60	184.15
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,137.60	184.15
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,137.60	184.15
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,268.90	184.15
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$88,115,762.00	44,446,441.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,552.56	1,345.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,299.03	1,478.51
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,268.90	\$184.15
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$366.27	\$49.87
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	902.63	134.28



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100471 - 2012/07

2,909.63 / 375.70

University Of Miami Hospital and Clinics

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2010-5/31/2011

Hospital Classification: Statutory Teaching Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,114,084	203,911,415	801,904	10,085,082	Total Bed Days	14,600
2. Routine	11,773,976		968,960		Total Inpatient Days	6,148
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	516
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,231
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-259,666	-2,216,545	-19,250	-109,626	Medicaid Paid Claims	28,130
9. Total Cost	23,628,394	201,694,870	1,751,614	9,975,456	Property Rate Allowance	0.80
10. Charges	\$76,179,508	\$1,034,101,121	\$6,112,732	54,101,095	First Semester in effect:	2012/07
11. Fixed Costs	17,321,043.00		1,389,860.56		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	626.55		316.93	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,751,614.47	9,975,455.80
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,389,860.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	361,753.91	9,975,455.80
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	389,480.26	10,740,016.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	516	28,130
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	754.81	381.80
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)	754.81	381.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	754.81	381.80
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	2,154.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,909.63	381.80
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,112,732.00	54,101,095.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,846.38	1,923.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,754.34	2,070.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,909.63	\$381.80
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$839.86	\$103.41
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	0.00	55.65
AW	Buy Back of Medicaid Trend Adjustment	839.86	97.31
AX	Buy Back of Exemption Tier Adjustment	0.00	55.65
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,909.63	375.70



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100471 - 2012/07

2,069.77 / 112.37

County Billing ONLY

University Of Miami Hospital and Clinics

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2010-5/31/2011

Hospital Classification: Statutory Teaching Hospital

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,114,084	203,911,415	801,904	10,085,082	Total Bed Days	14,600
2. Routine	11,773,976		968,960		Total Inpatient Days	6,148
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	516
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,231
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-259,666	-2,216,545	-19,250	-109,626	Medicaid Paid Claims	28,130
9. Total Cost	23,628,394	201,694,870	1,751,614	9,975,456	Property Rate Allowance	0.80
10. Charges	\$76,179,508	\$1,034,101,121	\$6,112,732	54,101,095	First Semester in effect:	2012/07
11. Fixed Costs	17,321,043.00		1,389,860.56		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	626.55	316.93	Variable Cost Base	770.34	147.35	Cost Report DRI Index	1.931
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,751,614.47	9,975,455.80
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,389,860.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	361,753.91	9,975,455.80
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	389,480.26	10,740,016.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	516	28,130
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	754.81	381.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	786.35	154.11
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	754.81	154.11
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	754.81	154.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	2,154.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,909.63	154.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,112,732.00	54,101,095.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,846.38	1,923.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,754.34	2,070.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,909.63	\$154.11
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$839.86	\$41.74
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,069.77	112.37



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100498 - 2012/07

972.03 / 70.22

Northshore Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	86,468,588	62,609,221	14,760,989	5,415,832	Total Bed Days	283,970
2. Routine	63,208,582		8,250,686		Total Inpatient Days	117,521
3. Special Care	31,885,242		7,940,863		Total Newborn Days	3,563
4. Newborn Routine	561,675		331,990		Medicaid Inpatient Days	20,140
5. Intern-Resident	0		0		Medicaid Newborn IP Days	93
6. Home Health					Medicare Inpatient Days	41,299
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-2,562,587	-880,946	-440,191	-76,204	Medicaid Paid Claims	48,986
9. Total Cost	179,561,500	61,728,275	30,844,337	5,339,628	Property Rate Allowance	0.80
10. Charges	\$1,092,879,432	\$509,759,631	\$168,532,487	48,141,611	First Semester in effect:	2012/07
11. Fixed Costs	14,917,137.00		2,300,365.55		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,260.80	97.42	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	30,844,337.39	5,339,628.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,300,365.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	28,543,971.84	5,339,628.25
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	30,731,702.46	5,748,879.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	20,233	48,986
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,518.89	117.36
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)	1,518.89	117.36
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	1,518.89	117.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	90.95	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,609.84	117.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$168,532,487.00	48,141,611.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,329.58	982.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,967.99	1,058.08
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,609.84	\$117.36
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$464.68	\$31.79
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	173.13	15.35
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	972.03	70.22



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100498 - 2012/07

628.63 / 39.76

County Billing ONLY

Northshore Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	86,468,588	62,609,221	14,760,989	5,415,832	Total Bed Days	283,970
2. Routine	63,208,582		8,250,686		Total Inpatient Days	117,521
3. Special Care	31,885,242		7,940,863		Total Newborn Days	3,563
4. Newborn Routine	561,675		331,990		Medicaid Inpatient Days	20,140
5. Intern-Resident	0		0		Medicaid Newborn IP Days	93
6. Home Health					Medicare Inpatient Days	41,299
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-2,562,587	-880,946	-440,191	-76,204	Medicaid Paid Claims	48,986
9. Total Cost	179,561,500	61,728,275	30,844,337	5,339,628	Property Rate Allowance	0.80
10. Charges	\$1,092,879,432	\$509,759,631	\$168,532,487	48,141,611	First Semester in effect:	2012/07
11. Fixed Costs	14,917,137.00		2,300,365.55		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,260.80	97.42	1,002.18	207.84	207.84	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	776.62	52.14	52.14	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	2,113.43	246.12	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	30,844,337.39	5,339,628.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,300,365.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	28,543,971.84	5,339,628.25
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	30,731,702.46	5,748,879.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	20,233	48,986
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,518.89	117.36
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	792.76	54.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	792.76	54.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	792.76	54.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	90.95	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	883.71	54.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$168,532,487.00	48,141,611.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,329.58	982.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,967.99	1,058.08
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$883.71	\$54.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$255.08	\$14.77
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	628.63	39.76



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100536 - 2012/07

564.44 / 35.79

Palm Springs General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,446,388	9,955,407	1,096,166	588,379	Total Bed Days	90,155
2. Routine	20,434,230		1,013,824		Total Inpatient Days	37,571
3. Special Care	4,422,572		255,589		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,082
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,820
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-563,281	-126,575	-30,077	-7,481	Medicaid Paid Claims	9,547
9. Total Cost	43,739,909	9,828,832	2,335,503	580,898	Property Rate Allowance	0.80
10. Charges	\$170,716,548	\$61,726,604	\$9,330,798	3,079,019	First Semester in effect:	2012/07
11. Fixed Costs	2,306,862.00		126,085.39		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	967.95		55.50	County Ceiling Base	1,002.18	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	729.85	46.94	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,335,502.50	580,898.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 126,085.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,209,417.11	580,898.22
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,427,789.73	638,312.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,082	9,547
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,166.09	66.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	745.02	49.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	745.02	49.09
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	745.02	49.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	48.45	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	793.47	49.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$9,330,798.00	3,079,019.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,481.65	322.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,924.60	354.39
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$793.47	\$49.09
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$229.03	\$13.30
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	564.44	35.79



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100544 - 2012/07

759.76 / 91.33

Metropolitan Hospital Miami

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,237,336	10,783,465	1,626,700	1,586,647	Total Bed Days	53,290
2. Routine	9,216,008		985,759		Total Inpatient Days	20,468
3. Special Care	3,477,258		252,709		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,167
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,879
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-396,183	-152,958	-40,641	-22,506	Medicaid Paid Claims	11,870
9. Total Cost	27,534,419	10,630,507	2,824,527	1,564,141	Property Rate Allowance	0.80
10. Charges	\$128,913,287	\$53,754,136	\$13,446,327	7,280,239	First Semester in effect:	2012/07
11. Fixed Costs	4,402,137.00		459,165.81		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	995.62		120.20	County Ceiling Base	1,002.18	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	880.24	119.75	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,824,526.93	1,564,141.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 459,165.81	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,365,361.12	1,564,141.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,599,146.81	1,718,736.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,167	11,870
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,199.42	144.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	898.54	125.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	898.54	125.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	898.54	125.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	169.51	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,068.05	125.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,446,327.00	7,280,239.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,205.04	613.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,818.33	673.95
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,068.05	\$125.25
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$308.29	\$33.92
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	759.76	91.33



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100587 - 2012/07

908.08 / 99.53

South Miami Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	129,217,271	145,125,557	20,573,900	8,753,519	Total Bed Days	162,060
2. Routine	63,757,176		7,463,665		Total Inpatient Days	68,656
3. Special Care	27,070,987		4,608,917		Total Newborn Days	20,115
4. Newborn Routine	14,907,456		7,259,172		Medicaid Inpatient Days	8,813
5. Intern-Resident	2,537,384		283,229		Medicaid Newborn IP Days	6,332
6. Home Health					Medicare Inpatient Days	17,560
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-3,410,696	-2,084,208	-577,169	-125,713	Medicaid Paid Claims	22,348
9. Total Cost	234,079,578	143,041,349	39,611,714	8,627,806	Property Rate Allowance	0.80
10. Charges	\$960,445,845	\$682,641,198	\$139,233,053	33,145,431	First Semester in effect:	2012/07
11. Fixed Costs	33,997,881.00		4,928,574.36		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,004.09		337.85	County Ceiling Base	1,002.18	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	995.53	130.51	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	39,611,713.85	8,627,806.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,928,574.36	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	34,683,139.49	8,627,806.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	36,565,033.97	9,095,947.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,145	22,348
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,414.33	407.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,016.22	136.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,016.22	136.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,016.22	136.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	260.34	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,276.56	136.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$139,233,053.00	33,145,431.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,193.33	1,483.15
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,692.16	1,563.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,276.56	\$136.50
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$368.48	\$36.97
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	908.08	99.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100609 - 2012/07

2,797.69 / 184.30

Miami Childrens Hospital

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2011-12/31/2011

Hospital Classification: Specialized: Children's

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	97,285,213	104,168,095	41,198,774	45,096,160	Total Bed Days	116,800
2. Routine	62,072,369		27,210,899		Total Inpatient Days	67,683
3. Special Care	57,162,287		29,691,798		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	32,794
5. Intern-Resident	389,910		158,675		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	496
7. Malpractice					Prospective Inflation factor	1.0405405405
8. Adjustments	-3,446,471	-1,655,123	-1,561,252	-716,531	Medicaid Paid Claims	242,425
9. Total Cost	213,463,308	102,512,972	96,698,894	44,379,629	Property Rate Allowance	0.80
10. Charges	\$805,497,483	\$599,448,332	\$389,705,106	171,337,159	First Semester in effect:	2012/07
11. Fixed Costs	31,404,510.00		15,193,713.40		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,146.70	158.12	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	96,698,894.32	44,379,628.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 15,193,713.40	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	81,505,180.92	44,379,628.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	84,809,445.01	46,178,802.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	32,794	242,425
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,586.13	190.49
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)	2,586.13	190.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	2,586.13	190.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	370.65	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,956.78	190.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$389,705,106.00	171,337,159.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,883.43	706.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,365.19	735.41
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,956.78	\$190.49
AU	Medicaid Trend Adjustment IP% : 10.896 OP% : 7.274	\$322.18	\$13.86
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 89\%)$	92.62	4.53
AW	Buy Back of Medicaid Trend Adjustment	255.71	12.20
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,797.69	184.30



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100609 - 2012/07

1,766.05 / 134.15

County Billing ONLY

Miami Childrens Hospital

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2011-12/31/2011

Hospital Classification: Specialized: Children's

Type of Action: Amended Cost Report [2]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	97,285,213	104,168,095	41,198,774	45,096,160	Total Bed Days	116,800
2. Routine	62,072,369		27,210,899		Total Inpatient Days	67,683
3. Special Care	57,162,287		29,691,798		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	32,794
5. Intern-Resident	389,910		158,675		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	496
7. Malpractice					Prospective Inflation factor	1.0405405405
8. Adjustments	-3,446,471	-1,655,123	-1,561,252	-716,531	Medicaid Paid Claims	242,425
9. Total Cost	213,463,308	102,512,972	96,698,894	44,379,629	Property Rate Allowance	0.80
10. Charges	\$805,497,483	\$599,448,332	\$389,705,106	171,337,159	First Semester in effect:	2012/07
11. Fixed Costs	31,404,510.00		15,193,713.40		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,146.70		158.12	County Ceiling Base	Exempt	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,607.71	139.71	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	96,698,894.32	44,379,628.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 15,193,713.40	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	81,505,180.92	44,379,628.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	84,809,445.01	46,178,802.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	32,794	242,425
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,586.13	190.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,641.13	146.12
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,641.13	146.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,641.13	146.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	370.65	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,011.78	146.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$389,705,106.00	171,337,159.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,883.43	706.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,365.19	735.41
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,011.78	\$146.12
AU	Medicaid Trend Adjustment IP% : 12.214 OP% : 8.190	\$245.73	\$11.97
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,766.05	134.15



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100625 - 2012/07

642.20 / 110.15

Westchester General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,907,423	6,473,789	2,156,448	550,179	Total Bed Days	71,905
2. Routine	30,665,468		2,535,552		Total Inpatient Days	53,092
3. Special Care	2,533,551		289,447		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,725
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	29,107
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-802,416	-103,673	-79,774	-8,811	Medicaid Paid Claims	3,809
9. Total Cost	49,304,026	6,370,116	4,901,673	541,368	Property Rate Allowance	0.80
10. Charges	\$140,300,472	\$25,226,724	\$17,105,318	1,965,758	First Semester in effect:	2012/07
11. Fixed Costs	3,639,100.00		443,676.07		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	860.58	129.64	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,901,672.95	541,368.30
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 443,676.07	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,457,996.88	541,368.30
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,898,612.85	594,875.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,725	3,809
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,036.74	156.18
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)	1,036.74	156.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	1,036.74	156.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	75.12	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,111.86	156.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$17,105,318.00	1,965,758.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,620.17	516.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,977.98	567.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,111.86	\$156.18
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$320.94	\$42.30
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	148.72	3.73
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	642.20	110.15



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100625 - 2012/07

347.22 / 102.75

County Billing ONLY

Westchester General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,907,423	6,473,789	2,156,448	550,179	Total Bed Days	71,905
2. Routine	30,665,468		2,535,552		Total Inpatient Days	53,092
3. Special Care	2,533,551		289,447		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,725
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	29,107
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-802,416	-103,673	-79,774	-8,811	Medicaid Paid Claims	3,809
9. Total Cost	49,304,026	6,370,116	4,901,673	541,368	Property Rate Allowance	0.80
10. Charges	\$140,300,472	\$25,226,724	\$17,105,318	1,965,758	First Semester in effect:	2012/07
11. Fixed Costs	3,639,100.00		443,676.07		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	860.58		129.64	1,002.18	207.84	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	404.59	134.73	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,901,672.95	541,368.30
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 443,676.07	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,457,996.88	541,368.30
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,898,612.85	594,875.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,725	3,809
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,036.74	156.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	413.00	140.91
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	413.00	140.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	413.00	140.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	75.12	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	488.12	140.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$17,105,318.00	1,965,758.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,620.17	516.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,977.98	567.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$488.12	\$140.91
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$140.90	\$38.16
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	347.22	102.75



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100641 - 2012/07

1,066.57 / 93.35

Baptist Medical Center

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	217,413,436	202,382,880	23,309,597	19,898,764	Total Bed Days	308,060
2. Routine	146,628,875		14,895,969		Total Inpatient Days	180,562
3. Special Care	26,906,643		3,517,285		Total Newborn Days	25,124
4. Newborn Routine	23,599,739		9,580,994		Medicaid Inpatient Days	22,483
5. Intern-Resident	0		0		Medicaid Newborn IP Days	7,300
6. Home Health					Medicare Inpatient Days	61,242
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-5,824,952	-2,843,745	-720,886	-279,604	Medicaid Paid Claims	160,609
9. Total Cost	408,723,741	199,539,135	50,582,959	19,619,160	Property Rate Allowance	0.80
10. Charges	\$1,437,148,516	\$1,128,287,803	\$180,616,038	94,007,090	First Semester in effect:	2012/07
11. Fixed Costs	49,547,455.00		6,226,959.09		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,584.38	129.95	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,738.53	202.46	FPLI	0.9910
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	50,582,958.75	19,619,160.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 6,226,959.09	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	44,355,999.66	19,619,160.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	46,762,740.01	20,683,688.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	29,783	160,609
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,570.12	128.78
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)	1,570.12	128.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	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)	1,570.12	128.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	167.26	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,737.38	128.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$180,616,038.00	94,007,090.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,064.40	585.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,393.45	617.08
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,737.38	\$128.78
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$501.49	\$34.88
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	169.32	0.55
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,066.57	93.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100641 - 2012/07

730.71 / 92.26

County Billing ONLY

Baptist Medical Center

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	217,413,436	202,382,880	23,309,597	19,898,764	Total Bed Days	308,060
2. Routine	146,628,875		14,895,969		Total Inpatient Days	180,562
3. Special Care	26,906,643		3,517,285		Total Newborn Days	25,124
4. Newborn Routine	23,599,739		9,580,994		Medicaid Inpatient Days	22,483
5. Intern-Resident	0		0		Medicaid Newborn IP Days	7,300
6. Home Health					Medicare Inpatient Days	61,242
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-5,824,952	-2,843,745	-720,886	-279,604	Medicaid Paid Claims	160,609
9. Total Cost	408,723,741	199,539,135	50,582,959	19,619,160	Property Rate Allowance	0.80
10. Charges	\$1,437,148,516	\$1,128,287,803	\$180,616,038	94,007,090	First Semester in effect:	2012/07
11. Fixed Costs	49,547,455.00		6,226,959.09		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,584.38		129.95	County Ceiling Base	876.30	171.81
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	842.44	120.98	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,738.53	202.46	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	50,582,958.75	19,619,160.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 6,226,959.09	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	44,355,999.66	19,619,160.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	46,762,740.01	20,683,688.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	29,783	160,609
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,570.12	128.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	859.95	126.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	859.95	126.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,738.53	202.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	894.52	179.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	894.52	179.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	859.95	126.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	167.26	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,027.21	126.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$180,616,038.00	94,007,090.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,064.40	585.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,393.45	617.08
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,027.21	\$126.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$296.50	\$34.27
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	730.71	92.26



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100676 - 2012/07

1,866.39 / 206.91

Shands Jacksonville

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	142,868,440	144,109,224	37,525,278	30,620,203	Total Bed Days	200,020
2. Routine	90,464,315		21,984,852		Total Inpatient Days	138,344
3. Special Care	40,579,142		8,557,376		Total Newborn Days	17,012
4. Newborn Routine	14,809,193		13,494,832		Medicaid Inpatient Days	34,525
5. Intern-Resident	0		0		Medicaid Newborn IP Days	11,253
6. Home Health					Medicare Inpatient Days	40,768
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	144,111
9. Total Cost	288,721,090	144,109,224	81,562,338	30,620,203	Property Rate Allowance	0.80
10. Charges	\$1,201,135,105	\$740,203,780	\$296,047,053	147,734,077	First Semester in effect:	2012/07
11. Fixed Costs	29,373,794.00		7,239,839.31		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,755.67		229.77	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,738.53	202.46	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	81,562,338.00	30,620,203.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 7,239,839.31	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	74,322,498.69	30,620,203.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	79,647,667.41	32,814,124.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	45,778	144,111
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,739.87	227.70
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)	1,739.87	227.70
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	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)	1,739.87	227.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	126.52	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,866.39	227.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$296,047,053.00	147,734,077.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,467.02	1,025.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,930.38	1,098.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,866.39	\$227.70
AU	Medicaid Trend Adjustment IP% : 24.303 OP% : 24.657	\$453.60	\$56.14
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	119.65	21.48
AW	Buy Back of Medicaid Trend Adjustment	453.60	40.69
AX	Buy Back of Exemption Tier Adjustment	119.65	16.14
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,866.39	206.91



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100676 - 2012/07

939.93 / 94.35

County Billing ONLY

Shands Jacksonville

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2010-6/30/2011

Type of Action: Amended Cost Report [2]

County: Duval (16)

District: 4

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	142,868,440	144,109,224	37,525,278	30,620,203	Total Bed Days	200,020
2. Routine	90,464,315		21,984,852		Total Inpatient Days	138,344
3. Special Care	40,579,142		8,557,376		Total Newborn Days	17,012
4. Newborn Routine	14,809,193		13,494,832		Medicaid Inpatient Days	34,525
5. Intern-Resident	0		0		Medicaid Newborn IP Days	11,253
6. Home Health					Medicare Inpatient Days	40,768
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	144,111
9. Total Cost	288,721,090	144,109,224	81,562,338	30,620,203	Property Rate Allowance	0.80
10. Charges	\$1,201,135,105	\$740,203,780	\$296,047,053	147,734,077	First Semester in effect:	2012/07
11. Fixed Costs	29,373,794.00		7,239,839.31		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,755.67		229.77	County Ceiling Base	Exempt	171.81
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,170.48	123.71	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,738.53	202.46	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	81,562,338.00	30,620,203.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 7,239,839.31	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	74,322,498.69	30,620,203.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	79,647,667.41	32,814,124.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	45,778	144,111
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,739.87	227.70
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,194.81	129.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,194.81	129.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	202.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	179.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	179.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,194.81	129.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	126.52	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,321.33	129.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$296,047,053.00	147,734,077.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,467.02	1,025.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,930.38	1,098.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,321.33	\$129.39
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$381.40	\$35.04
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	939.93	94.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100722 - 2012/07

2,596.66 / 114.35

Mayo Clinic

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Specialized: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	119,510,816	71,710,897	216,050	289,638	Total Bed Days	78,110
2. Routine	63,808,554		66,896		Total Inpatient Days	58,280
3. Special Care	59,060,959		118,102		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	117
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	29,674
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-3,567,211	-1,055,399	-5,902	-4,263	Medicaid Paid Claims	1,966
9. Total Cost	238,813,118	70,655,498	395,146	285,375	Property Rate Allowance	0.80
10. Charges	\$565,678,198	\$305,243,419	\$1,100,072	1,235,113	First Semester in effect:	2012/07
11. Fixed Costs	23,770,100.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	4,091.34	160.95	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,738.53	202.46	FPLI	0.9910

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	238,813,117.82	285,375.28
AB	Total Fixed Costs	(-) 23,770,100.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	215,043,017.82	285,375.28
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	236,297,269.58	313,580.98
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	58,280	1,966
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	4,054.52	159.50
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)	4,054.52	159.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	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)	4,054.52	159.50
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	326.29	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	4,380.81	159.50
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$565,678,198.00	1,235,113.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,706.21	628.24
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	10,665.55	690.33
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$4,380.81	\$159.50
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$1,217.73	\$42.04
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	593.60	7.63
AW	Buy Back of Medicaid Trend Adjustment	27.18	4.52
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,596.66	114.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100722 - 2012/07

1,099.67 / 90.24

County Billing ONLY

Mayo Clinic

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Hospital Classification: Specialized: Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	119,510,816	71,710,897	216,050	289,638	Total Bed Days	78,110
2. Routine	63,808,554		66,896		Total Inpatient Days	58,280
3. Special Care	59,060,959		118,102		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	117
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	29,674
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-3,567,211	-1,055,399	-5,902	-4,263	Medicaid Paid Claims	1,966
9. Total Cost	238,813,118	70,655,498	395,146	285,375	Property Rate Allowance	0.80
10. Charges	\$565,678,198	\$305,243,419	\$1,100,072	1,235,113	First Semester in effect:	2012/07
11. Fixed Costs	23,770,100.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	4,091.34		160.95	County Ceiling Base	Exempt	171.81
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,194.76	118.33	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,738.53	202.46	FPLI	0.9910

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	238,813,117.82	285,375.28
AB	Total Fixed Costs	(-) 23,770,100.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	215,043,017.82	285,375.28
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	236,297,269.58	313,580.98
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	58,280	1,966
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	4,054.52	159.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,219.60	123.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,219.60	123.76
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	202.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	179.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	179.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,219.60	123.76
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	326.29	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,545.89	123.76
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$565,678,198.00	1,235,113.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,706.21	628.24
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	10,665.55	690.33
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,545.89	\$123.76
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$446.22	\$33.52
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,099.67	90.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100731 - 2012/07

1,033.14 / 62.24

St. Vincent's Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	126,743,878	109,654,224	6,478,287	3,268,279	Total Bed Days	186,150
2. Routine	83,613,976		4,574,650		Total Inpatient Days	122,676
3. Special Care	21,012,963		1,977,410		Total Newborn Days	3,870
4. Newborn Routine	1,745,614		695,535		Medicaid Inpatient Days	8,293
5. Intern-Resident	0		0		Medicaid Newborn IP Days	141
6. Home Health					Medicare Inpatient Days	62,683
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-3,184,223	-1,497,807	-187,487	-44,643	Medicaid Paid Claims	38,177
9. Total Cost	229,932,208	108,156,417	13,538,395	3,223,636	Property Rate Allowance	0.80
10. Charges	\$1,003,106,494	\$695,239,392	\$49,768,557	22,736,689	First Semester in effect:	2012/07
11. Fixed Costs	33,677,236.00		1,670,876.87		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,521.61	91.31	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,738.53	202.46	FPLI	0.9910
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,538,395.15	3,223,636.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,670,876.87	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,867,518.28	3,223,636.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	12,717,819.85	3,454,608.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,434	38,177
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,507.92	90.49
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)	1,507.92	90.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	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)	1,507.92	90.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	158.49	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,666.41	90.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$49,768,557.00	22,736,689.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,900.94	595.56
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,323.74	638.23
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,666.41	\$90.49
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$481.01	\$24.51
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	152.26	3.74
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,033.14	62.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100731 - 2012/07

731.13 / 54.83

County Billing ONLY

St. Vincent's Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	126,743,878	109,654,224	6,478,287	3,268,279	Total Bed Days	186,150
2. Routine	83,613,976		4,574,650		Total Inpatient Days	122,676
3. Special Care	21,012,963		1,977,410		Total Newborn Days	3,870
4. Newborn Routine	1,745,614		695,535		Medicaid Inpatient Days	8,293
5. Intern-Resident	0		0		Medicaid Newborn IP Days	141
6. Home Health					Medicare Inpatient Days	62,683
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-3,184,223	-1,497,807	-187,487	-44,643	Medicaid Paid Claims	38,177
9. Total Cost	229,932,208	108,156,417	13,538,395	3,223,636	Property Rate Allowance	0.80
10. Charges	\$1,003,106,494	\$695,239,392	\$49,768,557	22,736,689	First Semester in effect:	2012/07
11. Fixed Costs	33,677,236.00		1,670,876.87		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,521.61		91.31	876.30	171.81	71.90
2. Base Rate Semester	2011/07	2011/07	851.62	1,754.32	204.30	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	1,738.53	202.46	202.46	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902				FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,538,395.15	3,223,636.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,670,876.87	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,867,518.28	3,223,636.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	12,717,819.85	3,454,608.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,434	38,177
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,507.92	90.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	869.32	75.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	869.32	75.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,738.53	202.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	894.52	179.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	894.52	179.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	869.32	75.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	158.49	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,027.81	75.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$49,768,557.00	22,736,689.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,900.94	595.56
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,323.74	638.23
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,027.81	\$75.20
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$296.68	\$20.37
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	731.13	54.83



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100749 - 2012/07

1,072.21 / 88.43

Baptist Hospital (Pensacola)

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	83,470,927	102,063,313	10,761,754	10,819,317	Total Bed Days	209,145
2. Routine	59,926,357		10,297,667		Total Inpatient Days	95,914
3. Special Care	25,144,064		1,610,407		Total Newborn Days	3,565
4. Newborn Routine	3,501,928		1,850,672		Medicaid Inpatient Days	16,778
5. Intern-Resident	0		0		Medicaid Newborn IP Days	739
6. Home Health					Medicare Inpatient Days	41,142
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-2,501,471	-1,483,978	-356,523	-157,310	Medicaid Paid Claims	87,754
9. Total Cost	169,541,805	100,579,335	24,163,977	10,662,007	Property Rate Allowance	0.80
10. Charges	\$705,320,835	\$732,997,071	\$84,890,316	75,831,332	First Semester in effect:	2012/07
11. Fixed Costs	26,746,585.00		3,219,139.35		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,340.17	136.18	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,650.11	192.16	FPLI	0.9406
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,163,977.37	10,662,006.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,219,139.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	20,944,838.02	10,662,006.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,081,297.29	11,240,523.11
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,517	87,754
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,260.56	128.09
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)	1,260.56	128.09
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	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)	1,260.56	128.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	147.02	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,407.58	128.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$84,890,316.00	75,831,332.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,846.17	864.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,109.12	911.03
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,407.58	\$128.09
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$391.26	\$33.76
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	132.61	8.25
AW	Buy Back of Medicaid Trend Adjustment	188.50	2.35
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,072.21	88.43



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100749 - 2012/07

611.51 / 69.02

County Billing ONLY

Baptist Hospital (Pensacola)

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	83,470,927	102,063,313	10,761,754	10,819,317	Total Bed Days	209,145
2. Routine	59,926,357		10,297,667		Total Inpatient Days	95,914
3. Special Care	25,144,064		1,610,407		Total Newborn Days	3,565
4. Newborn Routine	3,501,928		1,850,672		Medicaid Inpatient Days	16,778
5. Intern-Resident	0		0		Medicaid Newborn IP Days	739
6. Home Health					Medicare Inpatient Days	41,142
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-2,501,471	-1,483,978	-356,523	-157,310	Medicaid Paid Claims	87,754
9. Total Cost	169,541,805	100,579,335	24,163,977	10,662,007	Property Rate Allowance	0.80
10. Charges	\$705,320,835	\$732,997,071	\$84,890,316	75,831,332	First Semester in effect:	2012/07
11. Fixed Costs	26,746,585.00		3,219,139.35		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,340.17		136.18	917.47	166.75	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	698.11	90.51	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,650.11	192.16	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,163,977.37	10,662,006.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,219,139.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	20,944,838.02	10,662,006.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,081,297.29	11,240,523.11
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,517	87,754
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,260.56	128.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	712.62	94.66
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	712.62	94.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	1,650.11	192.16
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	936.54	174.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	936.54	174.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	712.62	94.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	147.02	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	859.64	94.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$84,890,316.00	75,831,332.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,846.17	864.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,109.12	911.03
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$859.64	\$94.66
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$248.13	\$25.64
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	611.51	69.02



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100765 - 2012/07

1,215.61 / 115.08

Sacred Heart Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]
: Rate Includes Buy Back

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	113,869,822	173,790,417	27,444,936	18,160,750	Total Bed Days	167,948
2. Routine	57,839,225		14,021,764		Total Inpatient Days	102,888
3. Special Care	18,982,977		3,748,071		Total Newborn Days	22,081
4. Newborn Routine	14,441,066		9,699,651		Medicaid Inpatient Days	24,618
5. Intern-Resident	0		0		Medicaid Newborn IP Days	9,851
6. Home Health					Medicare Inpatient Days	37,863
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	123,290
9. Total Cost	205,133,090	173,790,417	54,914,422	18,160,750	Property Rate Allowance	0.80
10. Charges	\$779,528,209	\$661,077,172	\$163,280,462	85,282,094	First Semester in effect:	2012/07
11. Fixed Costs	26,159,910.00		5,479,470.97		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,634.00	167.83	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,650.11	192.16	FPLI	0.9406
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	54,914,422.00	18,160,750.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 5,479,470.97	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	49,434,951.03	18,160,750.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	52,976,939.79	19,461,958.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	34,469	123,290
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,536.94	157.86
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)	1,536.94	157.86
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	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)	1,536.94	157.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	127.17	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,664.11	157.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$163,280,462.00	85,282,094.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,737.02	691.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,076.43	741.28
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,664.11	\$157.86
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$462.57	\$41.61
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	148.74	4.35
AW	Buy Back of Medicaid Trend Adjustment	162.81	3.18
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,215.61	115.08



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

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100765 - 2012/07

746.56 / 102.25

County Billing ONLY

Sacred Heart Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	113,869,822	173,790,417	27,444,936	18,160,750	Total Bed Days	167,948
2. Routine	57,839,225		14,021,764		Total Inpatient Days	102,888
3. Special Care	18,982,977		3,748,071		Total Newborn Days	22,081
4. Newborn Routine	14,441,066		9,699,651		Medicaid Inpatient Days	24,618
5. Intern-Resident	0		0		Medicaid Newborn IP Days	9,851
6. Home Health					Medicare Inpatient Days	37,863
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	123,290
9. Total Cost	205,133,090	173,790,417	54,914,422	18,160,750	Property Rate Allowance	0.80
10. Charges	\$779,528,209	\$661,077,172	\$163,280,462	85,282,094	First Semester in effect:	2012/07
11. Fixed Costs	26,159,910.00		5,479,470.97		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,634.00		167.83	County Ceiling Base	917.47	166.75
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	903.54	134.08	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,650.11	192.16	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	54,914,422.00	18,160,750.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 5,479,470.97	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	49,434,951.03	18,160,750.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	52,976,939.79	19,461,958.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	34,469	123,290
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,536.94	157.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	922.32	140.23
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	922.32	140.23
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	1,650.11	192.16
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	936.54	174.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	936.54	174.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	922.32	140.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	127.17	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,049.49	140.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$163,280,462.00	85,282,094.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,737.02	691.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,076.43	741.28
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,049.49	\$140.23
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$302.93	\$37.98
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	746.56	102.25



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Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100803 - 2012/07

3,002.88 / 114.57

George E. Weems Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Franklin (19)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	376,869	3,862,318	49,771	541,049	Total Bed Days	9,125
2. Routine	1,813,764		67,886		Total Inpatient Days	763
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	39
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	533
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	4,851
9. Total Cost	2,190,633	3,862,318	117,657	541,049	Property Rate Allowance	1.00
10. Charges	\$2,447,646	\$12,895,791	\$162,485	1,124,798	First Semester in effect:	2012/07
11. Fixed Costs	337,256.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,485.56		114.13	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,807.48	210.49	FPLI	1.0303

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	2,190,633.00	541,049.00
AB	Total Fixed Costs	(-) 337,256.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,853,377.00	541,049.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,953,940.56	570,406.12
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	763	4,851
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,560.87	117.59
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)	2,560.87	117.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0303) for Franklin county	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)	2,560.87	117.59
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	442.01	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,002.88	117.59
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$2,447,646.00	1,124,798.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,207.92	231.87
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,381.98	244.45
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,002.88	\$117.59
AU	Medicaid Trend Adjustment IP% : 10.770 OP% : 10.546	\$323.40	\$12.40
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	323.40	9.38
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	3,002.88	114.57



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100862 - 2012/07

2,286.12 / 115.16

Hendry Regional Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hendry (26)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,146,555	9,597,459	258,453	1,404,998	Total Bed Days	9,125
2. Routine	2,746,953		151,584		Total Inpatient Days	3,134
3. Special Care	934,916		81,533		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	219
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,384
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-71,804	-118,236	-6,056	-17,309	Medicaid Paid Claims	12,560
9. Total Cost	5,756,620	9,479,223	485,514	1,387,689	Property Rate Allowance	1.00
10. Charges	\$11,372,285	\$37,039,122	\$1,115,160	5,412,345	First Semester in effect:	2012/07
11. Fixed Costs	1,039,451.00		101,927.99		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)			OP (G)		Inflation/FPLI Data (H)	
	IP (F)	OP (F)		IP (G)	OP (G)		
1. Normalized Rate	2,051.52	129.41	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,579.06	183.89	FPLI	0.9001

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	485,514.08	1,387,689.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 101,927.99	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	383,586.09	1,387,689.05
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	404,399.33	1,462,984.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	219	12,560
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,846.57	116.48
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)	1,846.57	116.48
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9001) for Hendry county	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)	1,846.57	116.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	465.42	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,311.99	116.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,115,160.00	5,412,345.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,092.05	430.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,368.34	454.30
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,311.99	\$116.48
AU	Medicaid Trend Adjustment IP% : 14.888 OP% : 10.546	\$344.20	\$12.28
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	318.33	10.96
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,286.12	115.16



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100871 - 2012/07

1,401.67 / 78.93

Brooksville Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: Special

Type of Action: Amended Cost Report [2]
 : Rate Includes Buy Back

County: Hernando (27)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	36,320,044	31,707,013	4,624,976	3,412,353	Total Bed Days	89,060
2. Routine	24,893,776		2,287,517		Total Inpatient Days	49,676
3. Special Care	7,388,761		2,139,978		Total Newborn Days	6,192
4. Newborn Routine	3,177,230		2,040,833		Medicaid Inpatient Days	5,983
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,914
6. Home Health					Medicare Inpatient Days	18,935
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,283,505	-566,957	-198,361	-61,017	Medicaid Paid Claims	41,465
9. Total Cost	70,496,306	31,140,056	10,894,943	3,351,336	Property Rate Allowance	0.80
10. Charges	\$694,568,110	\$431,765,144	\$87,302,179	44,180,044	First Semester in effect:	2012/07
11. Fixed Costs	9,695,944.00		1,218,709.91		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,424.40	93.96	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,590.99	185.28	FPLI	0.9069
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,894,943.12	3,351,336.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,218,709.91	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,676,233.21	3,351,336.25
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,201,262.09	3,533,178.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,897	41,465
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,291.79	85.21
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)	1,291.79	85.21
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	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)	1,291.79	85.21
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	123.46	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,415.25	85.21
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$87,302,179.00	44,180,044.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,055.11	1,065.48
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,654.96	1,123.29
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,415.25	\$85.21
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$408.51	\$23.08
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	109.79	0.00
AW	Buy Back of Medicaid Trend Adjustment	408.51	16.80
AX	Buy Back of Exemption Tier Adjustment	96.21	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,401.67	78.93



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100871 - 2012/07

679.17 / 62.13

County Billing ONLY

Brooksville Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Hernando (27)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	36,320,044	31,707,013	4,624,976	3,412,353	Total Bed Days	89,060
2. Routine	24,893,776		2,287,517		Total Inpatient Days	49,676
3. Special Care	7,388,761		2,139,978		Total Newborn Days	6,192
4. Newborn Routine	3,177,230		2,040,833		Medicaid Inpatient Days	5,983
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,914
6. Home Health					Medicare Inpatient Days	18,935
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,283,505	-566,957	-198,361	-61,017	Medicaid Paid Claims	41,465
9. Total Cost	70,496,306	31,140,056	10,894,943	3,351,336	Property Rate Allowance	0.80
10. Charges	\$694,568,110	\$431,765,144	\$87,302,179	44,180,044	First Semester in effect:	2012/07
11. Fixed Costs	9,695,944.00		1,218,709.91		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,424.40		93.96	County Ceiling Base	873.77	166.62
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	814.37	82.00	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,590.99	185.28	FPLI	0.9069

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,894,943.12	3,351,336.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,218,709.91	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,676,233.21	3,351,336.25
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,201,262.09	3,533,178.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,897	41,465
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,291.79	85.21
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	831.30	85.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	831.30	85.21
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	1,590.99	185.28
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	891.93	174.27
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	891.93	174.27
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	831.30	85.21
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	123.46	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	954.76	85.21
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$87,302,179.00	44,180,044.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,055.11	1,065.48
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,654.96	1,123.29
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$954.76	\$85.21
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$275.59	\$23.08
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	679.17	62.13



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100897 - 2012/07

1,599.53 / 82.22

Highlands Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Highlands (28)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,027,539	18,424,344	2,055,094	1,468,353	Total Bed Days	45,990
2. Routine	11,797,453		1,496,173		Total Inpatient Days	18,979
3. Special Care	4,090,713		158,921		Total Newborn Days	1,064
4. Newborn Routine	179,487		117,746		Medicaid Inpatient Days	2,286
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10
6. Home Health					Medicare Inpatient Days	11,578
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-298,028	-171,084	-35,545	-13,635	Medicaid Paid Claims	17,990
9. Total Cost	31,797,164	18,253,260	3,792,389	1,454,718	Property Rate Allowance	0.80
10. Charges	\$159,822,744	\$139,408,023	\$17,135,073	11,615,004	First Semester in effect:	2012/07
11. Fixed Costs	5,999,473.00		643,221.39		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,603.47	94.53	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,582.05	184.24	FPLI	0.9018
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,792,388.75	1,454,718.23
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 643,221.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,149,167.36	1,454,718.23
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,320,040.03	1,533,650.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,296	17,990
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,446.01	85.25
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)	1,446.01	85.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,375.41	85.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	224.12	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,599.53	85.14
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$17,135,073.00	11,615,004.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,463.01	645.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,867.95	680.67
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,599.53	\$85.14
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$461.70	\$23.06
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	461.70	20.14
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,599.53	82.22



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100897 - 2012/07

622.28 / 61.22

County Billing ONLY

Highlands Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

County: Highlands (28)

District: 6

Type of Action: Unaudited Cost Report [1]

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,027,539	18,424,344	2,055,094	1,468,353	Total Bed Days	45,990
2. Routine	11,797,453		1,496,173		Total Inpatient Days	18,979
3. Special Care	4,090,713		158,921		Total Newborn Days	1,064
4. Newborn Routine	179,487		117,746		Medicaid Inpatient Days	2,286
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10
6. Home Health					Medicare Inpatient Days	11,578
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-298,028	-171,084	-35,545	-13,635	Medicaid Paid Claims	17,990
9. Total Cost	31,797,164	18,253,260	3,792,389	1,454,718	Property Rate Allowance	0.80
10. Charges	\$159,822,744	\$139,408,023	\$17,135,073	11,615,004	First Semester in effect:	2012/07
11. Fixed Costs	5,999,473.00		643,221.39		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,603.47		94.53	County Ceiling Base	1,569.04	165.68
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	637.41	80.28	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,582.05	184.24	FPLI	0.9018

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,792,388.75	1,454,718.23
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 643,221.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,149,167.36	1,454,718.23
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,320,040.03	1,533,650.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,296	17,990
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,446.01	85.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	650.66	83.96
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	650.66	83.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county	1,582.05	184.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,601.66	173.28
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,582.05	173.28
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	650.66	83.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	224.12	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	874.78	83.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$17,135,073.00	11,615,004.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,463.01	645.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,867.95	680.67
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$874.78	\$83.96
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$252.50	\$22.74
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	622.28	61.22



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100901 - 2012/07

696.18 / 88.17

Florida Hospital Heartland Medical Center

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: General

County: Highlands (28)

District: 6

Type of Action: Unaudited Cost Report [1]

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,667,831	41,168,689	4,279,289	2,721,736	Total Bed Days	58,035
2. Routine	28,653,583		2,756,731		Total Inpatient Days	51,550
3. Special Care	8,623,973		588,339		Total Newborn Days	1,519
4. Newborn Routine	590,274		436,387		Medicaid Inpatient Days	4,933
5. Intern-Resident	0		0		Medicaid Newborn IP Days	131
6. Home Health					Medicare Inpatient Days	33,126
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-913,354	-466,893	-91,417	-30,867	Medicaid Paid Claims	24,425
9. Total Cost	79,622,307	40,701,796	7,969,329	2,690,869	Property Rate Allowance	0.80
10. Charges	\$366,610,514	\$229,743,028	\$32,035,719	16,622,495	First Semester in effect:	2012/07
11. Fixed Costs	9,910,899.00		866,049.29		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,709.18		134.24	County Ceiling Base	878.19	158.93
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	824.71	115.61	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,582.05	184.24	FPLI	0.9018

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,969,329.21	2,690,868.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 866,049.29	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,103,279.92	2,690,868.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,805,348.28	2,956,826.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,064	24,425
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,541.34	121.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	841.85	120.92
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	841.85	120.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county	1,582.05	184.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	896.44	166.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	896.44	166.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	841.85	120.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	136.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	978.67	120.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$32,035,719.00	16,622,495.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,326.17	680.55
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,951.43	747.81
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$978.67	\$120.92
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$282.49	\$32.75
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	696.18	88.17



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100943 - 2012/07

1,671.17 / 75.48

University Community Hospital Carrollwood

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 9/1/2010-12/31/2010

Hospital Classification: Partial Self Exmption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,168,665	9,948,576	303,732	438,771	Total Bed Days	13,298
2. Routine	4,269,434		120,729		Total Inpatient Days	5,917
3. Special Care	678,834		66,810		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	221
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,997
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-236,798	-130,033	-6,421	-5,735	Medicaid Paid Claims	4,527
9. Total Cost	17,880,135	9,818,543	484,850	433,036	Property Rate Allowance	0.80
10. Charges	\$82,399,299	\$47,943,262	\$1,839,964	3,281,137	First Semester in effect:	2012/07
11. Fixed Costs	2,104,510.00		46,993.39		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,293.52	110.73	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,640.11	191.00	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	484,849.83	433,036.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 46,993.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	437,856.44	433,036.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	473,869.62	468,652.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	221	4,527
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,144.21	103.52
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)	2,144.21	103.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	2,037.91	103.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	170.11	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,208.02	103.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,839,964.00	3,281,137.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,325.63	724.79
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,010.40	784.40
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,208.02	\$103.52
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$637.35	\$28.04
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	100.49	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,671.17	75.48



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100943 - 2012/07

794.45 / 75.48

County Billing ONLY

University Community Hospital Carrollwood

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 9/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,168,665	9,948,576	303,732	438,771	Total Bed Days	13,298
2. Routine	4,269,434		120,729		Total Inpatient Days	5,917
3. Special Care	678,834		66,810		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	221
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,997
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-236,798	-130,033	-6,421	-5,735	Medicaid Paid Claims	4,527
9. Total Cost	17,880,135	9,818,543	484,850	433,036	Property Rate Allowance	0.80
10. Charges	\$82,399,299	\$47,943,262	\$1,839,964	3,281,137	First Semester in effect:	2012/07
11. Fixed Costs	2,104,510.00		46,993.39		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,293.52	110.73	927.43	169.55	169.55	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	1,153.07	104.40	104.40	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,640.11	191.00	191.00	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	484,849.83	433,036.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 46,993.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	437,856.44	433,036.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	473,869.62	468,652.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	221	4,527
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,144.21	103.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,177.04	109.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,177.04	103.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,640.11	191.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.71	177.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.71	177.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	946.71	103.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	170.11	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,116.82	103.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,839,964.00	3,281,137.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,325.63	724.79
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,010.40	784.40
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,116.82	\$103.52
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$322.37	\$28.04
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	794.45	75.48



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100978 - 2012/07

1,937.53 / 165.18

St. Joseph's Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2011-12/31/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	232,445,082	171,114,966	45,043,616	16,978,511	Total Bed Days	369,015
2. Routine	142,698,597		24,013,163		Total Inpatient Days	222,207
3. Special Care	63,391,647		17,495,865		Total Newborn Days	15,823
4. Newborn Routine	7,126,725		2,229,480		Medicaid Inpatient Days	45,189
5. Intern-Resident	0		0		Medicaid Newborn IP Days	126
6. Home Health					Medicare Inpatient Days	55,265
7. Malpractice					Prospective Inflation factor	1.0405405405
8. Adjustments	-6,626,854	-2,544,426	-1,320,162	-252,465	Medicaid Paid Claims	92,076
9. Total Cost	439,035,197	168,570,540	87,461,962	16,726,046	Property Rate Allowance	0.80
10. Charges	\$1,777,853,354	\$919,320,273	\$334,124,004	87,833,183	First Semester in effect:	2012/07
11. Fixed Costs	70,977,858.00		13,339,348.86		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,820.55	202.18	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,640.11	191.00	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	87,461,961.78	16,726,045.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 13,339,348.86	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	74,122,612.92	16,726,045.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	77,127,583.71	17,404,128.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	45,315	92,076
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,702.03	189.02
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)	1,702.03	189.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	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)	1,702.03	189.02
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	235.50	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,937.53	189.02
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$334,124,004.00	87,833,183.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,373.36	953.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,672.28	992.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,937.53	\$189.02
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$538.57	\$49.82
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	182.79	9.24
AW	Buy Back of Medicaid Trend Adjustment	538.57	34.76
AX	Buy Back of Exemption Tier Adjustment	182.79	0.46
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,937.53	165.18



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100978 - 2012/07

840.97 / 110.52

County Billing ONLY

St. Joseph's Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2011-12/31/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	232,445,082	171,114,966	45,043,616	16,978,511	Total Bed Days	369,015
2. Routine	142,698,597		24,013,163		Total Inpatient Days	222,207
3. Special Care	63,391,647		17,495,865		Total Newborn Days	15,823
4. Newborn Routine	7,126,725		2,229,480		Medicaid Inpatient Days	45,189
5. Intern-Resident	0		0		Medicaid Newborn IP Days	126
6. Home Health					Medicare Inpatient Days	55,265
7. Malpractice					Prospective Inflation factor	1.0405405405
8. Adjustments	-6,626,854	-2,544,426	-1,320,162	-252,465	Medicaid Paid Claims	92,076
9. Total Cost	439,035,197	168,570,540	87,461,962	16,726,046	Property Rate Allowance	0.80
10. Charges	\$1,777,853,354	\$919,320,273	\$334,124,004	87,833,183	First Semester in effect:	2012/07
11. Fixed Costs	70,977,858.00		13,339,348.86		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,820.55	202.18	927.43	169.55	144.92	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	1,069.71	204.30	191.00	FPLI Year Used	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	1,640.11			FPLI	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	87,461,961.78	16,726,045.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 13,339,348.86	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	74,122,612.92	16,726,045.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	77,127,583.71	17,404,128.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	45,315	92,076
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,702.03	189.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,091.95	151.57
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,091.95	151.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,640.11	191.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.71	177.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.71	177.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	946.71	151.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	235.50	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,182.21	151.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$334,124,004.00	87,833,183.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,373.36	953.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,672.28	992.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,182.21	\$151.57
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$341.24	\$41.05
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	840.97	110.52



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100986 - 2012/07

2,242.36 / 135.62

South Florida Baptist

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2011-12/31/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	22,041,815	27,896,553	4,096,850	2,649,477	Total Bed Days	53,655
2. Routine	17,018,067		2,063,990		Total Inpatient Days	23,409
3. Special Care	4,655,912		535,300		Total Newborn Days	701
4. Newborn Routine	753,057		409,293		Medicaid Inpatient Days	3,154
5. Intern-Resident	0		0		Medicaid Newborn IP Days	8
6. Home Health					Medicare Inpatient Days	7,091
7. Malpractice					Prospective Inflation factor	1.0405405405
8. Adjustments	-645,596	-405,000	-103,156	-38,465	Medicaid Paid Claims	18,281
9. Total Cost	43,823,255	27,491,553	7,002,277	2,611,012	Property Rate Allowance	0.80
10. Charges	\$185,932,673	\$168,618,241	\$25,404,395	15,468,586	First Semester in effect:	2012/07
11. Fixed Costs	5,957,258.00		813,953.42		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,178.23		158.97	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11	191.00	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,002,276.81	2,611,012.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 813,953.42	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,188,323.39	2,611,012.07
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,439,201.36	2,716,863.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,162	18,281
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,036.43	148.62
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)	2,036.43	148.62
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	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)	2,036.43	148.62
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	205.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,242.36	148.62
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,404,395.00	15,468,586.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,034.28	846.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,359.99	880.46
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,242.36	\$148.62
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$647.26	\$40.25
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	281.90	15.71
AW	Buy Back of Medicaid Trend Adjustment	647.26	32.76
AX	Buy Back of Exemption Tier Adjustment	281.90	10.20
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,242.36	135.62



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100986 - 2012/07

754.03 / 61.49

County Billing ONLY

South Florida Baptist

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2011-12/31/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	22,041,815	27,896,553	4,096,850	2,649,477	Total Bed Days	53,655
2. Routine	17,018,067		2,063,990		Total Inpatient Days	23,409
3. Special Care	4,655,912		535,300		Total Newborn Days	701
4. Newborn Routine	753,057		409,293		Medicaid Inpatient Days	3,154
5. Intern-Resident	0		0		Medicaid Newborn IP Days	8
6. Home Health					Medicare Inpatient Days	7,091
7. Malpractice					Prospective Inflation factor	1.0405405405
8. Adjustments	-645,596	-405,000	-103,156	-38,465	Medicaid Paid Claims	18,281
9. Total Cost	43,823,255	27,491,553	7,002,277	2,611,012	Property Rate Allowance	0.80
10. Charges	\$185,932,673	\$168,618,241	\$25,404,395	15,468,586	First Semester in effect:	2012/07
11. Fixed Costs	5,957,258.00		813,953.42		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,178.23		158.97	County Ceiling Base	927.43	169.55
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	836.68	80.63	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11	191.00	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,002,276.81	2,611,012.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 813,953.42	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,188,323.39	2,611,012.07
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,439,201.36	2,716,863.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,162	18,281
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,036.43	148.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	854.07	84.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	854.07	84.33
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,640.11	191.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.71	177.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.71	177.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	854.07	84.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	205.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,060.00	84.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,404,395.00	15,468,586.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,034.28	846.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,359.99	880.46
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,060.00	\$84.33
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$305.97	\$22.84
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	754.03	61.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100994 - 2012/07

2,470.89 / 190.46

Tampa General Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	358,285,616	195,604,748	59,287,098	15,654,675	Total Bed Days	342,370
2. Routine	210,985,430		37,916,146		Total Inpatient Days	237,291
3. Special Care	117,897,248		10,638,373		Total Newborn Days	31,420
4. Newborn Routine	32,042,349		21,463,234		Medicaid Inpatient Days	39,925
5. Intern-Resident	0		0		Medicaid Newborn IP Days	13,258
6. Home Health					Medicare Inpatient Days	75,543
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-10,188,709	-2,771,038	-1,831,799	-221,772	Medicaid Paid Claims	71,501
9. Total Cost	709,021,934	192,833,710	127,473,052	15,432,903	Property Rate Allowance	0.80
10. Charges	\$3,460,918,202	\$1,321,806,515	\$535,437,465	92,264,335	First Semester in effect:	2012/07
11. Fixed Costs	60,710,157.00		9,392,447.51		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,503.73	243.40	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,640.11	191.00	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	127,473,051.74	15,432,902.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 9,392,447.51	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	118,080,604.23	15,432,902.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	124,487,614.70	16,270,286.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	53,183	71,501
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,340.74	227.55
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)	2,340.74	227.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	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)	2,340.74	227.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.28	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,482.02	227.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$535,437,465.00	92,264,335.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,067.83	1,290.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,614.11	1,360.41
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,482.02	\$227.55
AU	Medicaid Trend Adjustment IP% : 24.303 OP% : 24.895	\$603.22	\$56.65
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	266.55	11.25
AW	Buy Back of Medicaid Trend Adjustment	603.22	30.81
AX	Buy Back of Exemption Tier Adjustment	255.42	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,470.89	190.46



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

100994 - 2012/07

901.83 / 128.27

County Billing ONLY

Tampa General Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	358,285,616	195,604,748	59,287,098	15,654,675	Total Bed Days	342,370
2. Routine	210,985,430		37,916,146		Total Inpatient Days	237,291
3. Special Care	117,897,248		10,638,373		Total Newborn Days	31,420
4. Newborn Routine	32,042,349		21,463,234		Medicaid Inpatient Days	39,925
5. Intern-Resident	0		0		Medicaid Newborn IP Days	13,258
6. Home Health					Medicare Inpatient Days	75,543
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-10,188,709	-2,771,038	-1,831,799	-221,772	Medicaid Paid Claims	71,501
9. Total Cost	709,021,934	192,833,710	127,473,052	15,432,903	Property Rate Allowance	0.80
10. Charges	\$3,460,918,202	\$1,321,806,515	\$535,437,465	92,264,335	First Semester in effect:	2012/07
11. Fixed Costs	60,710,157.00		9,392,447.51		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	2,503.73	243.40	Variable Cost Base	1,103.55	169.55	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	168.20	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,640.11	204.30	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	127,473,051.74	15,432,902.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 9,392,447.51	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	118,080,604.23	15,432,902.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	124,487,614.70	16,270,286.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	53,183	71,501
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,340.74	227.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,126.49	175.92
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,126.49	175.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	191.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	177.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	177.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,126.49	175.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.28	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,267.77	175.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$535,437,465.00	92,264,335.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,067.83	1,290.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,614.11	1,360.41
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,267.77	\$175.92
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$365.94	\$47.65
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	901.83	128.27



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101028 - 2012/07

961.24 / 66.92

University Community Hospital-Tampa

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 9/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,736,163	24,963,512	1,583,192	952,989	Total Bed Days	57,950
2. Routine	20,273,421		964,187		Total Inpatient Days	35,396
3. Special Care	4,797,507		211,053		Total Newborn Days	2,002
4. Newborn Routine	661,305		228,581		Medicaid Inpatient Days	1,873
5. Intern-Resident	0		0		Medicaid Newborn IP Days	299
6. Home Health					Medicare Inpatient Days	13,216
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-661,910	-282,608	-33,815	-10,789	Medicaid Paid Claims	11,112
9. Total Cost	57,806,486	24,680,904	2,953,198	942,200	Property Rate Allowance	0.80
10. Charges	\$301,285,950	\$179,768,147	\$16,887,577	8,121,506	First Semester in effect:	2012/07
11. Fixed Costs	8,202,113.00		459,742.03		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,328.93	98.16	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,640.11	191.00	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,953,197.55	942,200.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 459,742.03	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,493,455.52	942,200.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,698,539.31	1,019,695.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,172	11,112
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,242.42	91.77
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)	1,242.42	91.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	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) * Partial Exemption: IP% : 76.37 OP% : 76.37	1,172.55	91.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	169.33	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,341.88	91.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,887,577.00	8,121,506.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,775.13	730.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,414.63	790.99
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,341.88	\$91.77
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$387.33	\$24.85
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	6.69	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	961.24	66.92



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101028 - 2012/07

793.90 / 66.92

County Billing ONLY

University Community Hospital-Tampa

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 9/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,736,163	24,963,512	1,583,192	952,989	Total Bed Days	57,950
2. Routine	20,273,421		964,187		Total Inpatient Days	35,396
3. Special Care	4,797,507		211,053		Total Newborn Days	2,002
4. Newborn Routine	661,305		228,581		Medicaid Inpatient Days	1,873
5. Intern-Resident	0		0		Medicaid Newborn IP Days	299
6. Home Health					Medicare Inpatient Days	13,216
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-661,910	-282,608	-33,815	-10,789	Medicaid Paid Claims	11,112
9. Total Cost	57,806,486	24,680,904	2,953,198	942,200	Property Rate Allowance	0.80
10. Charges	\$301,285,950	\$179,768,147	\$16,887,577	8,121,506	First Semester in effect:	2012/07
11. Fixed Costs	8,202,113.00		459,742.03		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,328.93	98.16	927.43	169.55		Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	94.84		Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	204.30		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11		FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,953,197.55	942,200.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 459,742.03	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,493,455.52	942,200.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,698,539.31	1,019,695.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,172	11,112
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,242.42	91.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	974.07	99.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	974.07	91.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,640.11	191.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.71	177.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.71	177.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	946.71	91.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	169.33	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,116.04	91.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,887,577.00	8,121,506.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,775.13	730.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,414.63	790.99
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,116.04	\$91.77
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$322.14	\$24.85
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	793.90	66.92



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101036 - 2012/07

1,485.51 / 170.01

Doctors Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Holmes (30)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,775,154	5,608,315	492,679	1,335,385	Total Bed Days	7,300
2. Routine	2,197,606		349,513		Total Inpatient Days	4,136
3. Special Care	925,304		140,655		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	653
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,637
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0		0		Medicaid Paid Claims	8,144
9. Total Cost	5,898,064	5,608,315	982,847	1,335,385	Property Rate Allowance	1.00
10. Charges	\$10,568,816	\$14,221,384	\$2,142,770	2,586,587	First Semester in effect:	2012/07
11. Fixed Costs	2,318,022.00		469,966.36		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	983.54		205.33	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,476.96	172.00	FPLI	0.8419

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	982,847.00	1,335,385.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 469,966.36	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	512,880.64	1,335,385.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	540,709.35	1,407,842.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	653	8,144
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	828.04	172.87
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)	828.04	172.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8419) for Holmes county	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)	828.04	172.87
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	719.70	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,547.74	172.87
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,142,770.00	2,586,587.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,281.42	317.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,459.47	334.84
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,547.74	\$172.87
AU	Medicaid Trend Adjustment IP% : 14.888 OP% : 10.546	\$230.42	\$18.23
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	168.19	15.37
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,485.51	170.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101044 - 2012/07

1,795.53 / 115.79

Indian River Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Indian River (31)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	56,005,810	46,730,180	5,716,338	4,327,854	Total Bed Days	122,275
2. Routine	42,863,724		3,763,521		Total Inpatient Days	65,603
3. Special Care	6,826,217		465,300		Total Newborn Days	2,403
4. Newborn Routine	910,437		597,494		Medicaid Inpatient Days	5,907
5. Intern-Resident	0		0		Medicaid Newborn IP Days	94
6. Home Health					Medicare Inpatient Days	36,980
7. Malpractice					Prospective Inflation factor	1.1070287540
8. Adjustments	-1,206,622	-528,915	-119,327	-48,985	Medicaid Paid Claims	39,490
9. Total Cost	105,399,566	46,201,265	10,423,326	4,278,869	Property Rate Allowance	0.80
10. Charges	\$282,235,952	\$188,664,130	\$25,005,964	15,448,582	First Semester in effect:	2011/07
11. Fixed Costs	13,022,789.00		1,153,812.58		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,802.26	126.42	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,664.50	193.84	FPLI	0.9488
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,423,326.03	4,278,869.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,153,812.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,269,513.45	4,278,869.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,261,617.92	4,736,831.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,001	39,490
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,709.98	119.95
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)	1,709.98	119.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,641.71	119.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	153.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,795.53	119.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,005,964.00	15,448,582.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,166.97	391.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,612.96	433.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,795.53	\$119.95
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$518.28	\$32.49
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	518.28	28.33
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,795.53	115.79



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101044 - 2012/07

778.67 / 87.46

County Billing ONLY

Indian River Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Indian River (31)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	56,005,810	46,730,180	5,716,338	4,327,854	Total Bed Days	122,275
2. Routine	42,863,724		3,763,521		Total Inpatient Days	65,603
3. Special Care	6,826,217		465,300		Total Newborn Days	2,403
4. Newborn Routine	910,437		597,494		Medicaid Inpatient Days	5,907
5. Intern-Resident	0		0		Medicaid Newborn IP Days	94
6. Home Health					Medicare Inpatient Days	36,980
7. Malpractice					Prospective Inflation factor	1.1070287540
8. Adjustments	-1,206,622	-528,915	-119,327	-48,985	Medicaid Paid Claims	39,490
9. Total Cost	105,399,566	46,201,265	10,423,326	4,278,869	Property Rate Allowance	0.80
10. Charges	\$282,235,952	\$188,664,130	\$25,005,964	15,448,582	First Semester in effect:	2011/07
11. Fixed Costs	13,022,789.00		1,153,812.58		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,802.26		126.42	921.66	159.08	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	993.88	115.80	Cost Report DRI Index	1.878	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,664.50	193.84	FPLI	0.9488	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,423,326.03	4,278,869.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,153,812.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,269,513.45	4,278,869.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,261,617.92	4,736,831.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,001	39,490
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,709.98	119.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,014.54	121.12
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,014.54	119.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county	1,664.50	193.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	940.82	166.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	940.82	166.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	940.82	119.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	153.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,094.64	119.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,005,964.00	15,448,582.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,166.97	391.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,612.96	433.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,094.64	\$119.95
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$315.97	\$32.49
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	778.67	87.46



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101061 - 2012/07

2,051.02 / 113.94

Jackson Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Jackson (32)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,561,566	18,997,502	2,935,773	2,542,370	Total Bed Days	32,120
2. Routine	7,616,068		1,336,681		Total Inpatient Days	12,879
3. Special Care	1,960,954		296,676		Total Newborn Days	1,150
4. Newborn Routine	434,538		340,452		Medicaid Inpatient Days	2,410
5. Intern-Resident	0		0		Medicaid Newborn IP Days	68
6. Home Health					Medicare Inpatient Days	7,610
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-226,118	-259,196	-66,985	-34,687	Medicaid Paid Claims	23,204
9. Total Cost	16,347,008	18,738,306	4,842,597	2,507,683	Property Rate Allowance	1.00
10. Charges	\$41,038,666	\$84,557,462	\$7,815,525	9,894,985	First Semester in effect:	2012/07
11. Fixed Costs	2,219,237.00		422,638.06		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,198.85	133.23	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,500.29	174.72	FPLI	0.8552
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,842,597.27	2,507,682.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 422,638.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,419,959.21	2,507,682.74
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,659,784.58	2,643,748.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,478	23,204
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,880.46	113.94
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)	1,880.46	113.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8552) for Jackson county	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)	1,880.46	113.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	170.56	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,051.02	113.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$7,815,525.00	9,894,985.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,153.96	426.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,325.09	449.57
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,051.02	\$113.94
AU	Medicaid Trend Adjustment IP% : 10.770 OP% : 10.543	\$220.89	\$12.01
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	220.89	12.01
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,051.02	113.94



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101079 - 2012/07

1,394.05 / 83.82

Leesburg Regional Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	86,529,530	54,419,183	6,371,392	3,995,477	Total Bed Days	115,340
2. Routine	55,748,204		3,371,716		Total Inpatient Days	71,805
3. Special Care	10,502,003		329,905		Total Newborn Days	4,244
4. Newborn Routine	1,212,616		513,725		Medicaid Inpatient Days	4,441
5. Intern-Resident	0		0		Medicaid Newborn IP Days	150
6. Home Health					Medicare Inpatient Days	48,086
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	36,042
9. Total Cost	153,992,353	54,419,183	10,586,738	3,995,477	Property Rate Allowance	0.80
10. Charges	\$561,541,658	\$291,618,085	\$33,379,697	20,855,320	First Semester in effect:	2012/07
11. Fixed Costs	18,715,118.00		1,112,481.97		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,386.19		128.18	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,625.90	189.35	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,586,738.00	3,995,477.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,112,481.97	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,474,256.03	3,995,477.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,153,081.59	4,281,750.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,591	36,042
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,211.52	118.80
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)	2,211.52	118.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	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) * Partial Exemption: IP% : 66.50 OP% : 66.50	1,765.88	114.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	193.85	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,959.73	114.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$33,379,697.00	20,855,320.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,270.68	578.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,791.62	620.10
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,959.73	\$114.95
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$565.68	\$31.13
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,394.05	83.82



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101079 - 2012/07

764.87 / 78.25

County Billing ONLY

Leesburg Regional Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	86,529,530	54,419,183	6,371,392	3,995,477	Total Bed Days	115,340
2. Routine	55,748,204		3,371,716		Total Inpatient Days	71,805
3. Special Care	10,502,003		329,905		Total Newborn Days	4,244
4. Newborn Routine	1,212,616		513,725		Medicaid Inpatient Days	4,441
5. Intern-Resident	0		0		Medicaid Newborn IP Days	150
6. Home Health					Medicare Inpatient Days	48,086
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	36,042
9. Total Cost	153,992,353	54,419,183	10,586,738	3,995,477	Property Rate Allowance	0.80
10. Charges	\$561,541,658	\$291,618,085	\$33,379,697	20,855,320	First Semester in effect:	2012/07
11. Fixed Costs	18,715,118.00		1,112,481.97		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,386.19		128.18	905.81	167.25	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	863.43	102.60	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,625.90	189.35	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,586,738.00	3,995,477.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,112,481.97	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,474,256.03	3,995,477.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,153,081.59	4,281,750.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,591	36,042
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,211.52	118.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	881.38	107.31
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	881.38	107.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	1,625.90	189.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	924.64	174.93
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	924.64	174.93
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	881.38	107.31
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	193.85	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,075.23	107.31
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$33,379,697.00	20,855,320.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,270.68	578.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,791.62	620.10
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,075.23	\$107.31
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$310.36	\$29.06
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	764.87	78.25



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Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101087 - 2012/07

2,313.20 / 121.75

South Lake Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,232,076	38,143,666	3,239,016	2,444,090	Total Bed Days	44,530
2. Routine	22,497,662		1,427,659		Total Inpatient Days	31,270
3. Special Care	5,318,250		342,760		Total Newborn Days	1,358
4. Newborn Routine	929,317		357,220		Medicaid Inpatient Days	2,257
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,023
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	19,971
9. Total Cost	58,977,305	38,143,666	5,366,655	2,444,090	Property Rate Allowance	0.80
10. Charges	\$293,753,175	\$290,996,395	\$20,170,046	18,385,838	First Semester in effect:	2012/07
11. Fixed Costs	10,875,454.00		746,743.95		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,328.43		139.21	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,625.90	189.35	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,366,655.00	2,444,090.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 746,743.95	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,619,911.05	2,444,090.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,870,585.73	2,576,705.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,257	19,971
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,157.99	129.02
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)	2,157.99	129.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	2,048.51	126.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	264.69	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,313.20	126.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,170,046.00	18,385,838.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,936.66	920.63
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,421.56	970.58
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,313.20	\$126.22
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$667.71	\$34.18
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	667.71	29.71
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,313.20	121.75



Florida Agency For Health Care Administration

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For Rate Semester July 1, 2012 through June 30, 2013

101087 - 2012/07

846.03 / 71.09

County Billing ONLY

South Lake Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,232,076	38,143,666	3,239,016	2,444,090	Total Bed Days	44,530
2. Routine	22,497,662		1,427,659		Total Inpatient Days	31,270
3. Special Care	5,318,250		342,760		Total Newborn Days	1,358
4. Newborn Routine	929,317		357,220		Medicaid Inpatient Days	2,257
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,023
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	19,971
9. Total Cost	58,977,305	38,143,666	5,366,655	2,444,090	Property Rate Allowance	0.80
10. Charges	\$293,753,175	\$290,996,395	\$20,170,046	18,385,838	First Semester in effect:	2012/07
11. Fixed Costs	10,875,454.00		746,743.95		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,328.43		139.21	905.81	167.25	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,765.91	93.22	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,625.90	189.35	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,366,655.00	2,444,090.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 746,743.95	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,619,911.05	2,444,090.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,870,585.73	2,576,705.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,257	19,971
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,157.99	129.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,802.62	97.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,802.62	97.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	1,625.90	189.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	924.64	174.93
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	924.64	174.93
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	924.64	97.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	264.69	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,189.33	97.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,170,046.00	18,385,838.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,936.66	920.63
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,421.56	970.58
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,189.33	\$97.50
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$343.30	\$26.41
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	846.03	71.09



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101095 - 2012/07

1,615.70 / 95.72

Florida Hospital Waterman

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,909,158	53,201,844	4,252,384	2,912,551	Total Bed Days	74,460
2. Routine	34,357,184		2,716,211		Total Inpatient Days	54,286
3. Special Care	7,419,453		518,470		Total Newborn Days	2,046
4. Newborn Routine	967,020		525,576		Medicaid Inpatient Days	4,422
5. Intern-Resident	0		0		Medicaid Newborn IP Days	237
6. Home Health					Medicare Inpatient Days	32,930
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,325,622	-737,307	-111,045	-40,364	Medicaid Paid Claims	23,588
9. Total Cost	94,327,193	52,464,537	7,901,596	2,872,187	Property Rate Allowance	0.80
10. Charges	\$374,378,727	\$319,583,248	\$25,532,883	19,949,976	First Semester in effect:	2012/07
11. Fixed Costs	13,802,214.00		941,320.35		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,771.26		144.37	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,625.90	189.35	FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,901,596.38	2,872,186.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 941,320.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,960,276.03	2,872,186.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,648,210.29	3,156,065.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,659	23,588
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,641.60	133.80
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)	1,641.60	133.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,566.88	131.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	161.63	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,728.51	131.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,532,883.00	19,949,976.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,480.34	845.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,022.00	929.36
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,728.51	\$131.27
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$498.93	\$35.55
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	386.12	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,615.70	95.72



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101095 - 2012/07

683.96 / 76.81

County Billing ONLY

Florida Hospital Waterman

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,909,158	53,201,844	4,252,384	2,912,551	Total Bed Days	74,460
2. Routine	34,357,184		2,716,211		Total Inpatient Days	54,286
3. Special Care	7,419,453		518,470		Total Newborn Days	2,046
4. Newborn Routine	967,020		525,576		Medicaid Inpatient Days	4,422
5. Intern-Resident	0		0		Medicaid Newborn IP Days	237
6. Home Health					Medicare Inpatient Days	32,930
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,325,622	-737,307	-111,045	-40,364	Medicaid Paid Claims	23,588
9. Total Cost	94,327,193	52,464,537	7,901,596	2,872,187	Property Rate Allowance	0.80
10. Charges	\$374,378,727	\$319,583,248	\$25,532,883	19,949,976	First Semester in effect:	2012/07
11. Fixed Costs	13,802,214.00		941,320.35		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,771.26	144.37	905.81	167.25	100.72	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	783.57	204.30	189.35	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32			FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,625.90			FPLI	0.9268

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,901,596.38	2,872,186.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 941,320.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,960,276.03	2,872,186.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,648,210.29	3,156,065.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,659	23,588
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,641.60	133.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	799.86	105.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	799.86	105.34
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	1,625.90	189.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	924.64	174.93
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	924.64	174.93
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	799.86	105.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	161.63	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	961.49	105.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,532,883.00	19,949,976.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,480.34	845.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,022.00	929.36
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$961.49	\$105.34
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$277.53	\$28.53
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	683.96	76.81



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101109 - 2012/07

1,988.68 / 173.05

Lee Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	204,899,147	146,628,795	26,053,481	15,270,959	Total Bed Days	285,795
2. Routine	133,117,012		14,693,910		Total Inpatient Days	175,339
3. Special Care	30,711,756		4,250,536		Total Newborn Days	15,949
4. Newborn Routine	26,937,643		14,601,915		Medicaid Inpatient Days	26,287
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,291
6. Home Health					Medicare Inpatient Days	73,958
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-5,536,649	-2,051,814	-833,996	-213,690	Medicaid Paid Claims	81,978
9. Total Cost	390,128,909	144,576,981	58,765,846	15,057,269	Property Rate Allowance	0.80
10. Charges	\$1,354,890,664	\$717,581,405	\$189,433,762	65,343,601	First Semester in effect:	2012/07
11. Fixed Costs	32,194,000.00		4,501,197.55		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,973.96	204.30	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,662.74	193.64	FPLI	0.9478
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	58,765,846.23	15,057,268.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,501,197.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	54,264,648.68	15,057,268.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	57,209,028.71	15,874,270.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	30,578	81,978
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,870.92	193.64
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)	1,870.92	193.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	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)	1,870.92	193.64
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	117.76	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,988.68	193.64
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$189,433,762.00	65,343,601.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,195.10	797.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,531.24	840.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,988.68	\$193.64
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$552.79	\$51.04
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	184.57	17.16
AW	Buy Back of Medicaid Trend Adjustment	552.79	38.36
AX	Buy Back of Exemption Tier Adjustment	184.57	9.25
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,988.68	173.05



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101109 - 2012/07

787.62 / 82.59

County Billing ONLY

Lee Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	204,899,147	146,628,795	26,053,481	15,270,959	Total Bed Days	285,795
2. Routine	133,117,012		14,693,910		Total Inpatient Days	175,339
3. Special Care	30,711,756		4,250,536		Total Newborn Days	15,949
4. Newborn Routine	26,937,643		14,601,915		Medicaid Inpatient Days	26,287
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,291
6. Home Health					Medicare Inpatient Days	73,958
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-5,536,649	-2,051,814	-833,996	-213,690	Medicaid Paid Claims	81,978
9. Total Cost	390,128,909	144,576,981	58,765,846	15,057,269	Property Rate Allowance	0.80
10. Charges	\$1,354,890,664	\$717,581,405	\$189,433,762	65,343,601	First Semester in effect:	2012/07
11. Fixed Costs	32,194,000.00		4,501,197.55		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,973.96	204.30	969.31	174.13	108.30	2.0790	
2. Base Rate Semester	2011/07	2011/07	1,057.70	108.30	204.30	1.972	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	193.64	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,662.74	193.64		0.9478	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	58,765,846.23	15,057,268.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,501,197.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	54,264,648.68	15,057,268.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	57,209,028.71	15,874,270.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	30,578	81,978
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,870.92	193.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,079.69	113.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,079.69	113.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	1,662.74	193.64
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	989.46	182.12
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	989.46	182.12
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	989.46	113.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	117.76	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,107.22	113.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$189,433,762.00	65,343,601.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,195.10	797.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,531.24	840.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,107.22	\$113.27
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$319.60	\$30.68
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	787.62	82.59



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101117 - 2012/07

797.40 / 35.98

Lehigh Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Lee (36)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,652,198	16,399,119	1,156,616	1,273,362	Total Bed Days	32,120
2. Routine	9,321,586		841,707		Total Inpatient Days	15,724
3. Special Care	2,324,390		488,239		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,697
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,769
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-250,149	-183,971	-27,895	-14,285	Medicaid Paid Claims	28,033
9. Total Cost	22,048,025	16,215,148	2,458,667	1,259,077	Property Rate Allowance	0.80
10. Charges	\$135,103,763	\$129,543,239	\$15,314,191	11,091,540	First Semester in effect:	2012/07
11. Fixed Costs	3,939,540.00		446,552.09		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,374.64		52.07	County Ceiling Base	969.31	174.13
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	891.92	65.78	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,662.74	193.64	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,458,666.86	1,259,076.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 446,552.09	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,012,114.77	1,259,076.97
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,210,986.58	1,383,520.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,697	28,033
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,302.88	49.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	910.46	68.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	910.46	49.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	1,662.74	193.64
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	989.46	182.12
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	989.46	182.12
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	910.46	49.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	210.51	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,120.97	49.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,314,191.00	11,091,540.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,024.27	395.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,916.20	434.77
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,120.97	\$49.35
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$323.57	\$13.37
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	797.40	35.98



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101133 - 2012/07

1,100.19 / 110.64

Tallahassee Memorial Regional M.C.

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Leon (37)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	108,889,808	134,180,777	12,538,480	6,724,107	Total Bed Days	179,215
2. Routine	85,252,953		9,574,352		Total Inpatient Days	106,418
3. Special Care	16,558,691		2,274,812		Total Newborn Days	17,032
4. Newborn Routine	10,716,444		4,801,483		Medicaid Inpatient Days	13,019
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,190
6. Home Health					Medicare Inpatient Days	30,713
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-2,829,151	-1,714,485	-372,962	-85,917	Medicaid Paid Claims	44,785
9. Total Cost	218,588,745	132,466,292	28,816,165	6,638,190	Property Rate Allowance	0.80
10. Charges	\$795,711,399	\$663,543,654	\$90,493,725	29,895,064	First Semester in effect:	2012/07
11. Fixed Costs	27,692,189.00		3,149,344.52		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,637.41	162.73	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,684.67	196.19	FPLI	0.9603
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	28,816,165.07	6,638,190.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,149,344.52	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	25,666,820.55	6,638,190.22
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	27,059,492.86	6,998,376.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,209	44,785
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,572.40	156.27
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)	1,572.40	156.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	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)	1,572.40	156.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	146.40	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,718.80	156.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$90,493,725.00	29,895,064.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,258.51	667.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,543.83	703.74
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,718.80	\$156.27
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$477.77	\$41.19
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	173.37	6.00
AW	Buy Back of Medicaid Trend Adjustment	32.53	1.56
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,100.19	110.64



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101133 - 2012/07

713.07 / 96.23

County Billing ONLY

Tallahassee Memorial Regional M.C.

Type of Control: Non-Profit (Other) (3)

County: Leon (37)

Fiscal Year : 10/1/2010-9/30/2011

Type of Action: Unaudited Cost Report [1]

District: 2

Hospital Classification: CHEP

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	108,889,808	134,180,777	12,538,480	6,724,107	Total Bed Days	179,215
2. Routine	85,252,953		9,574,352		Total Inpatient Days	106,418
3. Special Care	16,558,691		2,274,812		Total Newborn Days	17,032
4. Newborn Routine	10,716,444		4,801,483		Medicaid Inpatient Days	13,019
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,190
6. Home Health					Medicare Inpatient Days	30,713
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-2,829,151	-1,714,485	-372,962	-85,917	Medicaid Paid Claims	44,785
9. Total Cost	218,588,745	132,466,292	28,816,165	6,638,190	Property Rate Allowance	0.80
10. Charges	\$795,711,399	\$663,543,654	\$90,493,725	29,895,064	First Semester in effect:	2012/07
11. Fixed Costs	27,692,189.00		3,149,344.52		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,637.41		162.73	County Ceiling Base	941.19	167.92
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	838.58	126.19	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,684.67	196.19	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	28,816,165.07	6,638,190.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,149,344.52	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	25,666,820.55	6,638,190.22
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	27,059,492.86	6,998,376.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,209	44,785
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,572.40	156.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	856.01	131.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	856.01	131.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	1,684.67	196.19
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	960.75	175.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	960.75	175.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	856.01	131.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	146.40	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,002.41	131.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$90,493,725.00	29,895,064.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,258.51	667.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,543.83	703.74
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,002.41	\$131.98
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$289.34	\$35.75
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	713.07	96.23



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101141 - 2012/07

1,300.55 / 37.55

Tri-County Hospital Williston

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Levy (38)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	730,970	2,561,381	228,278	238,438	Total Bed Days	7,300
2. Routine	779,494		217,843		Total Inpatient Days	1,188
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	358
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	157
7. Malpractice					Prospective Inflation factor	1.1070287540
8. Adjustments	0	0	0	0	Medicaid Paid Claims	6,865
9. Total Cost	1,510,464	2,561,381	446,121	238,438	Property Rate Allowance	1.00
10. Charges	\$3,693,676	\$7,693,826	\$924,743	881,602	First Semester in effect:	2011/07
11. Fixed Costs	138,929.00		34,782.05		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,474.23		44.56	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.878
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,513.63	176.27	FPLI	0.8628

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	446,121.00	238,438.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 34,782.05	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	411,338.95	238,438.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	455,364.05	263,957.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	358	6,865
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,271.97	38.45
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)	1,271.97	38.45
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8628) for Levy county	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)	1,271.97	38.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	97.16	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,369.13	38.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$924,743.00	881,602.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,583.08	128.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,859.54	142.16
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,369.13	\$38.45
AU	Medicaid Trend Adjustment IP% : 14.888 OP% : 10.546	\$203.83	\$4.06
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	135.25	3.15
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,300.55	37.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101150 - 2012/07

1,352.22 / 59.76

Madison County Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Madison (40)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	991,602	2,917,361	20,173	263,415	Total Bed Days	9,125
2. Routine	909,700		24,389		Total Inpatient Days	1,388
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	50
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	878
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-26,141	-40,111	-613	-3,622	Medicaid Paid Claims	4,583
9. Total Cost	1,875,161	2,877,250	43,949	259,793	Property Rate Allowance	1.00
10. Charges	\$5,101,096	\$10,662,683	\$105,579	918,399	First Semester in effect:	2012/07
11. Fixed Costs	294,087.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,378.61	68.60	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,528.19	177.97	FPLI	0.8711
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,875,160.92	259,793.30
AB	Total Fixed Costs	(-) 294,087.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,581,073.92	259,793.30
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,666,862.41	273,889.59
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,388	4,583
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,200.91	59.76
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)	1,200.91	59.76
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8711) for Madison county	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)	1,200.91	59.76
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	211.88	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,412.79	59.76
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$5,101,096.00	918,399.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,675.14	200.39
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,874.55	211.26
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,412.79	\$59.76
AU	Medicaid Trend Adjustment IP% : 14.888 OP% : 10.546	\$210.33	\$6.30
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	149.76	6.30
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,352.22	59.76



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101168 - 2012/07

1,698.06 / 106.69

Manatee Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Manatee (41)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	70,333,159	41,665,260	10,092,695	3,550,938	Total Bed Days	116,435
2. Routine	52,772,024		7,482,285		Total Inpatient Days	73,618
3. Special Care	10,312,210		2,819,387		Total Newborn Days	3,151
4. Newborn Routine	1,108,569		834,845		Medicaid Inpatient Days	12,002
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,237
6. Home Health					Medicare Inpatient Days	30,401
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	31,659
9. Total Cost	134,525,962	41,665,260	21,229,212	3,550,938	Property Rate Allowance	0.80
10. Charges	\$568,107,114	\$257,542,541	\$67,320,865	25,018,489	First Semester in effect:	2012/07
11. Fixed Costs	21,388,281.00		2,534,517.77		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,597.67	126.90	Exempt	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,703.80	198.42	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	21,229,212.00	3,550,938.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,534,517.77	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,694,694.23	3,550,938.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,542,425.63	3,901,902.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,239	31,659
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,551.66	123.25
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)	1,551.66	123.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	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)	1,551.66	123.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	153.15	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,704.81	123.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$67,320,865.00	25,018,489.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,085.04	790.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,587.63	868.36
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,704.81	\$123.25
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$492.09	\$33.38
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	177.97	4.21
AW	Buy Back of Medicaid Trend Adjustment	492.09	21.03
AX	Buy Back of Exemption Tier Adjustment	171.22	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,698.06	106.69



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101168 - 2012/07

681.74 / 77.30

County Billing ONLY

Manatee Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	70,333,159	41,665,260	10,092,695	3,550,938	Total Bed Days	116,435
2. Routine	52,772,024		7,482,285		Total Inpatient Days	73,618
3. Special Care	10,312,210		2,819,387		Total Newborn Days	3,151
4. Newborn Routine	1,108,569		834,845		Medicaid Inpatient Days	12,002
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,237
6. Home Health					Medicare Inpatient Days	30,401
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	31,659
9. Total Cost	134,525,962	41,665,260	21,229,212	3,550,938	Property Rate Allowance	0.80
10. Charges	\$568,107,114	\$257,542,541	\$67,320,865	25,018,489	First Semester in effect:	2012/07
11. Fixed Costs	21,388,281.00		2,534,517.77		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,597.67		126.90	947.45	167.13	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	788.82	101.36	Cost Report DRI Index	1.892	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,703.80	198.42	FPLI	0.9712	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	21,229,212.00	3,550,938.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,534,517.77	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,694,694.23	3,550,938.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,542,425.63	3,901,902.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,239	31,659
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,551.66	123.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	805.22	106.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	805.22	106.01
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	1,703.80	198.42
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	967.14	174.80
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	967.14	174.80
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	805.22	106.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	153.15	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	958.37	106.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$67,320,865.00	25,018,489.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,085.04	790.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,587.63	868.36
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$958.37	\$106.01
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$276.63	\$28.71
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	681.74	77.30



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101176 - 2012/07

1,757.30 / 97.14

Munroe Regional Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Marion (42)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	103,912,829	75,592,951	9,021,931	7,457,395	Total Bed Days	145,635
2. Routine	74,724,682		6,547,445		Total Inpatient Days	101,458
3. Special Care	14,268,454		1,628,565		Total Newborn Days	6,840
4. Newborn Routine	3,529,245		1,925,600		Medicaid Inpatient Days	10,271
5. Intern-Resident	0		0		Medicaid Newborn IP Days	369
6. Home Health					Medicare Inpatient Days	51,436
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-2,584,879	-994,723	-251,646	-98,131	Medicaid Paid Claims	76,972
9. Total Cost	193,850,331	74,598,228	18,871,895	7,359,264	Property Rate Allowance	0.80
10. Charges	\$837,680,578	\$459,949,676	\$79,103,086	42,695,237	First Semester in effect:	2012/07
11. Fixed Costs	19,159,873.00		1,809,287.60		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,791.88	106.84	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,655.20	192.76	FPLI	0.9435
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,871,895.49	7,359,263.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,809,287.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,062,607.89	7,359,263.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	17,988,418.77	7,758,574.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,640	76,972
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,690.64	100.80
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)	1,690.64	100.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,621.26	100.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	136.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,757.30	100.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$79,103,086.00	42,695,237.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,434.50	554.69
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,837.89	584.79
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,757.30	\$100.74
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$507.24	\$27.28
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	507.24	23.69
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,757.30	97.14



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101176 - 2012/07

743.42 / 72.97

County Billing ONLY

Munroe Regional Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Marion (42)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	103,912,829	75,592,951	9,021,931	7,457,395	Total Bed Days	145,635
2. Routine	74,724,682		6,547,445		Total Inpatient Days	101,458
3. Special Care	14,268,454		1,628,565		Total Newborn Days	6,840
4. Newborn Routine	3,529,245		1,925,600		Medicaid Inpatient Days	10,271
5. Intern-Resident	0		0		Medicaid Newborn IP Days	369
6. Home Health					Medicare Inpatient Days	51,436
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-2,584,879	-994,723	-251,646	-98,131	Medicaid Paid Claims	76,972
9. Total Cost	193,850,331	74,598,228	18,871,895	7,359,264	Property Rate Allowance	0.80
10. Charges	\$837,680,578	\$459,949,676	\$79,103,086	42,695,237	First Semester in effect:	2012/07
11. Fixed Costs	19,159,873.00		1,809,287.60		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,791.88		106.84	893.54	152.19	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	890.53	95.68	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,655.20	192.76	FPLI	0.9435

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,871,895.49	7,359,263.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,809,287.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,062,607.89	7,359,263.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	17,988,418.77	7,758,574.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,640	76,972
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,690.64	100.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	909.04	100.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	909.04	100.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county	1,655.20	192.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	912.11	159.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	912.11	159.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	909.04	100.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	136.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,045.08	100.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$79,103,086.00	42,695,237.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,434.50	554.69
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,837.89	584.79
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,045.08	\$100.07
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$301.66	\$27.10
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	743.42	72.97



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101184 - 2012/07

1,079.03 / 111.07

Martin Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Martin (43)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	100,123,458	100,238,512	6,643,586	5,828,447	Total Bed Days	125,560
2. Routine	40,648,964		2,327,800		Total Inpatient Days	75,398
3. Special Care	19,084,806		1,613,823		Total Newborn Days	4,461
4. Newborn Routine	2,058,530		905,826		Medicaid Inpatient Days	5,584
5. Intern-Resident	0		0		Medicaid Newborn IP Days	257
6. Home Health					Medicare Inpatient Days	41,741
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-2,326,386	-1,440,214	-165,102	-83,742	Medicaid Paid Claims	51,306
9. Total Cost	159,589,372	98,798,298	11,325,933	5,744,705	Property Rate Allowance	0.80
10. Charges	\$787,192,422	\$638,858,191	\$49,696,426	37,433,689	First Semester in effect:	2012/07
11. Fixed Costs	20,368,177.00		1,285,868.07		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,898.34	123.65	884.52	167.96	2.0790	Cost Report DRI Index	1.972
2. Base Rate Semester	2011/07	2011/07	949.79	124.83	FPLI Year Used	2008	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	FPLI	0.9546	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,674.67	195.02			

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,325,933.24	5,744,704.60
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,285,868.07	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,040,065.17	5,744,704.60
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,584,835.44	6,056,410.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,841	51,306
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,812.16	118.04
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	969.53	130.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	969.53	118.04
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9546) for Martin county	1,674.67	195.02
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	902.91	175.67
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	902.91	175.67
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	902.91	118.04
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	176.12	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,079.03	118.04
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$49,696,426.00	37,433,689.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,508.21	729.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,969.86	769.21
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,079.03	\$118.04
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$311.46	\$31.97
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	311.46	25.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,079.03	111.07



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101192 - 2012/07

1,058.70 / 69.07

Lower Florida Keys Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Monroe (44)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,893,804	17,713,292	2,914,793	1,765,008	Total Bed Days	55,480
2. Routine	14,851,800		2,716,798		Total Inpatient Days	19,003
3. Special Care	2,846,768		437,740		Total Newborn Days	922
4. Newborn Routine	826,286		348,618		Medicaid Inpatient Days	3,592
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,555
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-601,742	-300,938	-109,037	-29,986	Medicaid Paid Claims	18,183
9. Total Cost	34,816,916	17,412,354	6,308,912	1,735,022	Property Rate Allowance	0.80
10. Charges	\$146,366,529	\$122,299,485	\$24,119,296	12,566,090	First Semester in effect:	2012/07
11. Fixed Costs	5,304,201.00		874,063.18		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,580.13	99.65	Exempt	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,770.99	206.24	FPLI	1.0095

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,308,911.89	1,735,021.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 874,063.18	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,434,848.71	1,735,021.57
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,729,741.62	1,829,163.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,592	18,183
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,595.14	100.60
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)	1,595.14	100.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county	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)	1,595.14	100.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	194.67	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,789.81	100.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,119,296.00	12,566,090.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,714.73	691.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,079.07	728.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,789.81	\$100.60
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$516.63	\$27.25
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	214.48	4.28
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,058.70	69.07



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101192 - 2012/07

633.28 / 60.58

County Billing ONLY

Lower Florida Keys Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Monroe (44)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,893,804	17,713,292	2,914,793	1,765,008	Total Bed Days	55,480
2. Routine	14,851,800		2,716,798		Total Inpatient Days	19,003
3. Special Care	2,846,768		437,740		Total Newborn Days	922
4. Newborn Routine	826,286		348,618		Medicaid Inpatient Days	3,592
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,555
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-601,742	-300,938	-109,037	-29,986	Medicaid Paid Claims	18,183
9. Total Cost	34,816,916	17,412,354	6,308,912	1,735,022	Property Rate Allowance	0.80
10. Charges	\$146,366,529	\$122,299,485	\$24,119,296	12,566,090	First Semester in effect:	2012/07
11. Fixed Costs	5,304,201.00		874,063.18		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,580.13		99.65	County Ceiling Base	951.68	182.56
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	681.42	79.43	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,770.99	206.24	FPLI	1.0095

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,308,911.89	1,735,021.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 874,063.18	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,434,848.71	1,735,021.57
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,729,741.62	1,829,163.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,592	18,183
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,595.14	100.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	695.58	83.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	695.58	83.08
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county	1,770.99	206.24
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	971.46	190.94
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	971.46	190.94
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	695.58	83.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	194.67	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	890.25	83.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,119,296.00	12,566,090.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,714.73	691.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,079.07	728.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$890.25	\$83.08
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$256.97	\$22.50
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	633.28	60.58



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101206 - 2012/07

2,980.97 / 123.74

Fishermen's Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2010-6/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Monroe (44)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,083,986	7,105,768	88,027	494,411	Total Bed Days	9,125
2. Routine	2,416,327		59,072		Total Inpatient Days	1,700
3. Special Care	336,935		21,325		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	52
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	945
7. Malpractice					Prospective Inflation factor	1.0628834356
8. Adjustments	0	0	0	0	Medicaid Paid Claims	4,058
9. Total Cost	4,837,248	7,105,768	168,424	494,411	Property Rate Allowance	1.00
10. Charges	\$11,801,106	\$32,367,048	\$436,496	2,104,066	First Semester in effect:	2012/07
11. Fixed Costs	1,173,388.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,269.18		128.28	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.956
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,770.99	206.24	FPLI	1.0095

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	4,837,248.00	494,411.00
AB	Total Fixed Costs	(-) 1,173,388.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	3,663,860.00	494,411.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,894,256.10	525,501.26
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,700	4,058
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,290.74	129.50
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)	2,290.74	129.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county	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)	2,290.74	129.50
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	690.23	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,980.97	129.50
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$11,801,106.00	2,104,066.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,941.83	518.50
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	7,378.35	551.11
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,980.97	\$129.50
AU	Medicaid Trend Adjustment IP% : 10.770 OP% : 10.546	\$321.04	\$13.66
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	321.04	7.90
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,980.97	123.74



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101214 - 2012/07

5,193.67 / 340.56

Mariners Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Monroe (44)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,073,600	23,147,330	266,053	1,140,685	Total Bed Days	9,125
2. Routine	6,867,781		294,921		Total Inpatient Days	2,751
3. Special Care	2,529,596		69,686		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	149
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,408
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	3,317
9. Total Cost	14,470,977	23,147,330	630,660	1,140,685	Property Rate Allowance	1.00
10. Charges	\$29,230,630	\$101,223,323	\$1,613,444	4,076,241	First Semester in effect:	2012/07
11. Fixed Costs	3,766,932.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	4,063.49		359.14	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,770.99	206.24	FPLI	1.0095

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	14,470,977.00	1,140,685.00
AB	Total Fixed Costs	(-) 3,766,932.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	10,704,045.00	1,140,685.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,284,842.57	1,202,578.15
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	2,751	3,317
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	4,102.09	362.55
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)	4,102.09	362.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county	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)	4,102.09	362.55
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	1,369.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	5,471.39	362.55
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$29,230,630.00	4,076,241.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,625.46	1,228.89
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	11,201.99	1,295.57
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$5,471.39	\$362.55
AU	Medicaid Trend Adjustment IP% : 10.770 OP% : 10.546	\$589.25	\$38.23
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	311.53	16.24
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	5,193.67	340.56



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101231 - 2012/07

2,871.91 / 111.84

Baptist Medical Center - Nassau

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Nassau (45)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,960,011	21,531,737	1,277,259	1,373,198	Total Bed Days	19,710
2. Routine	11,068,254		808,828		Total Inpatient Days	9,839
3. Special Care	0		0		Total Newborn Days	853
4. Newborn Routine	689,432		399,271		Medicaid Inpatient Days	868
5. Intern-Resident	0		0		Medicaid Newborn IP Days	25
6. Home Health					Medicare Inpatient Days	4,497
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-290,778	-302,203	-34,883	-19,273	Medicaid Paid Claims	12,400
9. Total Cost	20,426,919	21,229,534	2,450,475	1,353,925	Property Rate Allowance	1.00
10. Charges	\$60,958,531	\$113,681,828	\$5,867,496	6,304,157	First Semester in effect:	2012/07
11. Fixed Costs	3,604,127.00		346,911.26		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,528.95		117.22	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,722.74	200.62	FPLI	0.9820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,450,475.40	1,353,924.83
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 346,911.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,103,564.14	1,353,924.83
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,217,702.76	1,427,388.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	893	12,400
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,483.43	115.11
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)	2,483.43	115.11
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9820) for Nassau county	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)	2,483.43	115.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	388.48	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,871.91	115.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,867,496.00	6,304,157.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,570.54	508.40
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,927.06	535.99
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,871.91	\$115.11
AU	Medicaid Trend Adjustment IP% : 10.770 OP% : 8.482	\$309.30	\$9.76
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	309.30	6.49
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,871.91	111.84



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101257 - 2012/07

862.33 / 67.36

Twin Cities Hospital

Type of Control: Non-Profit (Church) (2)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Okaloosa (46)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,976,851	14,877,556	650,542	1,107,231	Total Bed Days	20,805
2. Routine	5,291,515		309,896		Total Inpatient Days	7,508
3. Special Care	2,703,753		231,532		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	525
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,927
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-271,645	-213,018	-17,067	-15,853	Medicaid Paid Claims	10,188
9. Total Cost	18,700,474	14,664,538	1,174,903	1,091,378	Property Rate Allowance	0.80
10. Charges	\$128,832,482	\$137,269,417	\$8,280,613	11,191,860	First Semester in effect:	2012/07
11. Fixed Costs	3,694,491.00		237,460.69		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,173.01		130.36	County Ceiling Base	915.86	156.93
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	833.08	88.33	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,552.05	180.74	FPLI	0.8847

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,174,903.26	1,091,377.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 237,460.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	937,442.57	1,091,377.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,009,292.13	1,175,025.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	525	10,188
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,922.46	115.33
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	850.40	92.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	850.40	92.38
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county	1,552.05	180.74
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	934.90	164.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	934.90	164.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	850.40	92.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	361.84	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,212.24	92.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,280,613.00	11,191,860.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	15,772.60	1,098.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	16,981.48	1,182.73
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,212.24	\$92.38
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$349.91	\$25.02
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	862.33	67.36



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101265 - 2012/07

767.47 / 85.70

North Okaloosa Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 4/1/2010-3/31/2011
 Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Okaloosa (46)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,146,404	26,282,582	3,682,083	3,418,633	Total Bed Days	40,150
2. Routine	12,377,975		1,800,216		Total Inpatient Days	22,626
3. Special Care	2,504,171		131,196		Total Newborn Days	937
4. Newborn Routine	336,363		239,081		Medicaid Inpatient Days	3,067
5. Intern-Resident	0		0		Medicaid Newborn IP Days	8
6. Home Health					Medicare Inpatient Days	12,657
7. Malpractice					Prospective Inflation factor	1.0879120879
8. Adjustments	-483,339	-369,662	-82,316	-48,083	Medicaid Paid Claims	29,207
9. Total Cost	33,881,574	25,912,920	5,770,260	3,370,550	Property Rate Allowance	0.80
10. Charges	\$308,686,173	\$327,876,038	\$38,188,524	46,594,963	First Semester in effect:	2012/07
11. Fixed Costs	7,209,473.00		891,906.27		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,950.86		141.91	915.86	156.93	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	829.61	112.37	Cost Report DRI Index	1.911
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,552.05	180.74	FPLI	0.8847

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,770,260.10	3,370,550.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 891,906.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,878,353.83	3,370,550.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,307,220.10	3,666,862.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,075	29,207
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,725.93	125.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	846.85	117.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	846.85	117.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county	1,552.05	180.74
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	934.90	164.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	934.90	164.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	846.85	117.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	232.04	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,078.89	117.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$38,188,524.00	46,594,963.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,419.03	1,595.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,510.81	1,735.59
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,078.89	\$117.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$311.42	\$31.83
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	767.47	85.70



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101290 - 2012/07

1,500.98 / 127.85

Florida Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	632,614,989	438,755,155	71,318,641	33,987,256	Total Bed Days	754,455
2. Routine	413,761,285		44,033,705		Total Inpatient Days	537,747
3. Special Care	129,222,968		12,706,888		Total Newborn Days	36,410
4. Newborn Routine	30,559,447		16,109,978		Medicaid Inpatient Days	58,797
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10,840
6. Home Health					Medicare Inpatient Days	209,074
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-17,252,448	-6,275,792	-2,062,143	-486,141	Medicaid Paid Claims	193,784
9. Total Cost	1,188,906,241	432,479,363	142,107,069	33,501,115	Property Rate Allowance	0.80
10. Charges	\$5,404,990,592	\$2,584,194,865	\$583,396,755	252,007,112	First Semester in effect:	2012/07
11. Fixed Costs	133,253,722.00		14,382,964.72		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,057.60	193.95	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,718.36	200.11	FPLI	0.9795
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	142,107,068.85	33,501,114.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 14,382,964.72	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	127,724,104.13	33,501,114.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	140,347,998.14	36,812,271.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	69,637	193,784
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,015.42	189.97
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)	2,015.42	189.97
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	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)	2,015.42	189.97
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	165.23	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,180.65	189.97
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$583,396,755.00	252,007,112.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,377.68	1,300.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,205.71	1,428.98
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,180.65	\$189.97
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$629.44	\$51.45
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	220.83	13.92
AW	Buy Back of Medicaid Trend Adjustment	170.59	3.25
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,500.98	127.85



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101290 - 2012/07

789.72 / 90.51

County Billing ONLY

Florida Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	632,614,989	438,755,155	71,318,641	33,987,256	Total Bed Days	754,455
2. Routine	413,761,285		44,033,705		Total Inpatient Days	537,747
3. Special Care	129,222,968		12,706,888		Total Newborn Days	36,410
4. Newborn Routine	30,559,447		16,109,978		Medicaid Inpatient Days	58,797
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10,840
6. Home Health					Medicare Inpatient Days	209,074
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-17,252,448	-6,275,792	-2,062,143	-486,141	Medicaid Paid Claims	193,784
9. Total Cost	1,188,906,241	432,479,363	142,107,069	33,501,115	Property Rate Allowance	0.80
10. Charges	\$5,404,990,592	\$2,584,194,865	\$583,396,755	252,007,112	First Semester in effect:	2012/07
11. Fixed Costs	133,253,722.00		14,382,964.72		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,057.60		193.95	County Ceiling Base	925.70	171.71
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	960.63	118.68	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,718.36	200.11	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	142,107,068.85	33,501,114.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 14,382,964.72	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	127,724,104.13	33,501,114.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	140,347,998.14	36,812,271.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	69,637	193,784
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,015.42	189.97
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	980.60	124.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	980.60	124.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	1,718.36	200.11
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.94	179.59
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.94	179.59
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	944.94	124.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	165.23	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,110.17	124.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$583,396,755.00	252,007,112.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,377.68	1,300.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,205.71	1,428.98
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,110.17	\$124.13
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$320.45	\$33.62
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	789.72	90.51



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101338 - 2012/07

1,518.08 / 152.29

Orlando Health

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Statutory Teaching Hospital

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	474,763,589	338,126,285	74,645,041	28,431,462	Total Bed Days	536,487
2. Routine	311,308,961		44,351,151		Total Inpatient Days	381,440
3. Special Care	56,515,357		12,249,027		Total Newborn Days	68,785
4. Newborn Routine	51,890,379		26,804,651		Medicaid Inpatient Days	58,975
5. Intern-Resident	0		0		Medicaid Newborn IP Days	22,726
6. Home Health					Medicare Inpatient Days	103,411
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	156,545
9. Total Cost	894,478,286	338,126,285	158,049,870	28,431,462	Property Rate Allowance	0.80
10. Charges	\$4,023,825,986	\$2,137,778,638	\$641,864,489	178,575,139	First Semester in effect:	2012/07
11. Fixed Costs	106,387,186.00		16,970,454.74		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,858.57	195.48	Exempt	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,718.36	200.11	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	158,049,870.00	28,431,462.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 16,970,454.74	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	141,079,415.26	28,431,462.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	148,734,332.82	29,974,142.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	81,701	156,545
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,820.47	191.47
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)	1,820.47	191.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	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)	1,820.47	191.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	166.17	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,986.64	191.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$641,864,489.00	178,575,139.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,856.26	1,140.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,282.54	1,202.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,986.64	\$191.47
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$552.22	\$50.46
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	130.09	8.42
AW	Buy Back of Medicaid Trend Adjustment	213.75	19.70
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,518.08	152.29



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101338 - 2012/07

971.26 / 110.87

County Billing ONLY

Orlando Health

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Type of Action: Amended Cost Report [2]

County: Orange (48)

District: 7

Hospital Classification: Statutory Teaching Hospital

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	474,763,589	338,126,285	74,645,041	28,431,462	Total Bed Days	536,487
2. Routine	311,308,961		44,351,151		Total Inpatient Days	381,440
3. Special Care	56,515,357		12,249,027		Total Newborn Days	68,785
4. Newborn Routine	51,890,379		26,804,651		Medicaid Inpatient Days	58,975
5. Intern-Resident	0		0		Medicaid Newborn IP Days	22,726
6. Home Health					Medicare Inpatient Days	103,411
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	156,545
9. Total Cost	894,478,286	338,126,285	158,049,870	28,431,462	Property Rate Allowance	0.80
10. Charges	\$4,023,825,986	\$2,137,778,638	\$641,864,489	178,575,139	First Semester in effect:	2012/07
11. Fixed Costs	106,387,186.00		16,970,454.74		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,858.57		195.48	Exempt	171.71	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,174.79	145.38	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,718.36	200.11	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	158,049,870.00	28,431,462.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 16,970,454.74	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	141,079,415.26	28,431,462.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	148,734,332.82	29,974,142.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	81,701	156,545
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,820.47	191.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,199.21	152.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,199.21	152.05
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	Exempt	200.11
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	179.59
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	179.59
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,199.21	152.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	166.17	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,365.38	152.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$641,864,489.00	178,575,139.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,856.26	1,140.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,282.54	1,202.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,365.38	\$152.05
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$394.12	\$41.18
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	971.26	110.87



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101354 - 2012/07

1,450.06 / 86.37

Health Central

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	34,284,315	47,046,535	3,686,671	2,823,322	Total Bed Days	62,415
2. Routine	27,742,138		2,641,634		Total Inpatient Days	46,557
3. Special Care	7,554,070		820,393		Total Newborn Days	2,691
4. Newborn Routine	1,184,856		761,719		Medicaid Inpatient Days	5,056
5. Intern-Resident	0		0		Medicaid Newborn IP Days	378
6. Home Health					Medicare Inpatient Days	16,911
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-890,406	-591,964	-99,533	-35,524	Medicaid Paid Claims	23,276
9. Total Cost	69,874,973	46,454,571	7,810,884	2,787,798	Property Rate Allowance	0.80
10. Charges	\$324,192,379	\$282,797,694	\$29,032,465	15,421,358	First Semester in effect:	2012/07
11. Fixed Costs	9,662,783.00		865,333.14		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,375.72	128.91	Exempt	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	FPLI Year Used	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,718.36	200.11		0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,810,884.07	2,787,797.51
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 865,333.14	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,945,550.93	2,787,797.51
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,322,413.99	2,939,062.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,434	23,276
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,347.52	126.27
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)	1,347.52	126.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	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)	1,347.52	126.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	127.40	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,474.92	126.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$29,032,465.00	15,421,358.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,342.74	662.54
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,632.64	698.49
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,474.92	\$126.27
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$425.73	\$34.20
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	95.99	5.70
AW	Buy Back of Medicaid Trend Adjustment	413.54	0.00
AX	Buy Back of Exemption Tier Adjustment	83.32	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,450.06	86.37



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101354 - 2012/07

762.81 / 75.06

County Billing ONLY

Health Central

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	34,284,315	47,046,535	3,686,671	2,823,322	Total Bed Days	62,415
2. Routine	27,742,138		2,641,634		Total Inpatient Days	46,557
3. Special Care	7,554,070		820,393		Total Newborn Days	2,691
4. Newborn Routine	1,184,856		761,719		Medicaid Inpatient Days	5,056
5. Intern-Resident	0		0		Medicaid Newborn IP Days	378
6. Home Health					Medicare Inpatient Days	16,911
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-890,406	-591,964	-99,533	-35,524	Medicaid Paid Claims	23,276
9. Total Cost	69,874,973	46,454,571	7,810,884	2,787,798	Property Rate Allowance	0.80
10. Charges	\$324,192,379	\$282,797,694	\$29,032,465	15,421,358	First Semester in effect:	2012/07
11. Fixed Costs	9,662,783.00		865,333.14		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,375.72		128.91	County Ceiling Base	925.70	171.71
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,116.42	98.42	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,718.36	200.11	FPLI	0.9795

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,810,884.07	2,787,797.51
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 865,333.14	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,945,550.93	2,787,797.51
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,322,413.99	2,939,062.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,434	23,276
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,347.52	126.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,139.63	102.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,139.63	102.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	1,718.36	200.11
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.94	179.59
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.94	179.59
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	944.94	102.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	127.40	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,072.34	102.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$29,032,465.00	15,421,358.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,342.74	662.54
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,632.64	698.49
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,072.34	\$102.94
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$309.53	\$27.88
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	762.81	75.06



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101389 - 2012/07

1,140.42 / 95.62

Osceola Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Osceola (49)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	63,323,138	49,836,907	8,142,218	4,544,291	Total Bed Days	85,775
2. Routine	47,894,508		5,188,569		Total Inpatient Days	75,115
3. Special Care	15,756,134		2,665,820		Total Newborn Days	3,342
4. Newborn Routine	1,138,747		769,732		Medicaid Inpatient Days	9,268
5. Intern-Resident	0		0		Medicaid Newborn IP Days	79
6. Home Health					Medicare Inpatient Days	26,170
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,207,396	-858,696	-288,886	-78,299	Medicaid Paid Claims	34,792
9. Total Cost	125,905,131	48,978,211	16,477,453	4,465,992	Property Rate Allowance	0.80
10. Charges	\$936,544,978	\$545,347,669	\$91,797,572	59,256,211	First Semester in effect:	2012/07
11. Fixed Costs	13,661,997.00		1,339,111.50		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,868.62	148.10	Exempt	Exempt	Exempt	2.0790	
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,670.81	194.58	FPLI	0.9524

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	16,477,452.79	4,465,992.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,339,111.50	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,138,341.29	4,465,992.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,634,572.69	4,907,398.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,347	34,792
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,779.67	141.05
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)	1,779.67	141.05
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county	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)	1,779.67	141.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	114.61	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,894.28	141.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$91,797,572.00	59,256,211.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,821.07	1,703.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,791.76	1,871.50
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,894.28	\$141.05
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$546.78	\$38.20
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	207.08	7.23
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,140.42	95.62



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101389 - 2012/07

729.68 / 81.29

County Billing ONLY

Osceola Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Osceola (49)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	63,323,138	49,836,907	8,142,218	4,544,291	Total Bed Days	85,775
2. Routine	47,894,508		5,188,569		Total Inpatient Days	75,115
3. Special Care	15,756,134		2,665,820		Total Newborn Days	3,342
4. Newborn Routine	1,138,747		769,732		Medicaid Inpatient Days	9,268
5. Intern-Resident	0		0		Medicaid Newborn IP Days	79
6. Home Health					Medicare Inpatient Days	26,170
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,207,396	-858,696	-288,886	-78,299	Medicaid Paid Claims	34,792
9. Total Cost	125,905,131	48,978,211	16,477,453	4,465,992	Property Rate Allowance	0.80
10. Charges	\$936,544,978	\$545,347,669	\$91,797,572	59,256,211	First Semester in effect:	2012/07
11. Fixed Costs	13,661,997.00		1,339,111.50		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,868.62		148.10	County Ceiling Base	892.61	168.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	984.99	106.59	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,670.81	194.58	FPLI	0.9524

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	16,477,452.79	4,465,992.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,339,111.50	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,138,341.29	4,465,992.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,634,572.69	4,907,398.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,347	34,792
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,779.67	141.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,005.46	111.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,005.46	111.48
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county	1,670.81	194.58
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	911.16	176.72
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	911.16	176.72
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	911.16	111.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	114.61	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,025.77	111.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$91,797,572.00	59,256,211.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,821.07	1,703.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,791.76	1,871.50
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,025.77	\$111.48
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$296.09	\$30.19
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	729.68	81.29



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101401 - 2012/07

1,412.70 / 89.55

Bethesda Mem. Hosp.

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	88,614,179	63,376,056	13,249,096	6,252,432	Total Bed Days	139,795
2. Routine	56,773,653		8,637,539		Total Inpatient Days	99,383
3. Special Care	13,517,083		1,433,261		Total Newborn Days	11,823
4. Newborn Routine	7,160,944		5,131,628		Medicaid Inpatient Days	14,927
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3,278
6. Home Health					Medicare Inpatient Days	46,009
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-2,466,555	-941,316	-422,587	-92,867	Medicaid Paid Claims	51,735
9. Total Cost	163,599,304	62,434,740	28,028,937	6,159,565	Property Rate Allowance	0.80
10. Charges	\$859,322,501	\$515,447,970	\$127,589,106	48,771,685	First Semester in effect:	2012/07
11. Fixed Costs	19,682,506.00		2,922,387.51		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,418.33	122.45	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,798.35	209.43	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	28,028,937.21	6,159,565.44
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,922,387.51	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	25,106,549.70	6,159,565.44
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	26,468,821.92	6,493,781.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	18,205	51,735
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,453.93	125.52
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)	1,453.93	125.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	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)	1,453.93	125.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	128.42	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,582.35	125.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$127,589,106.00	48,771,685.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,008.47	942.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,388.75	993.87
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,582.35	\$125.52
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$456.74	\$34.00
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	106.11	1.97
AW	Buy Back of Medicaid Trend Adjustment	393.20	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,412.70	89.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101401 - 2012/07

809.02 / 85.65

County Billing ONLY

Bethesda Mem. Hosp.

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	88,614,179	63,376,056	13,249,096	6,252,432	Total Bed Days	139,795
2. Routine	56,773,653		8,637,539		Total Inpatient Days	99,383
3. Special Care	13,517,083		1,433,261		Total Newborn Days	11,823
4. Newborn Routine	7,160,944		5,131,628		Medicaid Inpatient Days	14,927
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3,278
6. Home Health					Medicare Inpatient Days	46,009
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-2,466,555	-941,316	-422,587	-92,867	Medicaid Paid Claims	51,735
9. Total Cost	163,599,304	62,434,740	28,028,937	6,159,565	Property Rate Allowance	0.80
10. Charges	\$859,322,501	\$515,447,970	\$127,589,106	48,771,685	First Semester in effect:	2012/07
11. Fixed Costs	19,682,506.00		2,922,387.51		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,418.33		122.45	1,005.19	183.40	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	988.34	112.31	Cost Report DRI Index	1.972	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	28,028,937.21	6,159,565.44
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,922,387.51	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	25,106,549.70	6,159,565.44
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	26,468,821.92	6,493,781.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	18,205	51,735
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,453.93	125.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,008.88	117.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,008.88	117.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	209.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	191.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	191.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,008.88	117.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	128.42	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,137.30	117.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$127,589,106.00	48,771,685.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,008.47	942.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,388.75	993.87
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,137.30	\$117.47
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$328.28	\$31.82
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	809.02	85.65



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101419 - 2012/07

1,126.77 / 105.41

Boca Raton Community Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	89,433,422	137,753,681	2,173,943	1,775,520	Total Bed Days	135,415
2. Routine	56,312,203		1,407,383		Total Inpatient Days	75,137
3. Special Care	15,692,515		232,207		Total Newborn Days	4,854
4. Newborn Routine	1,045,488		49,540		Medicaid Inpatient Days	1,952
5. Intern-Resident	0		0		Medicaid Newborn IP Days	129
6. Home Health					Medicare Inpatient Days	49,495
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-2,037,848	-1,727,689	-48,450	-22,268	Medicaid Paid Claims	7,968
9. Total Cost	160,445,780	136,025,992	3,814,623	1,753,252	Property Rate Allowance	0.80
10. Charges	\$599,727,954	\$859,730,854	\$14,743,127	6,804,531	First Semester in effect:	2012/07
11. Fixed Costs	30,234,346.00		743,251.67		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,542.93		230.03	County Ceiling Base	1,005.19	183.40
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	823.91	106.85	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,814,622.84	1,753,251.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 743,251.67	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,071,371.17	1,753,251.66
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,291,433.33	1,878,871.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,081	7,968
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,581.66	235.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	841.04	111.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	841.04	111.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	209.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	191.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	191.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	841.04	111.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	285.73	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,126.77	111.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,743,127.00	6,804,531.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,084.64	853.98
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,592.25	915.17
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,126.77	\$111.75
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$325.24	\$30.27
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	325.24	23.93
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,126.77	105.41



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101443 - 2012/07

1,761.69 / 94.50

Lakeside Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,869,787	10,568,711	2,961,011	2,065,713	Total Bed Days	25,550
2. Routine	10,062,814		3,152,841		Total Inpatient Days	10,272
3. Special Care	2,274,784		328,025		Total Newborn Days	1,209
4. Newborn Routine	540,225		104,561		Medicaid Inpatient Days	3,598
5. Intern-Resident	0		0		Medicaid Newborn IP Days	234
6. Home Health					Medicare Inpatient Days	2,127
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-229,484	-111,522	-69,079	-21,798	Medicaid Paid Claims	22,803
9. Total Cost	21,518,126	10,457,189	6,477,359	2,043,915	Property Rate Allowance	1.00
10. Charges	\$68,845,661	\$54,589,695	\$20,498,156	10,253,754	First Semester in effect:	2012/07
11. Fixed Costs	3,808,248.00		1,133,870.46		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,434.10	92.19	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,798.35	209.43	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,477,359.14	2,043,915.33
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,133,870.46	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,343,488.68	2,043,915.33
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,633,424.42	2,154,817.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,832	22,803
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,470.10	94.50
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)	1,470.10	94.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	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)	1,470.10	94.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	295.90	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,766.00	94.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,498,156.00	10,253,754.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,349.21	449.67
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,639.46	474.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,766.00	\$94.50
AU	Medicaid Trend Adjustment IP% : 10.770 OP% : 9.937	\$190.19	\$9.39
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	185.88	9.39
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,761.69	94.50



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101460 - 2012/07

1,682.00 / 119.53

JFK Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2010-6/30/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	129,694,678	67,798,115	11,812,246	3,314,115	Total Bed Days	163,520
2. Routine	84,667,339		7,648,993		Total Inpatient Days	118,731
3. Special Care	23,852,893		2,602,198		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	13,298
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	43,376
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-3,946,377	-1,123,175	-365,513	-54,903	Medicaid Paid Claims	25,907
9. Total Cost	234,268,533	66,674,940	21,697,924	3,259,212	Property Rate Allowance	0.80
10. Charges	\$1,679,072,873	\$685,611,970	\$161,435,967	38,586,274	First Semester in effect:	2012/07
11. Fixed Costs	25,554,599.00		2,456,969.84		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,512.61	131.52	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,798.35	209.43	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	21,697,923.99	3,259,211.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,456,969.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	19,240,954.15	3,259,211.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,619,558.60	3,492,732.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,298	25,907
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,550.58	134.82
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)	1,550.58	134.82
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	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)	1,550.58	134.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	147.81	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,698.39	134.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$161,435,967.00	38,586,274.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,139.87	1,489.41
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,009.69	1,596.13
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,698.39	\$134.82
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$490.24	\$36.51
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	184.59	0.00
AW	Buy Back of Medicaid Trend Adjustment	490.24	21.22
AX	Buy Back of Exemption Tier Adjustment	168.20	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,682.00	119.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101460 - 2012/07

657.42 / 98.31

County Billing ONLY

JFK Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	129,694,678	67,798,115	11,812,246	3,314,115	Total Bed Days	163,520
2. Routine	84,667,339		7,648,993		Total Inpatient Days	118,731
3. Special Care	23,852,893		2,602,198		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	13,298
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	43,376
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-3,946,377	-1,123,175	-365,513	-54,903	Medicaid Paid Claims	25,907
9. Total Cost	234,268,533	66,674,940	21,697,924	3,259,212	Property Rate Allowance	0.80
10. Charges	\$1,679,072,873	\$685,611,970	\$161,435,967	38,586,274	First Semester in effect:	2012/07
11. Fixed Costs	25,554,599.00		2,456,969.84		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,512.61		131.52	1,005.19	183.40	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	760.57	139.98	Cost Report DRI Index	1.940	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	21,697,923.99	3,259,211.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,456,969.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	19,240,954.15	3,259,211.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,619,558.60	3,492,732.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,298	25,907
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,550.58	134.82
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	776.38	146.41
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	776.38	134.82
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	209.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	191.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	191.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	776.38	134.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	147.81	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	924.19	134.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$161,435,967.00	38,586,274.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,139.87	1,489.41
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,009.69	1,596.13
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$924.19	\$134.82
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$266.77	\$36.51
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	657.42	98.31



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101486 - 2012/07

1,618.41 / 105.23

St. Mary's Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	84,594,502	47,479,778	24,530,643	7,643,666	Total Bed Days	168,995
2. Routine	58,937,152		14,838,137		Total Inpatient Days	102,697
3. Special Care	25,042,342		13,336,161		Total Newborn Days	7,171
4. Newborn Routine	919,719		650,150		Medicaid Inpatient Days	34,028
5. Intern-Resident	0		0		Medicaid Newborn IP Days	120
6. Home Health					Medicare Inpatient Days	14,449
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-2,753,837	-771,424	-866,883	-124,190	Medicaid Paid Claims	65,324
9. Total Cost	166,739,878	46,708,354	52,488,208	7,519,476	Property Rate Allowance	0.80
10. Charges	\$852,976,817	\$296,929,074	\$264,071,300	50,809,380	First Semester in effect:	2012/07
11. Fixed Costs	13,610,167.00		4,213,543.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,484.77	120.90	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,798.35	209.43	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	52,488,208.05	7,519,476.09
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,213,543.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	48,274,665.05	7,519,476.09
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	51,974,639.38	8,095,800.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	34,148	65,324
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,522.04	123.93
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)	1,522.04	123.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	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)	1,522.04	123.93
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	98.71	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,620.75	123.93
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$264,071,300.00	50,809,380.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,733.14	777.81
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,325.84	837.42
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,620.75	\$123.93
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$450.52	\$32.66
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	120.03	5.23
AW	Buy Back of Medicaid Trend Adjustment	450.52	19.19
AX	Buy Back of Exemption Tier Adjustment	117.69	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,618.41	105.23



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101486 - 2012/07

800.12 / 74.93

County Billing ONLY

St. Mary's Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	84,594,502	47,479,778	24,530,643	7,643,666	Total Bed Days	168,995
2. Routine	58,937,152		14,838,137		Total Inpatient Days	102,697
3. Special Care	25,042,342		13,336,161		Total Newborn Days	7,171
4. Newborn Routine	919,719		650,150		Medicaid Inpatient Days	34,028
5. Intern-Resident	0		0		Medicaid Newborn IP Days	120
6. Home Health					Medicare Inpatient Days	14,449
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-2,753,837	-771,424	-866,883	-124,190	Medicaid Paid Claims	65,324
9. Total Cost	166,739,878	46,708,354	52,488,208	7,519,476	Property Rate Allowance	0.80
10. Charges	\$852,976,817	\$296,929,074	\$264,071,300	50,809,380	First Semester in effect:	2012/07
11. Fixed Costs	13,610,167.00		4,213,543.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,484.77	120.90		1,005.19	183.40	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,062.73	98.25	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43		

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	52,488,208.05	7,519,476.09
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,213,543.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	48,274,665.05	7,519,476.09
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	51,974,639.38	8,095,800.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	34,148	65,324
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,522.04	123.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,084.82	102.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,084.82	102.76
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	209.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	191.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	191.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,026.08	102.76
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	98.71	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,124.79	102.76
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$264,071,300.00	50,809,380.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,733.14	777.81
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,325.84	837.42
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,124.79	\$102.76
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$324.67	\$27.83
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	800.12	74.93



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101494 - 2012/07

730.64 / 68.85

Florida Hospital Zephyrhills

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	39,936,374	38,094,563	2,934,984	2,253,412	Total Bed Days	56,210
2. Routine	28,490,289		1,655,913		Total Inpatient Days	39,182
3. Special Care	4,589,030		151,576		Total Newborn Days	1,240
4. Newborn Routine	831,280		504,804		Medicaid Inpatient Days	2,294
5. Intern-Resident	0		0		Medicaid Newborn IP Days	219
6. Home Health					Medicare Inpatient Days	18,687
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,023,003	-527,724	-72,691	-31,217	Medicaid Paid Claims	18,673
9. Total Cost	72,823,970	37,566,839	5,174,586	2,222,195	Property Rate Allowance	0.80
10. Charges	\$422,092,108	\$244,673,067	\$26,045,581	14,516,054	First Semester in effect:	2012/07
11. Fixed Costs	8,850,725.00		546,142.11		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,104.66		135.99	County Ceiling Base	838.88	165.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	835.87	90.28	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,686.95	196.45	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,174,586.43	2,222,195.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 546,142.11	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,628,444.32	2,222,195.47
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,085,906.84	2,441,831.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,513	18,673
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,023.84	130.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	853.25	94.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	853.25	94.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,686.95	196.45
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	856.32	173.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	856.32	173.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	853.25	94.42
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	173.86	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,027.11	94.42
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$26,045,581.00	14,516,054.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,364.34	777.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,388.72	854.21
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,027.11	\$94.42
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$296.47	\$25.57
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	730.64	68.85



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101508 - 2012/07

764.52 / 78.30

North Bay Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	22,410,625	17,977,927	1,820,396	1,361,860	Total Bed Days	82,490
2. Routine	23,743,044		1,396,871		Total Inpatient Days	31,625
3. Special Care	4,341,873		141,801		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,965
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,494
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-604,082	-215,071	-40,185	-16,292	Medicaid Paid Claims	11,348
9. Total Cost	49,891,460	17,762,856	3,318,883	1,345,568	Property Rate Allowance	0.80
10. Charges	\$187,670,369	\$111,801,285	\$14,867,861	8,535,352	First Semester in effect:	2012/07
11. Fixed Costs	7,782,309.00		616,540.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,571.51		135.49	County Ceiling Base	838.88	165.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	806.97	102.68	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,686.95	196.45	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,318,883.23	1,345,567.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 616,540.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,702,343.23	1,345,567.97
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,969,435.30	1,478,560.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,965	11,348
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,511.16	130.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	823.74	107.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	823.74	107.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,686.95	196.45
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	856.32	173.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	856.32	173.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	823.74	107.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	251.01	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,074.75	107.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,867,861.00	8,535,352.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,566.34	752.15
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,314.18	826.49
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,074.75	\$107.39
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$310.23	\$29.09
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	764.52	78.30



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101516 - 2012/07

2,578.09 / 220.71

All Children's Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Specialized: Children's

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	126,053,162	76,235,923	58,189,733	30,293,325	Total Bed Days	94,535
2. Routine	39,602,217		21,676,609		Total Inpatient Days	73,320
3. Special Care	56,105,720		33,214,122		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	43,404
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	357
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-3,034,258	-1,043,102	-1,547,229	-414,490	Medicaid Paid Claims	139,107
9. Total Cost	218,726,841	75,192,821	111,533,235	29,878,835	Property Rate Allowance	0.80
10. Charges	\$719,312,330	\$309,250,183	\$400,885,398	91,137,487	First Semester in effect:	2012/07
11. Fixed Costs	40,124,516.00		22,362,097.65		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,289.07	239.32	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,659.94	193.31	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	111,533,234.57	29,878,834.98
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 22,362,097.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	89,171,136.92	29,878,834.98
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	94,009,530.25	31,500,049.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	43,404	139,107
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,165.92	226.44
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)	2,165.92	226.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	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)	2,165.92	226.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	412.17	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,578.09	226.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$400,885,398.00	91,137,487.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,236.14	655.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,737.29	690.71
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,578.09	\$226.44
AU	Medicaid Trend Adjustment IP% : 6.585 OP% : 7.274	\$169.77	\$16.47
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 89\%)$	56.86	5.05
AW	Buy Back of Medicaid Trend Adjustment	169.77	13.20
AX	Buy Back of Exemption Tier Adjustment	56.86	2.59
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,578.09	220.71



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101516 - 2012/07

1,777.46 / 162.46

County Billing ONLY

All Children's Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Specialized: Children's

Type of Action: Amended Cost Report [2]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	126,053,162	76,235,923	58,189,733	30,293,325	Total Bed Days	94,535
2. Routine	39,602,217		21,676,609		Total Inpatient Days	73,320
3. Special Care	56,105,720		33,214,122		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	43,404
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	357
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-3,034,258	-1,043,102	-1,547,229	-414,490	Medicaid Paid Claims	139,107
9. Total Cost	218,726,841	75,192,821	111,533,235	29,878,835	Property Rate Allowance	0.80
10. Charges	\$719,312,330	\$309,250,183	\$400,885,398	91,137,487	First Semester in effect:	2012/07
11. Fixed Costs	40,124,516.00		22,362,097.65		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,289.07		239.32	County Ceiling Base	Exempt	169.18
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,579.76	193.68	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	111,533,234.57	29,878,834.98
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 22,362,097.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	89,171,136.92	29,878,834.98
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	94,009,530.25	31,500,049.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	43,404	139,107
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,165.92	226.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,612.60	202.57
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,612.60	202.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	193.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	176.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	176.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,612.60	176.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	412.17	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,024.77	176.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$400,885,398.00	91,137,487.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,236.14	655.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,737.29	690.71
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,024.77	\$176.95
AU	Medicaid Trend Adjustment IP% : 12.214 OP% : 8.190	\$247.31	\$14.49
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,777.46	162.46



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101524 - 2012/07

1,769.05 / 135.02

Good Samaritan Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2010-5/31/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,297,188	48,201,164	3,637,903	2,654,681	Total Bed Days	121,545
2. Routine	28,752,445		2,242,180		Total Inpatient Days	40,360
3. Special Care	6,489,293		562,968		Total Newborn Days	1,495
4. Newborn Routine	309,732		180,039		Medicaid Inpatient Days	3,441
5. Intern-Resident	0		0		Medicaid Newborn IP Days	246
6. Home Health					Medicare Inpatient Days	19,146
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-1,082,854	-688,145	-94,555	-37,900	Medicaid Paid Claims	19,684
9. Total Cost	74,765,804	47,513,019	6,528,535	2,616,781	Property Rate Allowance	0.80
10. Charges	\$394,909,016	\$285,144,269	\$31,626,355	16,904,326	First Semester in effect:	2012/07
11. Fixed Costs	12,920,036.00		1,034,703.26		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,564.98		139.63	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,528,535.36	2,616,781.41
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,034,703.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,493,832.10	2,616,781.41
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,914,902.61	2,817,342.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,687	19,684
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,604.26	143.13
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)	1,604.26	143.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,544.54	140.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	224.51	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,769.05	140.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$31,626,355.00	16,904,326.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,577.80	858.79
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,235.24	924.61
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,769.05	\$140.94
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$510.64	\$38.17
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	510.64	32.25
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,769.05	135.02



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101524 - 2012/07

822.28 / 86.38

County Billing ONLY

Good Samaritan Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2010-5/31/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,297,188	48,201,164	3,637,903	2,654,681	Total Bed Days	121,545
2. Routine	28,752,445		2,242,180		Total Inpatient Days	40,360
3. Special Care	6,489,293		562,968		Total Newborn Days	1,495
4. Newborn Routine	309,732		180,039		Medicaid Inpatient Days	3,441
5. Intern-Resident	0		0		Medicaid Newborn IP Days	246
6. Home Health					Medicare Inpatient Days	19,146
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-1,082,854	-688,145	-94,555	-37,900	Medicaid Paid Claims	19,684
9. Total Cost	74,765,804	47,513,019	6,528,535	2,616,781	Property Rate Allowance	0.80
10. Charges	\$394,909,016	\$285,144,269	\$31,626,355	16,904,326	First Semester in effect:	2012/07
11. Fixed Costs	12,920,036.00		1,034,703.26		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,564.98		139.63	County Ceiling Base	1,005.19	183.40
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	912.46	113.27	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,528,535.36	2,616,781.41
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,034,703.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,493,832.10	2,616,781.41
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,914,902.61	2,817,342.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,687	19,684
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,604.26	143.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	931.43	118.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	931.43	118.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	209.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	191.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	191.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	931.43	118.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	224.51	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,155.94	118.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$31,626,355.00	16,904,326.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,577.80	858.79
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,235.24	924.61
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,155.94	\$118.47
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$333.66	\$32.09
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	822.28	86.38



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101541 - 2012/07

1,514.44 / 83.47

Mease Hospital Clinic

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,435,045	22,540,428	2,260,116	853,114	Total Bed Days	45,260
2. Routine	15,734,212		1,166,766		Total Inpatient Days	26,482
3. Special Care	6,612,171		296,048		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,012
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,911
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-799,450	-361,982	-59,787	-13,700	Medicaid Paid Claims	8,058
9. Total Cost	48,981,978	22,178,446	3,663,143	839,414	Property Rate Allowance	0.80
10. Charges	\$205,849,474	\$133,338,512	\$16,856,405	6,239,211	First Semester in effect:	2012/07
11. Fixed Costs	5,962,908.00		488,284.91		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,832.51	120.98	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,659.94	193.31	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,663,142.68	839,413.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 488,284.91	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,174,857.77	839,413.66
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,488,651.85	922,378.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,012	8,058
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,733.92	114.47
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)	1,733.92	114.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,663.87	114.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	194.15	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,858.02	114.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,856,405.00	6,239,211.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,377.93	774.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,205.98	850.82
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,858.02	\$114.47
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$536.32	\$31.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	192.74	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,514.44	83.47



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101541 - 2012/07

810.16 / 83.47

County Billing ONLY

Mease Hospital Clinic

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,435,045	22,540,428	2,260,116	853,114	Total Bed Days	45,260
2. Routine	15,734,212		1,166,766		Total Inpatient Days	26,482
3. Special Care	6,612,171		296,048		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,012
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,911
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-799,450	-361,982	-59,787	-13,700	Medicaid Paid Claims	8,058
9. Total Cost	48,981,978	22,178,446	3,663,143	839,414	Property Rate Allowance	0.80
10. Charges	\$205,849,474	\$133,338,512	\$16,856,405	6,239,211	First Semester in effect:	2012/07
11. Fixed Costs	5,962,908.00		488,284.91		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,832.51		120.98	County Ceiling Base	925.51	169.18
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	968.79	110.36	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,663,142.68	839,413.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 488,284.91	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,174,857.77	839,413.66
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,488,651.85	922,378.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,012	8,058
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,733.92	114.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	988.93	115.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	988.93	114.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	193.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	176.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	176.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	944.75	114.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	194.15	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,138.90	114.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,856,405.00	6,239,211.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,377.93	774.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,205.98	850.82
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,138.90	\$114.47
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$328.74	\$31.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	810.16	83.47



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101567 - 2012/07

1,690.20 / 84.95

Bayfront Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	93,574,186	51,955,592	13,328,507	3,438,118	Total Bed Days	142,957
2. Routine	47,749,399		7,190,893		Total Inpatient Days	90,174
3. Special Care	29,290,420		2,604,618		Total Newborn Days	7,385
4. Newborn Routine	3,271,855		1,752,082		Medicaid Inpatient Days	14,942
5. Intern-Resident	0		0		Medicaid Newborn IP Days	447
6. Home Health					Medicare Inpatient Days	27,185
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,765,925	-826,434	-395,693	-54,689	Medicaid Paid Claims	37,865
9. Total Cost	171,119,935	51,129,158	24,480,407	3,383,429	Property Rate Allowance	0.80
10. Charges	\$858,005,091	\$322,882,556	\$120,215,396	24,709,509	First Semester in effect:	2012/07
11. Fixed Costs	18,003,094.00		2,522,419.85		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,657.04	103.77	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,659.94	193.31	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,480,407.00	3,383,429.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,522,419.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	21,957,987.15	3,383,429.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	24,128,253.32	3,717,838.11
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,389	37,865
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,567.89	98.19
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)	1,567.89	98.19
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	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)	1,567.89	98.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,699.02	98.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$120,215,396.00	24,709,509.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,811.77	652.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,583.86	717.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,699.02	\$98.19
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$472.27	\$25.88
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	151.75	2.29
AW	Buy Back of Medicaid Trend Adjustment	472.27	14.93
AX	Buy Back of Exemption Tier Adjustment	142.93	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,690.20	84.95



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101567 - 2012/07

762.54 / 64.84

County Billing ONLY

Bayfront Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	93,574,186	51,955,592	13,328,507	3,438,118	Total Bed Days	142,957
2. Routine	47,749,399		7,190,893		Total Inpatient Days	90,174
3. Special Care	29,290,420		2,604,618		Total Newborn Days	7,385
4. Newborn Routine	3,271,855		1,752,082		Medicaid Inpatient Days	14,942
5. Intern-Resident	0		0		Medicaid Newborn IP Days	447
6. Home Health					Medicare Inpatient Days	27,185
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,765,925	-826,434	-395,693	-54,689	Medicaid Paid Claims	37,865
9. Total Cost	171,119,935	51,129,158	24,480,407	3,383,429	Property Rate Allowance	0.80
10. Charges	\$858,005,091	\$322,882,556	\$120,215,396	24,709,509	First Semester in effect:	2012/07
11. Fixed Costs	18,003,094.00		2,522,419.85		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,657.04		103.77	County Ceiling Base	925.51	169.18
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	921.67	85.03	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,480,407.00	3,383,429.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,522,419.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	21,957,987.15	3,383,429.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	24,128,253.32	3,717,838.11
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,389	37,865
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,567.89	98.19
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	940.83	88.93
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	940.83	88.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	193.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	176.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	176.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	940.83	88.93
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,071.96	88.93
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$120,215,396.00	24,709,509.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,811.77	652.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,583.86	717.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,071.96	\$88.93
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$309.42	\$24.09
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	762.54	64.84



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101583 - 2012/07

1,709.64 / 125.69

Morton F. Plant Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	120,054,686	117,772,740	10,574,517	5,143,175	Total Bed Days	199,290
2. Routine	76,177,751		6,183,986		Total Inpatient Days	107,662
3. Special Care	20,989,135		2,583,124		Total Newborn Days	5,759
4. Newborn Routine	2,682,470		1,183,107		Medicaid Inpatient Days	11,448
5. Intern-Resident	0		0		Medicaid Newborn IP Days	79
6. Home Health					Medicare Inpatient Days	43,550
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-3,284,253	-1,758,929	-306,536	-76,813	Medicaid Paid Claims	29,741
9. Total Cost	216,619,789	116,013,811	20,218,198	5,066,362	Property Rate Allowance	0.80
10. Charges	\$818,083,104	\$678,092,936	\$68,611,259	27,611,381	First Semester in effect:	2012/07
11. Fixed Costs	33,447,044.00		2,805,147.53		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,754.32	197.83	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,659.94	193.31	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	20,218,198.36	5,066,362.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,805,147.53	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,413,050.83	5,066,362.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,134,108.18	5,567,107.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,527	29,741
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,659.94	187.19
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)	1,659.94	187.19
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	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)	1,659.94	187.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	194.68	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,854.62	187.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$68,611,259.00	27,611,381.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,952.22	928.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,540.52	1,020.15
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,854.62	\$187.19
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$535.33	\$50.70
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	270.73	17.44
AW	Buy Back of Medicaid Trend Adjustment	390.35	0.00
AX	Buy Back of Exemption Tier Adjustment	270.73	6.64
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,709.64	125.69



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101583 - 2012/07

511.55 / 84.44

County Billing ONLY

Morton F. Plant Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	120,054,686	117,772,740	10,574,517	5,143,175	Total Bed Days	199,290
2. Routine	76,177,751		6,183,986		Total Inpatient Days	107,662
3. Special Care	20,989,135		2,583,124		Total Newborn Days	5,759
4. Newborn Routine	2,682,470		1,183,107		Medicaid Inpatient Days	11,448
5. Intern-Resident	0		0		Medicaid Newborn IP Days	79
6. Home Health					Medicare Inpatient Days	43,550
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-3,284,253	-1,758,929	-306,536	-76,813	Medicaid Paid Claims	29,741
9. Total Cost	216,619,789	116,013,811	20,218,198	5,066,362	Property Rate Allowance	0.80
10. Charges	\$818,083,104	\$678,092,936	\$68,611,259	27,611,381	First Semester in effect:	2012/07
11. Fixed Costs	33,447,044.00		2,805,147.53		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,754.32		197.83	County Ceiling Base	925.51	169.18
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	513.76	110.73	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	20,218,198.36	5,066,362.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,805,147.53	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,413,050.83	5,066,362.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,134,108.18	5,567,107.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,527	29,741
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,659.94	187.19
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	524.44	115.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	524.44	115.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	193.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	176.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	176.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	524.44	115.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	194.68	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	719.12	115.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$68,611,259.00	27,611,381.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,952.22	928.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,540.52	1,020.15
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$719.12	\$115.81
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$207.57	\$31.37
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	511.55	84.44



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101613 - 2012/07

743.53 / 93.37

Helen Ellis Memorial Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 9/1/2010-12/31/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,673,795	7,168,899	833,282	552,795	Total Bed Days	18,300
2. Routine	4,729,801		221,163		Total Inpatient Days	5,955
3. Special Care	697,661		10,766		Total Newborn Days	543
4. Newborn Routine	168,022		91,282		Medicaid Inpatient Days	290
5. Intern-Resident	0		0		Medicaid Newborn IP Days	260
6. Home Health					Medicare Inpatient Days	2,586
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-158,345	-85,548	-13,801	-6,597	Medicaid Paid Claims	4,417
9. Total Cost	13,110,934	7,083,351	1,142,692	546,198	Property Rate Allowance	0.80
10. Charges	\$48,904,980	\$34,930,179	\$3,524,495	2,756,108	First Semester in effect:	2012/07
11. Fixed Costs	958,636.00		69,087.19		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	2,232.68		141.44	925.51	169.18	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,219.63	122.43	Cost Report DRI Index	1.921	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,142,692.33	546,198.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 69,087.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,073,605.14	546,198.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,161,907.90	591,122.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	550	4,417
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,112.56	133.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,244.98	128.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,244.98	128.05
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	193.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	176.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	176.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	944.75	128.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	100.49	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,045.24	128.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,524,495.00	2,756,108.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,408.17	623.98
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,935.23	675.30
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,045.24	\$128.05
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$301.71	\$34.68
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	743.53	93.37



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101648 - 2012/07

1,732.85 / 126.23

Lakeland Regional Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	151,900,660	154,316,220	13,559,977	12,753,031	Total Bed Days	310,615
2. Routine	137,802,856		9,886,464		Total Inpatient Days	176,656
3. Special Care	31,809,649		4,061,074		Total Newborn Days	6,585
4. Newborn Routine	1,907,182		749,852		Medicaid Inpatient Days	16,292
5. Intern-Resident	0		0		Medicaid Newborn IP Days	114
6. Home Health					Medicare Inpatient Days	65,552
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-4,405,139	-2,101,861	-384,879	-173,702	Medicaid Paid Claims	97,640
9. Total Cost	319,015,208	152,214,359	27,872,488	12,579,329	Property Rate Allowance	0.80
10. Charges	\$1,455,746,745	\$986,064,972	\$119,638,053	79,837,550	First Semester in effect:	2012/07
11. Fixed Costs	45,732,777.00		3,758,469.95		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,643.59	144.06	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,653.97	192.61	FPLI	0.9428
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,872,488.18	12,579,328.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,758,469.95	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	24,114,018.23	12,579,328.63
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,422,436.05	13,261,878.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,406	97,640
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,549.58	135.82
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)	1,549.58	135.82
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	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)	1,549.58	135.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	183.27	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,732.85	135.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$119,638,053.00	79,837,550.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,292.34	817.67
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,688.02	862.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,732.85	\$135.82
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$481.68	\$35.80
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	169.22	5.64
AW	Buy Back of Medicaid Trend Adjustment	481.68	29.70
AX	Buy Back of Exemption Tier Adjustment	169.22	2.15
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,732.85	126.23



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101648 - 2012/07

735.25 / 82.37

County Billing ONLY

Lakeland Regional Medical Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	151,900,660	154,316,220	13,559,977	12,753,031	Total Bed Days	310,615
2. Routine	137,802,856		9,886,464		Total Inpatient Days	176,656
3. Special Care	31,809,649		4,061,074		Total Newborn Days	6,585
4. Newborn Routine	1,907,182		749,852		Medicaid Inpatient Days	16,292
5. Intern-Resident	0		0		Medicaid Newborn IP Days	114
6. Home Health					Medicare Inpatient Days	65,552
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-4,405,139	-2,101,861	-384,879	-173,702	Medicaid Paid Claims	97,640
9. Total Cost	319,015,208	152,214,359	27,872,488	12,579,329	Property Rate Allowance	0.80
10. Charges	\$1,455,746,745	\$986,064,972	\$119,638,053	79,837,550	First Semester in effect:	2012/07
11. Fixed Costs	45,732,777.00		3,758,469.95		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,643.59	144.06	873.32	167.94	2.0790	Cost Report DRI Index	1.972
2. Base Rate Semester	2011/07	2011/07	833.01	108.00	FPLI Year Used	2008	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	FPLI	0.9428	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,653.97	192.61		

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,872,488.18	12,579,328.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,758,469.95	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	24,114,018.23	12,579,328.63
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,422,436.05	13,261,878.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,406	97,640
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,549.58	135.82
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	850.33	112.96
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	850.33	112.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,653.97	192.61
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	891.47	175.65
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	891.47	175.65
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	850.33	112.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	183.27	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,033.60	112.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$119,638,053.00	79,837,550.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,292.34	817.67
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,688.02	862.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,033.60	\$112.96
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$298.35	\$30.59
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	735.25	82.37



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101664 - 2012/07

1,505.85 / 87.62

Lake Wales Hospital Association

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,611,238	14,035,563	967,126	1,063,368	Total Bed Days	47,815
2. Routine	13,405,744		664,432		Total Inpatient Days	22,611
3. Special Care	3,072,389		88,924		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,136
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,669
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-624,676	-264,969	-32,480	-20,075	Medicaid Paid Claims	12,304
9. Total Cost	32,464,695	13,770,594	1,688,002	1,043,293	Property Rate Allowance	0.80
10. Charges	\$230,491,460	\$137,083,324	\$12,946,132	10,546,504	First Semester in effect:	2012/07
11. Fixed Costs	5,257,563.00		295,304.24		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,428.87	98.82	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,653.97	192.61	FPLI	0.9428
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,688,001.99	1,043,293.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 295,304.24	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,392,697.75	1,043,293.28
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,530,348.11	1,146,409.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,136	12,304
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,347.14	93.17
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)	1,347.14	93.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,297.89	91.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	207.96	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,505.85	91.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$12,946,132.00	10,546,504.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,396.24	857.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,522.61	941.88
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,505.85	\$91.86
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$434.66	\$24.88
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	434.66	20.64
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,505.85	87.62



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101664 - 2012/07

711.59 / 57.19

County Billing ONLY

Lake Wales Hospital Association

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,611,238	14,035,563	967,126	1,063,368	Total Bed Days	47,815
2. Routine	13,405,744		664,432		Total Inpatient Days	22,611
3. Special Care	3,072,389		88,924		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,136
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,669
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-624,676	-264,969	-32,480	-20,075	Medicaid Paid Claims	12,304
9. Total Cost	32,464,695	13,770,594	1,688,002	1,043,293	Property Rate Allowance	0.80
10. Charges	\$230,491,460	\$137,083,324	\$12,946,132	10,546,504	First Semester in effect:	2012/07
11. Fixed Costs	5,257,563.00		295,304.24		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,428.87	98.82	873.32	167.94	776.24	2.0790	
2. Base Rate Semester	2011/07	2011/07	776.24	74.99	1,754.32	1.892	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	1,653.97	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,653.97	192.61		0.9428	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,688,001.99	1,043,293.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 295,304.24	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,392,697.75	1,043,293.28
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,530,348.11	1,146,409.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,136	12,304
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,347.14	93.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	792.38	78.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	792.38	78.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,653.97	192.61
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	891.47	175.65
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	891.47	175.65
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	792.38	78.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	207.96	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,000.34	78.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$12,946,132.00	10,546,504.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,396.24	857.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,522.61	941.88
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,000.34	\$78.43
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$288.75	\$21.24
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	711.59	57.19



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101699 - 2012/07

2,060.89 / 78.72

Winter Haven Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	63,373,867	78,947,949	6,439,423	3,740,172	Total Bed Days	192,355
2. Routine	52,200,184		3,468,188		Total Inpatient Days	67,980
3. Special Care	13,825,775		725,238		Total Newborn Days	4,221
4. Newborn Routine	1,922,900		1,110,655		Medicaid Inpatient Days	4,795
5. Intern-Resident	0		0		Medicaid Newborn IP Days	837
6. Home Health					Medicare Inpatient Days	31,602
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	32,883
9. Total Cost	131,322,726	78,947,949	11,743,504	3,740,172	Property Rate Allowance	0.80
10. Charges	\$562,364,749	\$525,908,760	\$52,309,130	25,713,164	First Semester in effect:	2012/07
11. Fixed Costs	18,323,147.00		1,704,352.70		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,993.25	127.18	Exempt	Exempt	Exempt	2.0790	
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,653.97	192.61	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,743,504.00	3,740,172.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,704,352.70	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,039,151.30	3,740,172.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,583,871.98	3,943,112.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,632	32,883
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,879.24	119.91
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)	1,879.24	119.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	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)	1,879.24	119.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	242.10	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,121.34	119.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$52,309,130.00	25,713,164.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,287.84	781.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,791.79	824.39
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,121.34	\$119.91
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$612.32	\$32.48
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	289.10	8.71
AW	Buy Back of Medicaid Trend Adjustment	594.53	0.00
AX	Buy Back of Exemption Tier Adjustment	246.44	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,060.89	78.72



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101699 - 2012/07

646.49 / 61.45

County Billing ONLY

Winter Haven Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	63,373,867	78,947,949	6,439,423	3,740,172	Total Bed Days	192,355
2. Routine	52,200,184		3,468,188		Total Inpatient Days	67,980
3. Special Care	13,825,775		725,238		Total Newborn Days	4,221
4. Newborn Routine	1,922,900		1,110,655		Medicaid Inpatient Days	4,795
5. Intern-Resident	0		0		Medicaid Newborn IP Days	837
6. Home Health					Medicare Inpatient Days	31,602
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	32,883
9. Total Cost	131,322,726	78,947,949	11,743,504	3,740,172	Property Rate Allowance	0.80
10. Charges	\$562,364,749	\$525,908,760	\$52,309,130	25,713,164	First Semester in effect:	2012/07
11. Fixed Costs	18,323,147.00		1,704,352.70		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,993.25		127.18	873.32	167.94	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	653.14	80.57	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,653.97	192.61	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,743,504.00	3,740,172.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,704,352.70	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,039,151.30	3,740,172.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,583,871.98	3,943,112.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,632	32,883
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,879.24	119.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	666.72	84.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	666.72	84.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,653.97	192.61
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	891.47	175.65
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	891.47	175.65
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	666.72	84.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	242.10	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	908.82	84.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$52,309,130.00	25,713,164.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,287.84	781.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,791.79	824.39
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$908.82	\$84.27
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$262.33	\$22.82
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	646.49	61.45



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101702 - 2012/07

365.96 / 14.24

West Gables Rehabilitation

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,124,524	987,092	208,757	0	Total Bed Days	21,900
2. Routine	8,414,950		319,539		Total Inpatient Days	17,044
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	643
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,993
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-214,505	-14,563	-7,794	0	Medicaid Paid Claims	837
9. Total Cost	14,324,969	972,529	520,502	0	Property Rate Allowance	0.80
10. Charges	\$27,271,298	\$4,395,574	\$1,030,642	0	First Semester in effect:	2012/07
11. Fixed Costs	1,164,722.00		44,017.39		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	675.92		0.00	County Ceiling Base	1,002.18	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	450.33	NA	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	520,501.89	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 44,017.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	476,484.50	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	523,578.90	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	643	837
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	814.28	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	459.69	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	459.69	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	459.69	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	54.77	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	514.46	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,030,642.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,602.86	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,761.28	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$514.46	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$148.50	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	365.96	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101711 - 2012/07

1,073.15 / 70.85

Flagler Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: St Johns (55)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	60,677,939	46,012,410	3,692,680	4,485,206	Total Bed Days	118,341
2. Routine	51,098,460		2,092,665		Total Inpatient Days	67,243
3. Special Care	13,427,392		1,094,179		Total Newborn Days	2,622
4. Newborn Routine	1,081,864		558,674		Medicaid Inpatient Days	5,444
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	38,143
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,652,351	-602,037	-97,323	-58,685	Medicaid Paid Claims	53,943
9. Total Cost	124,633,304	45,410,373	7,340,875	4,426,521	Property Rate Allowance	0.80
10. Charges	\$519,843,730	\$274,220,400	\$34,019,165	28,509,024	First Semester in effect:	2012/07
11. Fixed Costs	15,065,265.00		985,888.08		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,307.15		91.89	County Ceiling Base	909.37	169.66
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	927.67	85.89	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,651.69	192.35	FPLI	0.9415

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,340,874.89	4,426,520.52
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 985,888.08	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,354,986.81	4,426,520.52
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,699,806.08	4,666,701.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,444	53,943
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,230.68	86.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	946.95	89.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	946.95	86.51
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9415) for St Johns county	1,651.69	192.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	928.27	177.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	928.27	177.45
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	928.27	86.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	144.88	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,073.15	86.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$34,019,165.00	28,509,024.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,248.93	528.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,587.99	557.18
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,073.15	\$86.51
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$309.76	\$23.43
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	309.76	7.77
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,073.15	70.85



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101737 - 2012/07

1,218.16 / 65.85

Jay Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Santa Rosa (57)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,884,653	5,011,512	162,494	606,350	Total Bed Days	20,075
2. Routine	3,867,696		336,358		Total Inpatient Days	4,841
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	421
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,147
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-77,767	-67,751	-6,744	-8,197	Medicaid Paid Claims	9,576
9. Total Cost	5,674,582	4,943,761	492,108	598,153	Property Rate Allowance	1.00
10. Charges	\$17,883,847	\$33,310,574	\$1,466,278	4,279,505	First Semester in effect:	2012/07
11. Fixed Costs	726,869.00		59,595.23		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,138.66		69.23	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,668.71	194.33	FPLI	0.9512

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	492,107.96	598,152.68
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 59,595.23	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	432,512.73	598,152.68
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	455,980.71	630,608.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	421	9,576
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,083.09	65.85
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)	1,083.09	65.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county	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)	1,083.09	65.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.56	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,224.65	65.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,466,278.00	4,279,505.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,482.85	446.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,671.83	471.15
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,224.65	\$65.85
AU	Medicaid Trend Adjustment IP% : 14.888 OP% : 10.546	\$182.32	\$6.94
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	175.83	6.94
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,218.16	65.85



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101745 - 2012/07

1,645.03 / 92.86

Santa Rosa Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2010-5/31/2011

Hospital Classification: Partial Self Exemption

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Santa Rosa (57)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,130,963	19,127,003	1,786,577	3,307,551	Total Bed Days	47,085
2. Routine	9,561,719		1,470,990		Total Inpatient Days	14,869
3. Special Care	2,562,523		259,881		Total Newborn Days	509
4. Newborn Routine	574,536		389,419		Medicaid Inpatient Days	2,308
5. Intern-Resident	0		0		Medicaid Newborn IP Days	14
6. Home Health					Medicare Inpatient Days	6,037
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-364,269	-292,382	-59,722	-50,560	Medicaid Paid Claims	36,551
9. Total Cost	23,465,472	18,834,621	3,847,145	3,256,991	Property Rate Allowance	0.80
10. Charges	\$115,148,656	\$152,395,150	\$16,280,249	29,014,869	First Semester in effect:	2012/07
11. Fixed Costs	5,602,266.00		792,074.25		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,489.22		100.86	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,668.71	194.33	FPLI	0.9512

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,847,145.34	3,256,990.68
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 792,074.25	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,055,071.09	3,256,990.68
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,289,224.65	3,506,620.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,322	36,551
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,416.55	95.94
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)	1,416.55	95.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,372.14	95.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	272.89	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,645.03	95.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,280,249.00	29,014,869.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,011.30	793.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,548.68	854.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,645.03	\$95.43
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$474.84	\$25.85
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	474.84	23.27
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,645.03	92.86



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101745 - 2012/07

845.90 / 65.79

County Billing ONLY

Santa Rosa Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2010-5/31/2011

Hospital Classification: Partial Self Exemption

Type of Action: Amended Cost Report [2]

County: Santa Rosa (57)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,130,963	19,127,003	1,786,577	3,307,551	Total Bed Days	47,085
2. Routine	9,561,719		1,470,990		Total Inpatient Days	14,869
3. Special Care	2,562,523		259,881		Total Newborn Days	509
4. Newborn Routine	574,536		389,419		Medicaid Inpatient Days	2,308
5. Intern-Resident	0		0		Medicaid Newborn IP Days	14
6. Home Health					Medicare Inpatient Days	6,037
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-364,269	-292,382	-59,722	-50,560	Medicaid Paid Claims	36,551
9. Total Cost	23,465,472	18,834,621	3,847,145	3,256,991	Property Rate Allowance	0.80
10. Charges	\$115,148,656	\$152,395,150	\$16,280,249	29,014,869	First Semester in effect:	2012/07
11. Fixed Costs	5,602,266.00		792,074.25		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,489.22		100.86	County Ceiling Base	1,654.99	174.75
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	897.59	86.27	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,668.71	194.33	FPLI	0.9512

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,847,145.34	3,256,990.68
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 792,074.25	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,055,071.09	3,256,990.68
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,289,224.65	3,506,620.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,322	36,551
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,416.55	95.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	916.25	90.23
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	916.25	90.23
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county	1,668.71	194.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,689.39	182.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,668.71	182.77
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	916.25	90.23
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	272.89	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,189.14	90.23
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,280,249.00	29,014,869.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,011.30	793.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,548.68	854.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,189.14	\$90.23
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$343.24	\$24.44
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	845.90	65.79



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101753 - 2012/07

421.34 / 14.24

HealthSouth Rehabilitation Hospital-Largo

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,354,244	2,943	295,743	0	Total Bed Days	25,550
2. Routine	9,003,912		348,632		Total Inpatient Days	18,621
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	721
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,945
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-273,129	-49	-10,759	0	Medicaid Paid Claims	0
9. Total Cost	16,085,027	2,894	633,616	0	Property Rate Allowance	0.80
10. Charges	\$26,533,016	\$11,629	\$1,059,413	0	First Semester in effect:	2012/07
11. Fixed Costs	1,286,057.00		51,349.82		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)			OP (F)		IP (G)		OP (G)		Inflation/FPLI Data (H)	
1. Normalized Rate	937.86	0.00	County Ceiling Base	925.51	NA	Semester DRI Index	2.0790				
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	524.43	NA	Cost Report DRI Index	1.892				
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008				
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462				

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	633,616.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 51,349.82	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	582,266.18	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	639,815.75	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	721	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	887.40	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	535.33	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	535.33	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	535.33	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	56.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	592.31	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,059,413.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,469.37	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,614.60	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$592.31	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$170.97	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	421.34	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101761 - 2012/07

1,787.78 / 134.82

Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Sarasota (58)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	130,174,950	153,692,453	11,541,877	6,071,202	Total Bed Days	228,855
2. Routine	93,634,783		7,773,059		Total Inpatient Days	113,811
3. Special Care	15,024,721		5,362,679		Total Newborn Days	12,352
4. Newborn Routine	8,927,626		1,079,344		Medicaid Inpatient Days	10,166
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3,809
6. Home Health					Medicare Inpatient Days	57,015
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-3,551,802	-2,203,264	-369,240	-87,034	Medicaid Paid Claims	43,946
9. Total Cost	244,210,278	151,489,189	25,387,719	5,984,168	Property Rate Allowance	0.80
10. Charges	\$931,483,956	\$882,599,780	\$77,976,992	39,133,992	First Semester in effect:	2012/07
11. Fixed Costs	27,369,324.00		2,291,158.69		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,771.43	145.95	Exempt	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,725.55	200.95	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	25,387,719.18	5,984,168.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,291,158.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	23,096,560.49	5,984,168.06
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	24,349,771.43	6,308,866.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,975	43,946
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,742.38	143.56
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)	1,742.38	143.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,656.62	141.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.16	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,787.78	141.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$77,976,992.00	39,133,992.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,579.75	890.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,882.51	938.82
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,787.78	\$141.89
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$516.04	\$38.43
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	516.04	31.36
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,787.78	134.82



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101761 - 2012/07

645.44 / 90.92

County Billing ONLY

Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	130,174,950	153,692,453	11,541,877	6,071,202	Total Bed Days	228,855
2. Routine	93,634,783		7,773,059		Total Inpatient Days	113,811
3. Special Care	15,024,721		5,362,679		Total Newborn Days	12,352
4. Newborn Routine	8,927,626		1,079,344		Medicaid Inpatient Days	10,166
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3,809
6. Home Health					Medicare Inpatient Days	57,015
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-3,551,802	-2,203,264	-369,240	-87,034	Medicaid Paid Claims	43,946
9. Total Cost	244,210,278	151,489,189	25,387,719	5,984,168	Property Rate Allowance	0.80
10. Charges	\$931,483,956	\$882,599,780	\$77,976,992	39,133,992	First Semester in effect:	2012/07
11. Fixed Costs	27,369,324.00		2,291,158.69		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,771.43		145.95	County Ceiling Base	939.66	172.97
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	760.37	119.22	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,725.55	200.95	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	25,387,719.18	5,984,168.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,291,158.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	23,096,560.49	5,984,168.06
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	24,349,771.43	6,308,866.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,975	43,946
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,742.38	143.56
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	776.18	124.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	776.18	124.69
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,725.55	200.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	959.19	180.91
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	959.19	180.91
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	776.18	124.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.16	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	907.34	124.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$77,976,992.00	39,133,992.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,579.75	890.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,882.51	938.82
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$907.34	\$124.69
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$261.90	\$33.77
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	645.44	90.92



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101788 - 2012/07

757.38 / 82.02

Central Florida Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Seminole (59)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,471,908	33,303,789	3,165,923	2,146,488	Total Bed Days	75,920
2. Routine	24,541,485		1,835,237		Total Inpatient Days	41,782
3. Special Care	8,149,814		562,231		Total Newborn Days	1,088
4. Newborn Routine	850,307		425,934		Medicaid Inpatient Days	3,461
5. Intern-Resident	0		0		Medicaid Newborn IP Days	51
6. Home Health					Medicare Inpatient Days	17,888
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-1,118,574	-503,324	-90,517	-32,440	Medicaid Paid Claims	18,659
9. Total Cost	72,894,940	32,800,465	5,898,808	2,114,048	Property Rate Allowance	0.80
10. Charges	\$427,090,578	\$273,775,651	\$26,813,116	21,194,468	First Semester in effect:	2012/07
11. Fixed Costs	9,024,204.00		566,547.33		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,701.36		126.96	County Ceiling Base	923.69	167.20
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	916.61	107.55	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,685.55	196.29	FPLI	0.9608

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,898,807.68	2,114,047.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 566,547.33	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,332,260.35	2,114,047.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,740,947.31	2,276,077.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,512	18,659
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,634.67	121.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	935.66	112.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	935.66	112.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9608) for Seminole county	1,685.55	196.29
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	942.89	174.87
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	942.89	174.87
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	935.66	112.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	129.05	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,064.71	112.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$26,813,116.00	21,194,468.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,634.71	1,135.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,219.87	1,222.94
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,064.71	\$112.49
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$307.33	\$30.47
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	757.38	82.02



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101796 - 2012/07

1,536.09 / 114.10

Shands at Live Oak

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Suwannee (61)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,397,870	10,160,962	125,114	2,301,065	Total Bed Days	5,475
2. Routine	2,350,137		134,162		Total Inpatient Days	2,545
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	173
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,852
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-51,789	-140,401	-3,583	-31,795	Medicaid Paid Claims	21,288
9. Total Cost	3,696,218	10,020,561	255,693	2,269,270	Property Rate Allowance	1.00
10. Charges	\$10,373,318	\$44,888,870	\$766,536	10,109,765	First Semester in effect:	2012/07
11. Fixed Costs	721,902.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,412.14		128.81	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,555.91	181.19	FPLI	0.8869

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	3,696,218.15	2,269,269.57
AB	Total Fixed Costs	(-) 721,902.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,974,316.15	2,269,269.57
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,187,424.37	2,431,861.56
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	2,545	21,288
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,252.43	114.24
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)	1,252.43	114.24
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8869) for Suwannee county	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)	1,252.43	114.24
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	283.65	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,536.09	114.24
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$10,373,318.00	10,109,765.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,075.96	474.90
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	4,368.00	508.93
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,536.09	\$114.24
AU	Medicaid Trend Adjustment IP% : 10.770 OP% : 10.546	\$165.43	\$12.05
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	165.43	11.91
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,536.09	114.10



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101800 - 2012/07

1,540.55 / 113.92

Doctor's Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 6/1/2009-5/31/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Taylor (62)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,419,672	8,049,651	531,692	2,041,452	Total Bed Days	17,520
2. Routine	3,187,903		425,783		Total Inpatient Days	3,964
3. Special Care	2,169,658		180,724		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	768
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,052
7. Malpractice					Prospective Inflation factor	1.1250000000
8. Adjustments	-88,481	-91,581	-12,949	-23,226	Medicaid Paid Claims	19,819
9. Total Cost	7,688,752	7,958,070	1,125,250	2,018,226	Property Rate Allowance	1.00
10. Charges	\$10,591,476	\$26,575,424	\$2,026,729	5,139,429	First Semester in effect:	2011/07
11. Fixed Costs	2,260,002.00		432,462.07		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,028.82		116.14	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.848
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,730.46	201.52	FPLI	0.9864

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,125,249.74	2,018,226.46
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 432,462.07	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	692,787.67	2,018,226.46
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	779,386.13	2,270,504.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	768	19,819
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,014.83	114.56
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)	1,014.83	114.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9864) for Taylor county	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)	1,014.83	114.56
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	563.10	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,577.93	114.56
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,026,729.00	5,139,429.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,638.97	259.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,968.84	291.74
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,577.93	\$114.56
AU	Medicaid Trend Adjustment IP% : 14.888 OP% : 10.546	\$234.92	\$12.08
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	197.54	11.44
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,540.55	113.92



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101826 - 2012/07

1,766.87 / 106.41

Florida Hospital - Fish Memorial

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	34,325,291	42,820,624	2,477,521	2,772,165	Total Bed Days	50,735
2. Routine	22,700,986		1,218,747		Total Inpatient Days	38,819
3. Special Care	7,348,437		634,200		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,420
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,810
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-909,789	-605,172	-61,201	-39,178	Medicaid Paid Claims	24,739
9. Total Cost	63,464,925	42,215,452	4,269,267	2,732,987	Property Rate Allowance	0.80
10. Charges	\$246,482,046	\$216,625,558	\$16,093,985	17,455,213	First Semester in effect:	2012/07
11. Fixed Costs	14,341,068.00		936,396.53		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,643.33	131.82	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,615.55	188.14	FPLI	0.9209
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,269,266.74	2,732,986.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 936,396.53	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,332,870.21	2,732,986.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,662,281.80	3,003,107.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,420	24,739
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,513.34	121.39
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)	1,513.34	121.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,457.32	120.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	309.55	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,766.87	120.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,093,985.00	17,455,213.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,650.41	705.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,307.72	775.31
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,766.87	\$120.16
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$510.01	\$32.54
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	510.01	18.79
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,766.87	106.41



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101826 - 2012/07

847.80 / 78.43

County Billing ONLY

Florida Hospital - Fish Memorial

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	34,325,291	42,820,624	2,477,521	2,772,165	Total Bed Days	50,735
2. Routine	22,700,986		1,218,747		Total Inpatient Days	38,819
3. Special Care	7,348,437		634,200		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,420
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,810
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-909,789	-605,172	-61,201	-39,178	Medicaid Paid Claims	24,739
9. Total Cost	63,464,925	42,215,452	4,269,267	2,732,987	Property Rate Allowance	0.80
10. Charges	\$246,482,046	\$216,625,558	\$16,093,985	17,455,213	First Semester in effect:	2012/07
11. Fixed Costs	14,341,068.00		936,396.53		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,643.33		131.82	County Ceiling Base	864.30	165.72
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	980.51	102.84	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,615.55	188.14	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,269,266.74	2,732,986.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 936,396.53	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,332,870.21	2,732,986.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,662,281.80	3,003,107.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,420	24,739
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,513.34	121.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,000.89	107.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,000.89	107.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,615.55	188.14
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	882.27	173.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	882.27	173.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	882.27	107.56
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	309.55	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,191.82	107.56
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,093,985.00	17,455,213.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,650.41	705.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,307.72	775.31
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,191.82	\$107.56
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$344.02	\$29.13
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	847.80	78.43



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101834 - 2012/07

2,245.86 / 190.83

Bert Fish Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2011-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,044,847	8,275,634	427,772	692,255	Total Bed Days	10,304
2. Routine	3,131,240		86,625		Total Inpatient Days	3,699
3. Special Care	1,061,413		67,881		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	146
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,691
7. Malpractice					Prospective Inflation factor	1.0384615385
8. Adjustments	-114,530	-102,605	-7,219	-8,583	Medicaid Paid Claims	3,306
9. Total Cost	9,122,970	8,173,029	575,059	683,672	Property Rate Allowance	0.80
10. Charges	\$23,919,008	\$30,210,007	\$1,897,225	2,811,584	First Semester in effect:	2012/07
11. Fixed Costs	2,108,114.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,138.52		233.20	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.002
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,615.55	188.14	FPLI	0.9209

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	9,122,969.70	683,672.14
AB	Total Fixed Costs	(-) 2,108,114.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	7,014,855.70	683,672.14
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,284,657.84	709,967.22
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	3,699	3,306
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,969.36	214.75
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)	1,969.36	214.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	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) * Partial Exemption: IP% : 83.49 OP% : 83.49	1,789.93	196.20
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	455.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,425.29	196.20
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$23,919,008.00	2,811,584.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,466.34	850.45
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,715.05	883.16
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,245.86	\$196.20
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$648.27	\$53.14
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	648.27	47.76
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,245.86	190.83



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101834 - 2012/07

951.93 / 74.65

County Billing ONLY

Bert Fish Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2011-9/30/2011

Hospital Classification: Partial Self Exempt

County: Volusia (64)

District: 4

Type of Action: Unaudited Cost Report [1]

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,044,847	8,275,634	427,772	692,255	Total Bed Days	10,304
2. Routine	3,131,240		86,625		Total Inpatient Days	3,699
3. Special Care	1,061,413		67,881		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	146
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,691
7. Malpractice					Prospective Inflation factor	1.0384615385
8. Adjustments	-114,530	-102,605	-7,219	-8,583	Medicaid Paid Claims	3,306
9. Total Cost	9,122,970	8,173,029	575,059	683,672	Property Rate Allowance	0.80
10. Charges	\$23,919,008	\$30,210,007	\$1,897,225	2,811,584	First Semester in effect:	2012/07
11. Fixed Costs	2,108,114.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,138.52		233.20	County Ceiling Base	864.30	165.72
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	909.76	97.89	Cost Report DRI Index	2.002
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,615.55	188.14	FPLI	0.9209

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	9,122,969.70	683,672.14
AB	Total Fixed Costs	(-) 2,108,114.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	7,014,855.70	683,672.14
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,284,657.84	709,967.22
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	3,699	3,306
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,969.36	214.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	928.67	102.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	928.67	102.38
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,615.55	188.14
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	882.27	173.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	882.27	173.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	882.27	102.38
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	455.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,338.20	102.38
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$23,919,008.00	2,811,584.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,466.34	850.45
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,715.05	883.16
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,338.20	\$102.38
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$386.27	\$27.73
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	951.93	74.65



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101842 - 2012/07

1,673.64 / 141.33

Halifax Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	122,445,690	111,620,089	11,850,298	8,305,305	Total Bed Days	212,430
2. Routine	60,988,533		7,695,750		Total Inpatient Days	115,758
3. Special Care	41,070,845		4,327,334		Total Newborn Days	5,985
4. Newborn Routine	3,731,802		1,507,696		Medicaid Inpatient Days	14,910
5. Intern-Resident	0		0		Medicaid Newborn IP Days	420
6. Home Health					Medicare Inpatient Days	40,051
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-3,338,270	-1,632,593	-371,232	-121,476	Medicaid Paid Claims	56,137
9. Total Cost	224,898,600	109,987,496	25,009,846	8,183,829	Property Rate Allowance	0.80
10. Charges	\$696,657,012	\$456,830,335	\$75,374,039	30,914,700	First Semester in effect:	2012/07
11. Fixed Costs	25,805,841.00		2,792,034.58		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,659.18	166.89	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,615.55	188.14	FPLI	0.9209
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	25,009,845.76	8,183,828.80
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,792,034.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	22,217,811.18	8,183,828.80
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,423,341.51	8,627,880.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,330	56,137
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,527.94	153.69
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)	1,527.94	153.69
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	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)	1,527.94	153.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	145.70	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,673.64	153.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$75,374,039.00	30,914,700.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,916.77	550.70
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,183.55	580.58
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,673.64	\$153.69
AU	Medicaid Trend Adjustment IP% : 27.797 OP% : 26.356	\$465.22	\$40.51
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	141.65	6.94
AW	Buy Back of Medicaid Trend Adjustment	465.22	32.39
AX	Buy Back of Exemption Tier Adjustment	141.65	2.70
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,673.64	141.33



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101842 - 2012/07

709.31 / 88.37

County Billing ONLY

Halifax Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	122,445,690	111,620,089	11,850,298	8,305,305	Total Bed Days	212,430
2. Routine	60,988,533		7,695,750		Total Inpatient Days	115,758
3. Special Care	41,070,845		4,327,334		Total Newborn Days	5,985
4. Newborn Routine	3,731,802		1,507,696		Medicaid Inpatient Days	14,910
5. Intern-Resident	0		0		Medicaid Newborn IP Days	420
6. Home Health					Medicare Inpatient Days	40,051
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-3,338,270	-1,632,593	-371,232	-121,476	Medicaid Paid Claims	56,137
9. Total Cost	224,898,600	109,987,496	25,009,846	8,183,829	Property Rate Allowance	0.80
10. Charges	\$696,657,012	\$456,830,335	\$75,374,039	30,914,700	First Semester in effect:	2012/07
11. Fixed Costs	25,805,841.00		2,792,034.58		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,659.18		166.89	1,054.17	165.72	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	834.09	115.88	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,615.55	188.14	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	25,009,845.76	8,183,828.80
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,792,034.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	22,217,811.18	8,183,828.80
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,423,341.51	8,627,880.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,330	56,137
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,527.94	153.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	851.43	121.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	851.43	121.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,615.55	188.14
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,076.08	173.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,076.08	173.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	851.43	121.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	145.70	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	997.13	121.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$75,374,039.00	30,914,700.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,916.77	550.70
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,183.55	580.58
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$997.13	\$121.20
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$287.82	\$32.83
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	709.31	88.37



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101869 - 2012/07

823.79 / 81.18

Ormond Beach Memorial Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,708,666	64,916,770	4,151,810	2,735,037	Total Bed Days	144,540
2. Routine	42,048,268		2,817,927		Total Inpatient Days	61,237
3. Special Care	12,510,530		706,475		Total Newborn Days	3,320
4. Newborn Routine	1,371,565		628,356		Medicaid Inpatient Days	4,338
5. Intern-Resident	0		0		Medicaid Newborn IP Days	308
6. Home Health					Medicare Inpatient Days	31,377
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,452,144	-762,450	-97,537	-32,123	Medicaid Paid Claims	22,623
9. Total Cost	122,186,885	64,154,320	8,207,031	2,702,914	Property Rate Allowance	0.80
10. Charges	\$405,889,634	\$277,701,521	\$25,184,956	13,098,876	First Semester in effect:	2012/07
11. Fixed Costs	25,813,452.00		1,601,693.17		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,696.44		142.57	County Ceiling Base	864.30	165.72
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,027.28	106.44	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,615.55	188.14	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,207,030.58	2,702,913.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,601,693.17	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,605,337.41	2,702,913.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,258,190.53	2,970,062.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,646	22,623
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,562.25	131.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,048.63	111.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,048.63	111.33
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,615.55	188.14
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	882.27	173.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	882.27	173.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	882.27	111.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	275.80	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,158.07	111.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,184,956.00	13,098,876.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,420.78	579.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,956.55	636.24
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,158.07	\$111.33
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$334.28	\$30.15
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	823.79	81.18



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101877 - 2012/07

1,953.10 / 91.44

Memorial Hospital - West Volusia

Type of Control: Non-Profit (Church) (2)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Volusia (64)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,945,794	38,468,317	4,401,366	2,834,416	Total Bed Days	56,940
2. Routine	21,661,264		2,178,645		Total Inpatient Days	33,552
3. Special Care	6,689,200		437,202		Total Newborn Days	1,954
4. Newborn Routine	1,071,676		723,406		Medicaid Inpatient Days	3,541
5. Intern-Resident	0		0		Medicaid Newborn IP Days	407
6. Home Health					Medicare Inpatient Days	13,780
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-808,318	-571,929	-115,084	-42,141	Medicaid Paid Claims	32,123
9. Total Cost	53,559,616	37,896,388	7,625,535	2,792,275	Property Rate Allowance	0.80
10. Charges	\$203,184,459	\$222,455,854	\$25,101,243	20,425,386	First Semester in effect:	2012/07
11. Fixed Costs	9,401,943.00		1,161,508.40		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,953.65	103.72	Exempt	Exempt	Exempt	2.0790	
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,615.55	188.14	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,625,535.01	2,792,275.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,161,508.40	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,464,026.61	2,792,275.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,102,912.96	3,068,255.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,948	32,123
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,799.12	95.52
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)	1,799.12	95.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,717.74	95.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	235.36	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,953.10	95.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,101,243.00	20,425,386.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,357.96	635.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,986.36	698.70
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,953.10	\$95.00
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$563.76	\$25.73
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	563.76	22.17
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,953.10	91.44



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

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101877 - 2012/07

795.03 / 65.35

County Billing ONLY

Memorial Hospital - West Volusia

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,945,794	38,468,317	4,401,366	2,834,416	Total Bed Days	56,940
2. Routine	21,661,264		2,178,645		Total Inpatient Days	33,552
3. Special Care	6,689,200		437,202		Total Newborn Days	1,954
4. Newborn Routine	1,071,676		723,406		Medicaid Inpatient Days	3,541
5. Intern-Resident	0		0		Medicaid Newborn IP Days	407
6. Home Health					Medicare Inpatient Days	13,780
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-808,318	-571,929	-115,084	-42,141	Medicaid Paid Claims	32,123
9. Total Cost	53,559,616	37,896,388	7,625,535	2,792,275	Property Rate Allowance	0.80
10. Charges	\$203,184,459	\$222,455,854	\$25,101,243	20,425,386	First Semester in effect:	2012/07
11. Fixed Costs	9,401,943.00		1,161,508.40		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,953.65		103.72	County Ceiling Base	864.30	165.72
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,122.09	85.70	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,615.55	188.14	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,625,535.01	2,792,275.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,161,508.40	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,464,026.61	2,792,275.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,102,912.96	3,068,255.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,948	32,123
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,799.12	95.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,145.41	89.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,145.41	89.63
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,615.55	188.14
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	882.27	173.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	882.27	173.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	882.27	89.63
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	235.36	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,117.63	89.63
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,101,243.00	20,425,386.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,357.96	635.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,986.36	698.70
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,117.63	\$89.63
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$322.60	\$24.28
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	795.03	65.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101885 - 2012/07

1,221.54 / 61.48

Healthmark Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Walton (66)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,434,148	3,593,837	363,643	727,543	Total Bed Days	17,350
2. Routine	1,441,653		169,767		Total Inpatient Days	4,475
3. Special Care	937,281		104,702		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	535
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,690
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	12,417
9. Total Cost	4,813,082	3,593,837	638,112	727,543	Property Rate Allowance	1.00
10. Charges	\$15,649,834	\$16,621,388	\$2,067,503	3,569,857	First Semester in effect:	2012/07
11. Fixed Costs	934,003.00		123,391.34		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,136.98		69.24	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,565.03	182.26	FPLI	0.8921

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	638,112.00	727,543.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 123,391.34	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	514,720.66	727,543.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	542,649.21	767,019.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	535	12,417
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,014.30	61.77
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)	1,014.30	61.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8921) for Walton county	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)	1,014.30	61.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	230.64	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,244.94	61.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,067,503.00	3,569,857.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,864.49	287.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,074.18	303.10
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,244.94	\$61.77
AU	Medicaid Trend Adjustment IP% : 12.024 OP% : 10.546	\$149.69	\$6.51
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	126.29	6.22
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,221.54	61.48



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101893 - 2012/07

1,683.34 / 82.31

Florida Hospital - Flagler

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Flagler (18)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,311,473	37,483,877	1,107,008	2,248,833	Total Bed Days	36,135
2. Routine	14,430,065		677,801		Total Inpatient Days	25,693
3. Special Care	4,912,385		245,998		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,284
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,182
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-628,248	-579,260	-31,383	-34,753	Medicaid Paid Claims	29,477
9. Total Cost	40,025,675	36,904,617	1,999,424	2,214,081	Property Rate Allowance	1.00
10. Charges	\$173,818,971	\$199,836,362	\$8,603,153	16,797,225	First Semester in effect:	2012/07
11. Fixed Costs	7,284,163.00		360,528.94		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,498.93		88.21	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,641.52	191.16	FPLI	0.9357

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,999,423.78	2,214,080.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 360,528.94	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,638,894.84	2,214,080.50
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,800,878.64	2,432,914.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,284	29,477
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,402.55	82.54
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)	1,402.55	82.54
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9357) for Flagler county	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)	1,402.55	82.54
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	280.79	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,683.34	82.54
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,603,153.00	16,797,225.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,700.27	569.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,362.51	626.16
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,683.34	\$82.54
AU	Medicaid Trend Adjustment IP% : 14.367 OP% : 10.546	\$241.85	\$8.70
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	241.85	8.47
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,683.34	82.31



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101907 - 2012/07

1,785.00 / 117.24

Northwest Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Washington (67)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,155,792	10,085,827	176,126	1,721,506	Total Bed Days	9,125
2. Routine	2,296,672		115,163		Total Inpatient Days	1,975
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	140
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,309
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-51,747	-151,169	-4,366	-25,802	Medicaid Paid Claims	14,963
9. Total Cost	3,400,717	9,934,658	286,923	1,695,704	Property Rate Allowance	1.00
10. Charges	\$6,786,270	\$42,364,260	\$842,485	5,967,680	First Semester in effect:	2012/07
11. Fixed Costs	1,103,200.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,421.28		138.46	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,513.80	176.29	FPLI	0.8629

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	3,400,717.43	1,695,703.55
AB	Total Fixed Costs	(-) 1,103,200.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,297,517.43	1,695,703.55
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,422,179.89	1,787,711.81
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,975	14,963
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,226.42	119.48
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)	1,226.42	119.48
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8629) for Washington county	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)	1,226.42	119.48
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	558.58	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,785.00	119.48
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$6,786,270.00	5,967,680.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,436.09	398.83
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,622.53	420.47
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,785.00	\$119.48
AU	Medicaid Trend Adjustment IP% : 10.770 OP% : 10.162	\$192.24	\$12.14
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	192.24	9.90
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,785.00	117.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101915 - 2012/07

592.54 / 14.24

Kindred Hospital-Hollywood

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2010-8/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,000,282	100,879	36,690	0	Total Bed Days	43,070
2. Routine	17,702,396		22,606		Total Inpatient Days	26,487
3. Special Care	3,084,006		36,052		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	65
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-541,973	-1,618	-1,529	0	Medicaid Paid Claims	0
9. Total Cost	33,244,711	99,261	93,819	0	Property Rate Allowance	0.80
10. Charges	\$148,828,367	\$1,151,571	\$432,843	0	First Semester in effect:	2012/07
11. Fixed Costs	3,902,181.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,085.46		0.00	County Ceiling Base	966.76	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	700.56	NA	Cost Report DRI Index	1.961
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	33,244,711.20	
AB	Total Fixed Costs	(-) 3,902,181.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	29,342,530.20	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	31,108,169.45	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	26,487	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,174.47	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	715.12	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	715.12	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	715.12	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	117.86	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	832.98	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$148,828,367.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,618.92	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,957.03	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$832.98	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$240.44	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	592.54	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101923 - 2012/07

2,161.90 / 145.64

Desoto Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: DeSoto (14)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,057,108	12,789,947	2,315,452	2,762,321	Total Bed Days	17,885
2. Routine	4,576,480		1,037,592		Total Inpatient Days	7,692
3. Special Care	1,771,492		192,577		Total Newborn Days	1,197
4. Newborn Routine	474,983		433,317		Medicaid Inpatient Days	1,810
5. Intern-Resident	0		0		Medicaid Newborn IP Days	89
6. Home Health					Medicare Inpatient Days	4,134
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-146,177	-145,155	-45,157	-31,350	Medicaid Paid Claims	19,586
9. Total Cost	12,733,886	12,644,792	3,933,781	2,730,971	Property Rate Allowance	1.00
10. Charges	\$37,835,721	\$53,493,856	\$9,020,371	9,845,420	First Semester in effect:	2012/07
11. Fixed Costs	3,229,075.00		769,840.08		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,662.73		139.15	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,853.26	215.82	FPLI	1.0564

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,933,780.56	2,730,971.09
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 769,840.08	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,163,940.48	2,730,971.09
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,335,614.74	2,879,152.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,899	19,586
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,756.51	147.00
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)	1,756.51	147.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0564) for DeSoto county	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)	1,756.51	147.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	405.39	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,161.90	147.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$9,020,371.00	9,845,420.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,750.06	502.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,007.80	529.96
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,161.90	\$147.00
AU	Medicaid Trend Adjustment IP% : 11.879 OP% : 10.546	\$256.80	\$15.50
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	256.80	14.14
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,161.90	145.64



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101931 - 2012/07

739.32 / 68.17

Memorial Hospital of Jacksonville

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	105,976,362	61,587,510	7,134,347	4,023,402	Total Bed Days	151,475
2. Routine	68,138,903		5,233,096		Total Inpatient Days	113,250
3. Special Care	17,820,029		1,073,808		Total Newborn Days	5,720
4. Newborn Routine	3,684,016		2,113,161		Medicaid Inpatient Days	8,705
5. Intern-Resident	0		0		Medicaid Newborn IP Days	39
6. Home Health					Medicare Inpatient Days	51,286
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-3,219,920	-1,013,739	-256,028	-66,226	Medicaid Paid Claims	37,846
9. Total Cost	192,399,390	60,573,771	15,298,384	3,957,176	Property Rate Allowance	0.80
10. Charges	\$1,369,515,469	\$640,431,946	\$98,758,815	43,494,821	First Semester in effect:	2012/07
11. Fixed Costs	27,782,394.00		2,003,450.40		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,685.91	115.93	876.30	171.81	2.0790	Cost Report DRI Index	1.892
2. Base Rate Semester	2011/07	2011/07	838.59	89.39	FPLI Year Used	2008	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	FPLI	0.9910	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,738.53	202.46			

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,298,384.28	3,957,176.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,003,450.40	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,294,933.88	3,957,176.26
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,608,968.05	4,348,292.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,744	37,846
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,670.74	114.89
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	856.02	93.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	856.02	93.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,738.53	202.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	894.52	179.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	894.52	179.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	856.02	93.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	183.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,039.32	93.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$98,758,815.00	43,494,821.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,294.47	1,149.26
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,410.78	1,262.85
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,039.32	\$93.49
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$300.00	\$25.32
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	739.32	68.17



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101940 - 2012/07

2,631.79 / 108.09

Campbellton-Graceville Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Jackson (32)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,148,070	1,933,335	27,439	267,754	Total Bed Days	9,125
2. Routine	817,007		22,352		Total Inpatient Days	821
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	29
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	705
7. Malpractice					Prospective Inflation factor	1.1634023503
8. Adjustments	-27,605	-27,160	-699	-3,761	Medicaid Paid Claims	2,741
9. Total Cost	1,937,472	1,906,175	49,092	263,993	Property Rate Allowance	1.00
10. Charges	\$4,391,266	\$4,784,993	\$105,545	591,050	First Semester in effect:	2011/01
11. Fixed Costs	244,489.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,805.25		131.02	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,500.29	174.72	FPLI	0.8552

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,937,471.54	263,992.58
AB	Total Fixed Costs	(-) 244,489.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,692,982.54	263,992.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,969,619.87	307,129.59
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	821	2,741
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,399.05	112.05
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)	2,399.05	112.05
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8552) for Jackson county	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)	2,399.05	112.05
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	297.79	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,696.84	112.05
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$4,391,266.00	591,050.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,348.68	215.63
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,222.67	250.86
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,696.84	\$112.05
AU	Medicaid Trend Adjustment IP% : 14.888 OP% : 10.546	\$401.50	\$11.82
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	336.45	7.86
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,631.79	108.09



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

101991 - 2012/07

224.82 / 82.18

Wiregrass Hospital

Type of Control: Government (4)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,681,179	4,311,687	45,690	119,972	Total Bed Days	32,485
2. Routine	5,024,760		25,231		Total Inpatient Days	9,896
3. Special Care	806,994		42,669		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	282
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,283
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	668
9. Total Cost	9,512,933	4,311,687	113,590	119,972	Property Rate Allowance	0.80
10. Charges	\$19,783,925	\$15,324,657	\$181,306	347,310	First Semester in effect:	2012/07
11. Fixed Costs	1,134,509.00		10,396.99		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	385.79		189.34	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	280.71	107.75	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	113,590.00	119,972.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 10,396.99	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	103,193.01	119,972.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	108,792.22	126,481.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	282	668
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	385.79	189.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	286.55	112.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	286.55	112.70
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	286.55	112.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	29.50	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	316.05	112.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$181,306.00	347,310.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	642.93	519.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	677.82	548.14
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$316.05	\$112.70
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$91.23	\$30.52
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	224.82	82.18



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102016 - 2012/07

282.65 / 86.31

Floral Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2010-6/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	518,226	1,446,001	5,531	74,891	Total Bed Days	8,030
2. Routine	949,078		9,405		Total Inpatient Days	1,148
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	12
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	942
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	678
9. Total Cost	1,467,304	1,446,001	14,936	74,891	Property Rate Allowance	0.80
10. Charges	\$2,824,234	\$3,196,396	\$17,472	108,867	First Semester in effect:	2012/07
11. Fixed Costs	28,226.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,343.37		118.37	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	369.98	Exempt	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,467,304.00	74,891.00
AB	Total Fixed Costs	(-) 28,226.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,439,078.00	74,891.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,542,187.20	80,256.90
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,148	678
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,343.37	118.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	377.67	0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	377.67	118.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	377.67	118.37
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	19.67	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	397.34	118.37
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$2,824,234.00	108,867.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,460.13	160.57
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	2,636.40	172.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$397.34	\$118.37
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$114.69	\$32.06
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	282.65	86.31



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102024 - 2012/07

492.18 / 137.24

D.W.Mcmillan Memorial

Type of Control: Government (4)
 Fiscal Year : 10/1/2003-9/30/2004
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,731,169	8,304,111	15,818	25,698	Total Bed Days	33,672
2. Routine	4,860,258		13,170		Total Inpatient Days	11,947
3. Special Care	1,861,905		1,339		Total Newborn Days	750
4. Newborn Routine	256,537		10,946		Medicaid Inpatient Days	38
5. Intern-Resident	0		0		Medicaid Newborn IP Days	3
6. Home Health					Medicare Inpatient Days	5,975
7. Malpractice					Prospective Inflation factor	1.4308327598
8. Adjustments	0	0	0	0	Medicaid Paid Claims	181
9. Total Cost	11,709,869	8,304,111	41,273	25,698	Property Rate Allowance	0.80
10. Charges	\$25,173,989	\$36,408,195	\$71,070	85,741	First Semester in effect:	2005/07
11. Fixed Costs	968,439.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,210.46		203.15	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	618.02	189.22	Cost Report DRI Index	1.453
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	11,709,869.00	25,698.00
AB	Total Fixed Costs	(-) 968,439.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	10,741,430.00	25,698.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,369,189.93	36,769.54
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	12,697	181
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,210.46	203.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	630.87	197.91
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	630.87	197.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	630.87	188.22
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	61.02	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	691.89	188.22
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$25,173,989.00	85,741.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,982.67	473.71
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	2,836.87	677.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$691.89	\$188.22
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$199.71	\$50.98
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	492.18	137.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102041 - 2012/07

508.15 / 82.15

Archbold Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	53,617,475	62,099,032	3,628	8,865	Total Bed Days	96,360
2. Routine	27,613,431		3,776		Total Inpatient Days	56,764
3. Special Care	7,989,755		0		Total Newborn Days	1,923
4. Newborn Routine	534,157		0		Medicaid Inpatient Days	7
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,640
7. Malpractice					Prospective Inflation factor	1.1634023503
8. Adjustments	0	0	0	0	Medicaid Paid Claims	90
9. Total Cost	89,754,818	62,099,032	7,404	8,865	Property Rate Allowance	0.80
10. Charges	\$256,910,766	\$256,766,884	\$15,648	35,406	First Semester in effect:	2010/07
11. Fixed Costs	11,712,073.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,547.11		114.60	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	543.40	107.72	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	89,754,818.00	8,865.00
AB	Total Fixed Costs	(-) 11,712,073.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	78,042,745.00	8,865.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	90,795,112.96	10,313.56
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	58,687	90
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,547.11	114.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	554.70	112.66
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	554.70	112.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	554.70	112.66
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	159.65	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	714.35	112.66
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$256,910,766.00	35,406.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,377.64	393.40
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,092.96	457.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$714.35	\$112.66
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$206.20	\$30.51
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	508.15	82.15



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102067 - 2012/07

789.26 / 122.78

Southeast Alabama General

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	71,355,991	76,020,163	549,192	472,996	Total Bed Days	135,050
2. Routine	37,328,369		254,403		Total Inpatient Days	84,989
3. Special Care	9,806,942		63,523		Total Newborn Days	3,974
4. Newborn Routine	1,719,607		1,731		Medicaid Inpatient Days	610
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4
6. Home Health					Medicare Inpatient Days	43,709
7. Malpractice					Prospective Inflation factor	1.1634023503
8. Adjustments	0	0	0	0	Medicaid Paid Claims	3,268
9. Total Cost	120,210,909	76,020,163	868,849	472,996	Property Rate Allowance	0.80
10. Charges	\$500,034,580	\$480,191,671	\$3,337,452	2,770,555	First Semester in effect:	2010/07
11. Fixed Costs	17,550,920.00		117,142.60		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,424.33		168.39	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	868,849.00	472,996.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 117,142.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	751,706.40	472,996.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	874,536.99	550,284.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	614	3,268
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,424.33	168.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	0.00	0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,424.33	168.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	956.89	168.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	152.63	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,109.52	168.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,337,452.00	2,770,555.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,435.59	847.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,323.78	986.31
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,109.52	\$168.39
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$320.26	\$45.61
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	789.26	122.78



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102075 - 2012/07

614.81 / 74.29

South Georgia Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	73,254,120	83,591,527	5,975,244	96,089	Total Bed Days	122,275
2. Routine	40,607,256		4,837,354		Total Inpatient Days	75,872
3. Special Care	14,005,312		709,391		Total Newborn Days	3,728
4. Newborn Routine	2,621,023		355,045		Medicaid Inpatient Days	8,644
5. Intern-Resident	0		0		Medicaid Newborn IP Days	107
6. Home Health					Medicare Inpatient Days	34,745
7. Malpractice					Prospective Inflation factor	1.1070287540
8. Adjustments	0	0	0	0	Medicaid Paid Claims	1,044
9. Total Cost	130,487,711	83,591,527	11,877,034	96,089	Property Rate Allowance	0.80
10. Charges	\$310,336,631	\$269,880,721	\$26,318,454	236,119	First Semester in effect:	2012/07
11. Fixed Costs	17,724,687.00		1,503,162.41		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,312.33		101.89	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	712.06	102.15	Cost Report DRI Index	1.878
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,877,034.00	96,089.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,503,162.41	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,373,871.59	96,089.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,484,174.14	106,373.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,751	1,044
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,312.33	101.89
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	726.86	106.84
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	726.86	101.89
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	726.86	101.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	137.42	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	864.28	101.89
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$26,318,454.00	236,119.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,007.48	226.17
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,329.37	250.38
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$864.28	\$101.89
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$249.47	\$27.60
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	614.81	74.29



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102091 - 2012/07

580.75 / 109.62

Flowers Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2010-6/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	49,796,770	65,512,885	264,108	246,160	Total Bed Days	85,775
2. Routine	22,318,776		141,369		Total Inpatient Days	50,866
3. Special Care	7,796,708		33,377		Total Newborn Days	3,503
4. Newborn Routine	2,075,895		4,148		Medicaid Inpatient Days	310
5. Intern-Resident	0		0		Medicaid Newborn IP Days	7
6. Home Health					Medicare Inpatient Days	27,037
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0		0		Medicaid Paid Claims	1,663
9. Total Cost	81,988,149	65,512,885	443,002	246,160	Property Rate Allowance	0.80
10. Charges	\$496,403,605	\$584,747,070	\$2,709,785	1,918,854	First Semester in effect:	2012/07
11. Fixed Costs	11,835,593.00		64,608.54		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,279.20		158.63	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	640.05	143.73	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	443,002.00	246,160.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 64,608.54	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	378,393.46	246,160.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	405,505.16	263,797.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	317	1,663
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,279.20	158.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	653.35	150.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	653.35	150.33
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	653.35	150.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	163.05	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	816.40	150.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,709,785.00	1,918,854.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,548.22	1,153.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,160.70	1,236.52
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$816.40	\$150.33
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$235.65	\$40.71
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	580.75	109.62



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102105 - 2012/07

2,228.19 / 140.38

Palm Beach Gardens Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	73,357,256	35,247,549	2,129,827	702,719	Total Bed Days	72,635
2. Routine	30,475,497		856,901		Total Inpatient Days	50,046
3. Special Care	13,611,809		465,240		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,566
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	26,809
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,769,625	-531,101	-52,013	-10,588	Medicaid Paid Claims	4,911
9. Total Cost	115,674,937	34,716,448	3,399,955	692,131	Property Rate Allowance	0.80
10. Charges	\$608,921,742	\$248,562,882	\$19,591,648	4,699,688	First Semester in effect:	2012/07
11. Fixed Costs	8,901,474.00		286,398.95		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,131.24		151.07	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,399,954.62	692,130.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 286,398.95	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,113,555.67	692,130.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,421,290.83	760,538.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,566	4,911
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,184.73	154.86
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)	2,184.73	154.86
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	2,081.88	150.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	146.31	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,228.19	150.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,591,648.00	4,699,688.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,510.63	956.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,747.15	1,051.55
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,228.19	\$150.35
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$643.17	\$40.72
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	643.17	30.75
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,228.19	140.38



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102105 - 2012/07

833.98 / 75.88

County Billing ONLY

Palm Beach Gardens Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	73,357,256	35,247,549	2,129,827	702,719	Total Bed Days	72,635
2. Routine	30,475,497		856,901		Total Inpatient Days	50,046
3. Special Care	13,611,809		465,240		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,566
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	26,809
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,769,625	-531,101	-52,013	-10,588	Medicaid Paid Claims	4,911
9. Total Cost	115,674,937	34,716,448	3,399,955	692,131	Property Rate Allowance	0.80
10. Charges	\$608,921,742	\$248,562,882	\$19,591,648	4,699,688	First Semester in effect:	2012/07
11. Fixed Costs	8,901,474.00		286,398.95		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,131.24	151.07	County Ceiling Base	1,005.19	183.40	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,202.32	99.49	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,399,954.62	692,130.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 286,398.95	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,113,555.67	692,130.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,421,290.83	760,538.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,566	4,911
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,184.73	154.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,227.31	104.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,227.31	104.06
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	209.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	191.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	191.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,026.08	104.06
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	146.31	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,172.39	104.06
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,591,648.00	4,699,688.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,510.63	956.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,747.15	1,051.55
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,172.39	\$104.06
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$338.41	\$28.18
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	833.98	75.88



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102121 - 2012/07

482.05 / 49.81

Grady General Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,259,064	6,214,527	0	1,644	Total Bed Days	16,790
2. Routine	2,870,107		744		Total Inpatient Days	3,958
3. Special Care	479,734		0		Total Newborn Days	444
4. Newborn Routine	506,662		0		Medicaid Inpatient Days	1
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,768
7. Malpractice					Prospective Inflation factor	1.1634023503
8. Adjustments	0	0	0	0	Medicaid Paid Claims	28
9. Total Cost	7,115,567	6,214,527	744	1,644	Property Rate Allowance	0.80
10. Charges	\$15,086,736	\$20,407,216	\$0	5,145	First Semester in effect:	2011/07
11. Fixed Costs	795,347.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,670.37		68.31	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	522.26	65.91	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	7,115,567.00	1,644.00
AB	Total Fixed Costs	(-) 795,347.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,320,220.00	1,644.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,352,958.80	1,912.63
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	4,402	28
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,670.37	68.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	533.12	68.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	533.12	68.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	533.12	68.31
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	144.54	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	677.66	68.31
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$15,086,736.00	5,145.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,427.25	183.75
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,987.27	213.78
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$677.66	\$68.31
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$195.61	\$18.50
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	482.05	49.81



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102130 - 2012/07

1,311.75 / 113.89

Wellington Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,745,203	36,684,609	6,015,976	2,728,126	Total Bed Days	57,670
2. Routine	23,924,671		4,495,716		Total Inpatient Days	42,206
3. Special Care	6,584,058		914,785		Total Newborn Days	4,609
4. Newborn Routine	2,885,360		1,181,319		Medicaid Inpatient Days	8,022
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,632
6. Home Health					Medicare Inpatient Days	9,128
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	19,899
9. Total Cost	80,139,292	36,684,609	12,607,796	2,728,126	Property Rate Allowance	0.80
10. Charges	\$365,237,019	\$222,464,567	\$53,783,921	16,223,553	First Semester in effect:	2012/07
11. Fixed Costs	13,238,275.00		1,949,436.39		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,183.46	146.96	Exempt	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,607,796.00	2,728,126.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,949,436.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,658,359.61	2,728,126.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,711,802.13	2,997,766.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,654	19,899
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,213.16	150.65
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)	1,213.16	150.65
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	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)	1,213.16	150.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	161.54	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,374.70	150.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$53,783,921.00	16,223,553.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,571.15	815.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,121.79	895.87
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,374.70	\$150.65
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$396.81	\$40.80
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	62.95	9.53
AW	Buy Back of Medicaid Trend Adjustment	396.81	13.57
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,311.75	113.89



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102130 - 2012/07

790.08 / 81.40

County Billing ONLY

Wellington Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,745,203	36,684,609	6,015,976	2,728,126	Total Bed Days	57,670
2. Routine	23,924,671		4,495,716		Total Inpatient Days	42,206
3. Special Care	6,584,058		914,785		Total Newborn Days	4,609
4. Newborn Routine	2,885,360		1,181,319		Medicaid Inpatient Days	8,022
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,632
6. Home Health					Medicare Inpatient Days	9,128
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	19,899
9. Total Cost	80,139,292	36,684,609	12,607,796	2,728,126	Property Rate Allowance	0.80
10. Charges	\$365,237,019	\$222,464,567	\$53,783,921	16,223,553	First Semester in effect:	2012/07
11. Fixed Costs	13,238,275.00		1,949,436.39		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,183.46	146.96	1,005.19	183.40	106.74	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	929.81	204.30	209.43	FPLI Year Used	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32			FPLI	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,798.35				1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,607,796.00	2,728,126.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,949,436.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,658,359.61	2,728,126.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,711,802.13	2,997,766.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,654	19,899
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,213.16	150.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	949.14	111.64
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	949.14	111.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	209.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	191.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	191.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	949.14	111.64
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	161.54	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,110.68	111.64
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$53,783,921.00	16,223,553.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,571.15	815.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,121.79	895.87
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,110.68	\$111.64
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$320.60	\$30.24
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	790.08	81.40



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102164 - 2012/07

472.89 / 14.24

Mizell Memorial Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/1991-9/30/1992

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,230,788	1,378,151	116,970	0	Total Bed Days	36,234
2. Routine	1,912,181		71,237		Total Inpatient Days	8,627
3. Special Care	450,573		15,423		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	274
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health	0				Medicare Inpatient Days	5,763
7. Malpractice					Prospective Inflation factor	2.1000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	4,593,542	1,378,151	203,630	0	Property Rate Allowance	0.80
10. Charges	\$8,234,531	\$3,939,741	\$375,492	0	First Semester in effect:	1994/01
11. Fixed Costs	737,605.00		33,634.55		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,302.88		0.00	County Ceiling Base	937.40	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	555.04	NA	Cost Report DRI Index	0.990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	203,630.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 33,634.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	169,995.45	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	356,990.44	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	274	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,302.88	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	566.58	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	566.58	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	566.58	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	98.20	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	664.78	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$375,492.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,370.41	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,877.86	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$664.78	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$191.89	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	472.89	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate

Cost Report: First entered into system: 11/3/1993 Last Updated: 11/22/1993



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102199 - 2012/07

2,116.75 / 86.53

Citrus Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Citrus (9)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,296,688	50,155,722	2,702,667	3,515,420	Total Bed Days	72,270
2. Routine	29,611,631		1,397,505		Total Inpatient Days	41,021
3. Special Care	8,524,794		99,050		Total Newborn Days	1,025
4. Newborn Routine	676,810		527,580		Medicaid Inpatient Days	2,116
5. Intern-Resident	0		0		Medicaid Newborn IP Days	18
6. Home Health					Medicare Inpatient Days	24,724
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,811,273	-1,054,997	-99,426	-73,945	Medicaid Paid Claims	36,866
9. Total Cost	84,298,650	49,100,725	4,627,376	3,441,475	Property Rate Allowance	0.80
10. Charges	\$366,812,039	\$319,744,508	\$19,799,459	16,526,321	First Semester in effect:	2012/07
11. Fixed Costs	11,551,909.00		623,538.83		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,225.75		110.75	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,559.06	181.56	FPLI	0.8887

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,627,376.42	3,441,475.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 623,538.83	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,003,837.59	3,441,475.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,221,084.36	3,628,208.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,134	36,866
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,978.02	98.42
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)	1,978.02	98.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8887) for Citrus county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,883.00	97.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	233.75	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,116.75	97.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,799,459.00	16,526,321.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,278.10	448.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,781.53	472.60
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,116.75	\$97.25
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$611.00	\$26.34
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	611.00	15.62
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,116.75	86.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102199 - 2012/07

811.88 / 62.12

County Billing ONLY

Citrus Memorial Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Citrus (9)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,296,688	50,155,722	2,702,667	3,515,420	Total Bed Days	72,270
2. Routine	29,611,631		1,397,505		Total Inpatient Days	41,021
3. Special Care	8,524,794		99,050		Total Newborn Days	1,025
4. Newborn Routine	676,810		527,580		Medicaid Inpatient Days	2,116
5. Intern-Resident	0		0		Medicaid Newborn IP Days	18
6. Home Health					Medicare Inpatient Days	24,724
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,811,273	-1,054,997	-99,426	-73,945	Medicaid Paid Claims	36,866
9. Total Cost	84,298,650	49,100,725	4,627,376	3,441,475	Property Rate Allowance	0.80
10. Charges	\$366,812,039	\$319,744,508	\$19,799,459	16,526,321	First Semester in effect:	2012/07
11. Fixed Costs	11,551,909.00		623,538.83		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,225.75		110.75	County Ceiling Base	1,435.09	159.94
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	889.09	81.46	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,559.06	181.56	FPLI	0.8887

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,627,376.42	3,441,475.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 623,538.83	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,003,837.59	3,441,475.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,221,084.36	3,628,208.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,134	36,866
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,978.02	98.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	907.57	85.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	907.57	85.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8887) for Citrus county	1,559.06	181.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,464.92	167.28
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,464.92	167.28
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	907.57	85.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	233.75	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,141.32	85.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,799,459.00	16,526,321.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,278.10	448.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,781.53	472.60
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,141.32	\$85.20
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$329.44	\$23.08
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	811.88	62.12



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102202 - 2012/07

793.32 / 74.00

Cleveland Clinic Hospital-Weston

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	57,224,535	51,113,490	1,003,284	311,718	Total Bed Days	56,575
2. Routine	36,774,199		750,668		Total Inpatient Days	41,451
3. Special Care	9,708,632		328,382		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	999
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,069
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,323,699	-652,402	-26,578	-3,979	Medicaid Paid Claims	3,332
9. Total Cost	102,383,667	50,461,088	2,055,756	307,739	Property Rate Allowance	0.80
10. Charges	\$374,204,697	\$290,664,411	\$7,478,390	1,476,505	First Semester in effect:	2012/07
11. Fixed Costs	8,021,091.00		160,299.56		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,926.88		93.80	County Ceiling Base	966.76	193.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,055,755.52	307,739.30
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 160,299.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,895,455.96	307,739.30
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,082,797.54	338,155.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	999	3,332
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,084.88	101.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	0.00	0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,084.88	101.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	202.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	202.85
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	986.86	101.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	128.37	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,115.23	101.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$7,478,390.00	1,476,505.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,485.88	443.13
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,225.76	486.93
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,115.23	\$101.49
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$321.91	\$27.49
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	793.32	74.00



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102229 - 2012/07

2,047.28 / 201.85

Pembroke Pines Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2010-4/30/2011

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,705,846	51,869,154	2,423,755	4,364,960	Total Bed Days	109,865
2. Routine	26,926,632		1,860,028		Total Inpatient Days	30,466
3. Special Care	9,517,060		845,652		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,543
5. Intern-Resident	652,706		45,092		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,692
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-791,122	-614,274	-61,281	-51,693	Medicaid Paid Claims	21,939
9. Total Cost	66,011,122	51,254,880	5,113,246	4,313,267	Property Rate Allowance	0.80
10. Charges	\$301,244,130	\$345,820,021	\$26,128,594	22,119,803	First Semester in effect:	2012/07
11. Fixed Costs	13,380,614.00		1,160,575.75		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,554.69		196.65	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,113,246.36	4,313,266.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,160,575.75	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,952,670.61	4,313,266.86
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,277,773.14	4,668,028.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,543	21,939
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,682.18	212.77
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)	1,682.18	212.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	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)	1,682.18	212.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	365.10	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,047.28	212.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$26,128,594.00	22,119,803.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,274.71	1,008.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,119.79	1,091.17
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,047.28	\$212.77
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$590.95	\$57.63
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	148.34	23.72
AW	Buy Back of Medicaid Trend Adjustment	590.95	50.89
AX	Buy Back of Exemption Tier Adjustment	148.34	19.54
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,047.28	201.85



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102229 - 2012/07

944.81 / 73.34

County Billing ONLY

Pembroke Pines Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2010-4/30/2011

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,705,846	51,869,154	2,423,755	4,364,960	Total Bed Days	109,865
2. Routine	26,926,632		1,860,028		Total Inpatient Days	30,466
3. Special Care	9,517,060		845,652		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,543
5. Intern-Resident	652,706		45,092		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,692
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-791,122	-614,274	-61,281	-51,693	Medicaid Paid Claims	21,939
9. Total Cost	66,011,122	51,254,880	5,113,246	4,313,267	Property Rate Allowance	0.80
10. Charges	\$301,244,130	\$345,820,021	\$26,128,594	22,119,803	First Semester in effect:	2012/07
11. Fixed Costs	13,380,614.00		1,160,575.75		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,554.69		196.65	County Ceiling Base	966.76	193.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	943.48	96.17	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,113,246.36	4,313,266.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,160,575.75	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,952,670.61	4,313,266.86
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,277,773.14	4,668,028.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,543	21,939
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,682.18	212.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	963.09	100.58
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	963.09	100.58
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	202.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	202.85
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	963.09	100.58
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	365.10	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,328.19	100.58
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$26,128,594.00	22,119,803.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,274.71	1,008.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,119.79	1,091.17
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,328.19	\$100.58
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$383.38	\$27.24
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	944.81	73.34



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102261 - 2012/07

1,820.91 / 162.11

Homestead Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,900,594	72,544,259	16,751,914	9,131,157	Total Bed Days	51,830
2. Routine	49,968,698		10,443,518		Total Inpatient Days	37,460
3. Special Care	16,545,652		595,516		Total Newborn Days	4,482
4. Newborn Routine	3,128,024		2,260,530		Medicaid Inpatient Days	8,368
5. Intern-Resident	755,069		149,703		Medicaid Newborn IP Days	1,286
6. Home Health					Medicare Inpatient Days	7,997
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,430,528	-884,726	-368,324	-111,361	Medicaid Paid Claims	41,904
9. Total Cost	115,867,509	71,659,533	29,832,857	9,019,796	Property Rate Allowance	0.80
10. Charges	\$436,986,240	\$322,429,137	\$87,656,510	38,363,434	First Semester in effect:	2012/07
11. Fixed Costs	24,767,135.00		4,968,121.23		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,253.96	188.37	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	29,832,857.36	9,019,796.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,968,121.23	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	24,864,736.13	9,019,796.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	26,213,887.63	9,509,207.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,654	41,904
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,715.34	226.93
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)	2,715.34	226.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	2,715.34	226.93
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	411.69	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,127.03	226.93
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$87,656,510.00	38,363,434.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,079.81	915.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,572.48	965.19
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,127.03	\$226.93
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$902.62	\$61.46
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	403.50	3.36
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,820.91	162.11



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102261 - 2012/07

1,020.57 / 155.44

County Billing ONLY

Homestead Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,900,594	72,544,259	16,751,914	9,131,157	Total Bed Days	51,830
2. Routine	49,968,698		10,443,518		Total Inpatient Days	37,460
3. Special Care	16,545,652		595,516		Total Newborn Days	4,482
4. Newborn Routine	3,128,024		2,260,530		Medicaid Inpatient Days	8,368
5. Intern-Resident	755,069		149,703		Medicaid Newborn IP Days	1,286
6. Home Health					Medicare Inpatient Days	7,997
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,430,528	-884,726	-368,324	-111,361	Medicaid Paid Claims	41,904
9. Total Cost	115,867,509	71,659,533	29,832,857	9,019,796	Property Rate Allowance	0.80
10. Charges	\$436,986,240	\$322,429,137	\$87,656,510	38,363,434	First Semester in effect:	2012/07
11. Fixed Costs	24,767,135.00		4,968,121.23		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,253.96		188.37	County Ceiling Base	1,002.18	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	2,217.74	203.81	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	29,832,857.36	9,019,796.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,968,121.23	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	24,864,736.13	9,019,796.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	26,213,887.63	9,509,207.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,654	41,904
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,715.34	226.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	2,263.84	213.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,263.84	213.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,023.01	213.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	411.69	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,434.70	213.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$87,656,510.00	38,363,434.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,079.81	915.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,572.48	965.19
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,434.70	\$213.17
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$414.13	\$57.73
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,020.57	155.44



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102288 - 2012/07

1,606.85 / 68.67

Heart Of Florida Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2010-6/30/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Polk (53)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,017,487	27,758,167	4,181,556	2,117,628	Total Bed Days	70,810
2. Routine	21,078,010		2,262,716		Total Inpatient Days	42,136
3. Special Care	5,327,458		407,558		Total Newborn Days	2,661
4. Newborn Routine	669,012		341,415		Medicaid Inpatient Days	4,552
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,377
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-1,111,887	-460,025	-119,211	-35,095	Medicaid Paid Claims	30,289
9. Total Cost	65,980,080	27,298,142	7,074,034	2,082,533	Property Rate Allowance	0.80
10. Charges	\$567,150,678	\$298,723,709	\$51,089,624	23,072,943	First Semester in effect:	2012/07
11. Fixed Costs	7,638,671.00		688,100.79		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,594.61	78.15	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,653.97	192.61	FPLI	0.9428
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,074,034.33	2,082,533.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 688,100.79	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,385,933.54	2,082,533.43
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,843,482.39	2,231,745.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,552	30,289
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,503.40	73.68
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)	1,503.40	73.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	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)	1,503.40	73.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	120.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,624.33	73.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,089,624.00	23,072,943.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,223.56	761.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,027.72	816.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,624.33	\$73.68
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$468.86	\$19.96
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	196.98	0.00
AW	Buy Back of Medicaid Trend Adjustment	468.86	14.95
AX	Buy Back of Exemption Tier Adjustment	179.50	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,606.85	68.67



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102288 - 2012/07

567.77 / 53.72

County Billing ONLY

Heart Of Florida Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2010-6/30/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Polk (53)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,017,487	27,758,167	4,181,556	2,117,628	Total Bed Days	70,810
2. Routine	21,078,010		2,262,716		Total Inpatient Days	42,136
3. Special Care	5,327,458		407,558		Total Newborn Days	2,661
4. Newborn Routine	669,012		341,415		Medicaid Inpatient Days	4,552
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,377
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-1,111,887	-460,025	-119,211	-35,095	Medicaid Paid Claims	30,289
9. Total Cost	65,980,080	27,298,142	7,074,034	2,082,533	Property Rate Allowance	0.80
10. Charges	\$567,150,678	\$298,723,709	\$51,089,624	23,072,943	First Semester in effect:	2012/07
11. Fixed Costs	7,638,671.00		688,100.79		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,594.61	78.15	873.32	167.94	Semester DRI Index	2.0790	
2. Base Rate Semester	2011/07	2011/07	663.44	77.61	Cost Report DRI Index	1.940	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,653.97	192.61	FPLI	0.9428	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,074,034.33	2,082,533.43
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 688,100.79	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,385,933.54	2,082,533.43
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,843,482.39	2,231,745.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,552	30,289
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,503.40	73.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	677.23	81.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	677.23	73.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,653.97	192.61
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	891.47	175.65
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	891.47	175.65
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	677.23	73.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	120.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	798.16	73.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,089,624.00	23,072,943.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,223.56	761.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,027.72	816.34
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$798.16	\$73.68
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$230.39	\$19.96
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	567.77	53.72



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102300 - 2012/07

747.35 / 14.24

Kindred Hospital Central Tampa

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2010-8/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,180,640	48,284	0	0	Total Bed Days	37,230
2. Routine	11,943,301		0		Total Inpatient Days	15,823
3. Special Care	2,301,522		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	43
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,635
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-363,352	-690	0	0	Medicaid Paid Claims	0
9. Total Cost	25,062,111	47,594	0	0	Property Rate Allowance	0.80
10. Charges	\$88,924,068	\$381,955	\$0	0	First Semester in effect:	2012/07
11. Fixed Costs	5,817,480.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,379.22		0.00	County Ceiling Base	927.43	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	741.07	NA	Cost Report DRI Index	1.961
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11	191.00	FPLI	0.9349

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	25,062,111.02	
AB	Total Fixed Costs	(-) 5,817,480.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	19,244,631.02	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,402,645.53	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	15,823	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,289.43	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	756.47	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	756.47	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,640.11	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.71	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	756.47	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	294.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,050.60	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$88,924,068.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,619.92	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,958.09	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,050.60	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$303.25	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	747.35	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102326 - 2012/07

764.50 / 61.50

Baptist Hospital Of Beaches

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,240,808	33,117,083	1,973,250	1,477,465	Total Bed Days	53,290
2. Routine	28,475,189		1,397,421		Total Inpatient Days	31,887
3. Special Care	0		0		Total Newborn Days	2,668
4. Newborn Routine	529,420		150,013		Medicaid Inpatient Days	1,735
5. Intern-Resident	0		0		Medicaid Newborn IP Days	31
6. Home Health					Medicare Inpatient Days	15,076
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-729,415	-429,477	-45,658	-19,160	Medicaid Paid Claims	13,203
9. Total Cost	55,516,002	32,687,606	3,475,026	1,458,305	Property Rate Allowance	0.80
10. Charges	\$220,614,715	\$210,034,759	\$12,166,798	8,515,170	First Semester in effect:	2012/07
11. Fixed Costs	7,212,817.00		397,783.47		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,853.72		117.51	County Ceiling Base	876.30	171.81
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,019.83	80.64	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,738.53	202.46	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,475,026.23	1,458,304.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 397,783.47	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,077,242.76	1,458,304.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,244,212.83	1,537,431.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,766	13,203
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,837.04	116.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,041.03	84.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,041.03	84.34
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,738.53	202.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	894.52	179.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	894.52	179.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	894.52	84.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	180.20	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,074.72	84.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$12,166,798.00	8,515,170.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,889.47	644.94
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,263.29	679.93
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,074.72	\$84.34
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$310.22	\$22.84
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	764.50	61.50



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102334 - 2012/07

524.82 / 44.89

Atmore Community Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,490,993	6,327,372	50,844	60,089	Total Bed Days	17,885
2. Routine	3,057,485		61,530		Total Inpatient Days	5,809
3. Special Care	1,184,228		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	97
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	1,029
9. Total Cost	6,732,706	6,327,372	112,374	60,089	Property Rate Allowance	0.80
10. Charges	\$25,948,426	\$47,598,029	\$523,315	408,716	First Semester in effect:	2012/07
11. Fixed Costs	778,502.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,080.61		61.56	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	617.73	64.72	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,732,706.00	60,089.00
AB	Total Fixed Costs	(-) 778,502.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	5,954,204.00	60,089.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,277,276.94	63,349.41
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	5,809	1,029
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,080.61	61.56
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	630.57	67.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	630.57	61.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	630.57	61.56
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	107.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	737.78	61.56
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$25,948,426.00	408,716.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,466.94	397.20
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	4,709.31	418.75
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$737.78	\$61.56
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$212.96	\$16.67
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	524.82	44.89



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102342 - 2012/07

648.16 / 14.24

Kindred Hospital (Tampa)

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2010-8/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,963,802	80,494	13,565	0	Total Bed Days	26,645
2. Routine	8,495,604		38,309		Total Inpatient Days	12,457
3. Special Care	1,606,854		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	51
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-334,020	-1,410	-909	0	Medicaid Paid Claims	0
9. Total Cost	18,732,240	79,084	50,965	0	Property Rate Allowance	0.80
10. Charges	\$80,914,585	\$723,339	\$149,189	0	First Semester in effect:	2012/07
11. Fixed Costs	3,466,861.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,389.66		0.00	County Ceiling Base	927.43	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	674.50	NA	Cost Report DRI Index	1.961
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11	191.00	FPLI	0.9349

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	18,732,240.17	
AB	Total Fixed Costs	(-) 3,466,861.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	15,265,379.17	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,183,948.65	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	12,457	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,299.19	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	688.52	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	688.52	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,640.11	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.71	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	688.52	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	222.65	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	911.17	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$80,914,585.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,495.51	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,886.37	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$911.17	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$263.01	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	648.16	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102369 - 2012/07

430.94 / 84.11

Smith Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,143,394	19,249,378	431,785	9,553	Total Bed Days	14,965
2. Routine	3,398,264		240,109		Total Inpatient Days	9,050
3. Special Care	2,165,046		96,458		Total Newborn Days	1,217
4. Newborn Routine	1,143,483		43,221		Medicaid Inpatient Days	633
5. Intern-Resident	0		0		Medicaid Newborn IP Days	2
6. Home Health					Medicare Inpatient Days	4,793
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	91
9. Total Cost	18,850,187	19,249,378	811,573	9,553	Property Rate Allowance	0.80
10. Charges	\$64,559,751	\$84,883,770	\$2,569,975	27,503	First Semester in effect:	2012/07
11. Fixed Costs	3,958,704.00		157,586.89		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,131.69		115.35	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	398.98	124.78	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	811,573.00	9,553.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 157,586.89	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	653,986.11	9,553.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	718,624.27	10,497.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	635	91
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,131.69	115.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	407.27	130.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	407.27	115.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	407.27	115.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	198.53	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	605.80	115.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,569,975.00	27,503.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,047.20	302.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,447.21	332.10
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$605.80	\$115.35
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$174.86	\$31.24
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	430.94	84.11



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102407 - 2012/07

550.02 / 14.24

St. John'S Rehabilitation Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,311,322	368,393	53,705	0	Total Bed Days	9,490
2. Routine	5,700,310		193,699		Total Inpatient Days	7,210
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	245
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,948
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-168,618	-5,641	-3,788	0	Medicaid Paid Claims	0
9. Total Cost	10,843,014	362,752	243,616	0	Property Rate Allowance	0.80
10. Charges	\$24,291,053	\$953,814	\$515,622	0	First Semester in effect:	2012/07
11. Fixed Costs	1,073,531.00		22,787.66		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	878.23		0.00	County Ceiling Base	966.76	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	684.57	NA	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs			Inpatient	Outpatient
AA	Total Medicaid Cost		243,615.57	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		(-) 22,787.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)		220,827.91	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		232,809.95	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		245	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		950.24	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		698.80	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		698.80	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		1,898.17	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		986.86	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		986.86	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		698.80	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		74.41	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		773.21	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		\$515,622.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,104.58	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,218.77	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)		\$773.21	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083		\$223.19	\$5.29
AV	Exemption Tier Adj		0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00	0.00
AX	Buy Back of Exemption Tier Adjustment		0.00	0.00
AY	Final Prospective Rates		550.02	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102474 - 2012/07

550.29 / 14.24

South Baldwin Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/1994-9/30/1995

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,868,885	5,636,580	241,995	0	Total Bed Days	31,390
2. Routine	5,107,846		225,019		Total Inpatient Days	17,535
3. Special Care	1,254,569		20,300		Total Newborn Days	727
4. Newborn Routine	134,013		9,464		Medicaid Inpatient Days	799
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10
6. Home Health	0				Medicare Inpatient Days	10,561
7. Malpractice					Prospective Inflation factor	1.9285714286
8. Adjustments	0	0	0	0	Medicaid Paid Claims	20
9. Total Cost	12,365,313	5,636,580	496,778	0	Property Rate Allowance	0.80
10. Charges	\$20,516,190	\$13,901,052	\$847,097	0	First Semester in effect:	1996/07
11. Fixed Costs	847,729.00		35,002.05		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,100.83		0.00	County Ceiling Base	937.40	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	723.93	NA	Cost Report DRI Index	1.078
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	496,778.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 35,002.05	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	461,775.95	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	890,567.91	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	809	20
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,100.83	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	738.98	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	738.98	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	738.98	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	34.61	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	773.59	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$847,097.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,047.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,019.39	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$773.59	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$223.30	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	550.29	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate

Cost Report: First entered into system: 5/6/1996 Last Updated: 6/12/1996



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102521 - 2012/07

1,690.21 / 183.99

Memorial Hosp. - West

Type of Control: Government (4)

Fiscal Year : 5/1/2010-4/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	103,210,238	122,789,376	10,658,028	11,218,243	Total Bed Days	110,960
2. Routine	66,764,379		4,762,055		Total Inpatient Days	86,062
3. Special Care	15,977,362		739,231		Total Newborn Days	14,402
4. Newborn Routine	6,447,668		2,782,963		Medicaid Inpatient Days	6,463
5. Intern-Resident	1,420,952		101,379		Medicaid Newborn IP Days	3,574
6. Home Health					Medicare Inpatient Days	22,366
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-3,041,131	-1,926,620	-298,803	-176,019	Medicaid Paid Claims	53,781
9. Total Cost	190,779,468	120,862,756	18,744,853	11,042,224	Property Rate Allowance	0.80
10. Charges	\$975,056,266	\$891,768,071	\$94,997,924	61,723,084	First Semester in effect:	2012/07
11. Fixed Costs	34,412,198.00		3,352,716.64		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,533.89	205.37	Exempt	Exempt	Exempt	2.0790	
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,744,852.59	11,042,223.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,352,716.64	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,392,135.95	11,042,223.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,658,121.10	11,950,433.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,037	53,781
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,659.67	222.21
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)	1,659.67	222.21
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,599.95	213.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	267.23	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,867.18	213.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$94,997,924.00	61,723,084.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,464.77	1,147.67
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,243.24	1,242.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,867.18	\$213.33
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$538.96	\$57.78
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	361.99	28.43
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,690.21	183.99



Florida Agency For Health Care Administration

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Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102521 - 2012/07

892.10 / 89.10

County Billing ONLY

Memorial Hosp. - West

Type of Control: Government (4)

Fiscal Year : 5/1/2010-4/30/2011

Hospital Classification: Partial Self Exempt

County: Broward (6)

District: 10

Type of Action: Unaudited Cost Report [1]

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	103,210,238	122,789,376	10,658,028	11,218,243	Total Bed Days	110,960
2. Routine	66,764,379		4,762,055		Total Inpatient Days	86,062
3. Special Care	15,977,362		739,231		Total Newborn Days	14,402
4. Newborn Routine	6,447,668		2,782,963		Medicaid Inpatient Days	6,463
5. Intern-Resident	1,420,952		101,379		Medicaid Newborn IP Days	3,574
6. Home Health					Medicare Inpatient Days	22,366
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-3,041,131	-1,926,620	-298,803	-176,019	Medicaid Paid Claims	53,781
9. Total Cost	190,779,468	120,862,756	18,744,853	11,042,224	Property Rate Allowance	0.80
10. Charges	\$975,056,266	\$891,768,071	\$94,997,924	61,723,084	First Semester in effect:	2012/07
11. Fixed Costs	34,412,198.00		3,352,716.64		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,533.89		205.37	County Ceiling Base	966.76	193.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,019.23	116.84	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,744,852.59	11,042,223.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,352,716.64	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,392,135.95	11,042,223.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,658,121.10	11,950,433.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,037	53,781
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,659.67	222.21
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,040.42	122.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,040.42	122.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	202.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	202.85
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	986.86	122.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	267.23	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,254.09	122.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$94,997,924.00	61,723,084.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,464.77	1,147.67
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,243.24	1,242.06
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,254.09	\$122.20
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$361.99	\$33.10
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	892.10	89.10



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102539 - 2012/07

738.20 / 45.08

Englewood Community Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,567,941	13,599,272	487,158	744,518	Total Bed Days	36,500
2. Routine	11,391,698		277,537		Total Inpatient Days	14,071
3. Special Care	2,174,067		205,356		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	451
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,465
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-346,540	-180,330	-12,863	-9,873	Medicaid Paid Claims	5,122
9. Total Cost	25,787,166	13,418,942	957,188	734,645	Property Rate Allowance	0.80
10. Charges	\$155,723,742	\$117,240,828	\$5,500,050	6,794,880	First Semester in effect:	2012/07
11. Fixed Costs	3,482,119.00		122,985.93		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)			OP (G)		Inflation/FPLI Data (H)	
	IP (F)	OP (F)		IP (G)	OP (G)		
1. Normalized Rate	2,066.38	160.24	County Ceiling Base	939.66	172.97	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	802.89	59.12	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,725.55	200.95	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	957,187.86	734,645.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 122,985.93	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	834,201.93	734,645.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	916,652.13	807,255.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	451	5,122
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,032.49	157.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	819.58	61.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	819.58	61.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,725.55	200.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	959.19	180.91
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	959.19	180.91
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	819.58	61.83
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	218.16	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,037.74	61.83
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,500,050.00	6,794,880.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,195.23	1,326.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,400.57	1,457.73
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,037.74	\$61.83
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$299.54	\$16.75
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	738.20	45.08



Florida Agency For Health Care Administration

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Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2012 through June 30, 2013

102555 - 2012/07

649.04 / 55.00

Southeast Georgia Medical Center

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	58,033,527	51,461,127	4,164,305	7,564	Total Bed Days	115,340
2. Routine	29,189,214		2,523,270		Total Inpatient Days	56,205
3. Special Care	7,315,996		469,750		Total Newborn Days	3,372
4. Newborn Routine	2,153,977		206,326		Medicaid Inpatient Days	4,978
5. Intern-Resident	0		0		Medicaid Newborn IP Days	323
6. Home Health					Medicare Inpatient Days	25,575
7. Malpractice					Prospective Inflation factor	1.1305057096
8. Adjustments	0	0	0	0	Medicaid Paid Claims	113
9. Total Cost	96,692,714	51,461,127	7,363,651	7,564	Property Rate Allowance	0.80
10. Charges	\$268,135,034	\$205,214,093	\$20,742,601	26,511	First Semester in effect:	2011/01
11. Fixed Costs	13,138,604.00		1,016,386.47		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,353.63		75.67	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	743.56	72.12	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,363,651.00	7,564.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,016,386.47	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,347,264.53	7,564.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,175,618.79	8,551.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,301	113
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,353.63	75.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	759.02	75.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	759.02	75.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	759.02	75.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	153.39	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	912.41	75.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,742,601.00	26,511.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,912.96	234.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,423.62	265.23
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$912.41	\$75.43
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$263.37	\$20.43
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	649.04	55.00



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102598 - 2012/07

771.95 / 87.36

Edward White Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,291,905	13,742,255	1,165,109	364,944	Total Bed Days	40,300
2. Routine	10,089,374		649,028		Total Inpatient Days	16,432
3. Special Care	3,449,895		307,832		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,142
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,042
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-484,329	-202,727	-31,304	-5,384	Medicaid Paid Claims	3,182
9. Total Cost	32,346,845	13,539,528	2,090,666	359,560	Property Rate Allowance	0.80
10. Charges	\$206,585,944	\$111,934,482	\$11,768,991	4,636,850	First Semester in effect:	2012/07
11. Fixed Costs	3,519,140.00		200,481.82		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,922.15		131.23	County Ceiling Base	925.51	169.18
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	996.65	114.55	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,090,665.50	359,560.31
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 200,481.82	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,890,183.68	359,560.31
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,077,004.15	395,098.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,142	3,182
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,818.74	124.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,017.37	119.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,017.37	119.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	193.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	176.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	176.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	944.75	119.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	140.44	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,085.19	119.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$11,768,991.00	4,636,850.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,305.60	1,457.21
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,324.18	1,601.24
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,085.19	\$119.81
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$313.24	\$32.45
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	771.95	87.36



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102601 - 2012/07

4,747.41 / 119.13

Florida Hospital Wauchula

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hardee (25)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,623,619	8,488,622	30,903	1,693,580	Total Bed Days	9,125
2. Routine	538,707		18,142		Total Inpatient Days	704
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	36
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	561
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-45,892	-123,186	-712	-24,577	Medicaid Paid Claims	15,159
9. Total Cost	3,116,434	8,365,436	48,333	1,669,003	Property Rate Allowance	1.00
10. Charges	\$19,137,993	\$39,754,741	\$213,387	9,430,008	First Semester in effect:	2012/07
11. Fixed Costs	832,472.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,642.51		123.61	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,716.95	199.95	FPLI	0.9787

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	3,116,434.48	1,669,002.85
AB	Total Fixed Costs	(-) 832,472.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,283,962.48	1,669,002.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,509,702.96	1,833,962.43
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	704	15,159
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	3,564.92	120.98
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)	3,564.92	120.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9787) for Hardee county	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)	3,564.92	120.98
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	1,182.49	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	4,747.41	120.98
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$19,137,993.00	9,430,008.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	27,184.65	622.07
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	29,871.50	683.55
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$4,747.41	\$120.98
AU	Medicaid Trend Adjustment IP% : 10.770 OP% : 10.546	\$511.28	\$12.76
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	511.28	10.91
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	4,747.41	119.13



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102610 - 2012/07

598.08 / 14.24

A.G. Holley State Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Specialized: Tuberculosis

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	945,639	0	170,892	0	Total Bed Days	36,500
2. Routine	9,929,562		1,794,440		Total Inpatient Days	12,622
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,281
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	587
7. Malpractice					Prospective Inflation factor	1.1195476575
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	10,875,201	0	1,965,332	0	Property Rate Allowance	0.80
10. Charges	\$10,875,201	\$0	\$1,965,332	0	First Semester in effect:	2011/07
11. Fixed Costs	318,102.00		57,486.39		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	913.47	0.00	Exempt	NA	NA	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	NA	FPLI Year Used	1.857
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43		1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,965,332.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 57,486.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,907,845.61	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,135,924.08	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,281	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	936.40	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	936.40	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	936.40	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	20.16	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	956.56	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,965,332.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	861.61	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	964.61	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$956.56	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$276.11	\$5.29
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	82.37	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	598.08	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102610 - 2012/07

434.70 / 14.24

County Billing ONLY

A.G. Holley State Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Specialized: Tuberculosis

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	945,639	0	170,892	0	Total Bed Days	36,500
2. Routine	9,929,562		1,794,440		Total Inpatient Days	12,622
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,281
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	587
7. Malpractice					Prospective Inflation factor	1.1195476575
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	10,875,201	0	1,965,332	0	Property Rate Allowance	0.80
10. Charges	\$10,875,201	\$0	\$1,965,332	0	First Semester in effect:	2011/07
11. Fixed Costs	318,102.00		57,486.39		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	913.47		0.00	County Ceiling Base	Exempt	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	578.90	NA	Cost Report DRI Index	1.857
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,965,332.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 57,486.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,907,845.61	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,135,924.08	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,281	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	936.40	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	590.93	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	590.93	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	590.93	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	20.16	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	611.09	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,965,332.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	861.61	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	964.61	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$611.09	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$176.39	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	434.70	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102679 - 2012/07

607.88 / 14.24

Kindred Hosp. - North Fla

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2010-8/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Clay (10)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,865,544	112,866	0	0	Total Bed Days	29,200
2. Routine	12,340,538		0		Total Inpatient Days	18,986
3. Special Care	2,251,709		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,887
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-417,639	-1,717	0	0	Medicaid Paid Claims	0
9. Total Cost	27,040,152	111,149	0	0	Property Rate Allowance	0.80
10. Charges	\$115,890,745	\$1,018,868	\$0	0	First Semester in effect:	2012/07
11. Fixed Costs	5,902,824.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,292.91		0.00	County Ceiling Base	868.53	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	593.48	NA	Cost Report DRI Index	1.961
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,601.52	186.51	FPLI	0.9129

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	27,040,151.72	
AB	Total Fixed Costs	(-) 5,902,824.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	21,137,327.72	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,409,232.19	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	18,986	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,180.30	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	605.82	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	605.82	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9129) for Clay county	1,601.52	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	886.58	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	886.58	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	605.82	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	248.72	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	854.54	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$115,890,745.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,104.01	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,471.31	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$854.54	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$246.66	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	607.88	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102687 - 2012/07

411.42 / 14.24

HealthSouth Rehab - Dothan

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2002-12/31/2002
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,400,235	223,259	15,685	0	Total Bed Days	12,410
2. Routine	3,227,887		9,734		Total Inpatient Days	11,937
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	36
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,885
7. Malpractice					Prospective Inflation factor	1.5526512323
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	5,628,122	223,259	25,419	0	Property Rate Allowance	0.80
10. Charges	\$14,583,879	\$1,356,996	\$157,333	0	First Semester in effect:	2004/01
11. Fixed Costs	270,811.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	696.83		0.00	County Ceiling Base	937.40	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	548.81	NA	Cost Report DRI Index	1.339
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	5,628,122.00	
AB	Total Fixed Costs	(-) 270,811.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	5,357,311.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,318,035.53	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	11,937	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	696.83	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	560.22	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	560.22	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	560.22	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	18.15	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	578.37	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$14,583,879.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,221.74	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	1,896.93	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$578.37	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$166.95	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	411.42	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102709 - 2012/07

386.48 / 14.24

HealthSouth Rehabilitation Hospital - Miami

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-5/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,821,781	278,737	69,279	0	Total Bed Days	9,000
2. Routine	3,430,223		89,864		Total Inpatient Days	5,802
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	152
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,097
7. Malpractice					Prospective Inflation factor	1.0574771109
8. Adjustments	-117,154	-5,223	-2,982	0	Medicaid Paid Claims	42
9. Total Cost	6,134,850	273,514	156,161	0	Property Rate Allowance	0.80
10. Charges	\$10,307,130	\$1,017,817	\$263,383	0	First Semester in effect:	2012/07
11. Fixed Costs	544,913.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	845.71		0.00	County Ceiling Base	1,002.18	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	458.65	NA	Cost Report DRI Index	1.966
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,134,850.14	
AB	Total Fixed Costs	(-) 544,913.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	5,589,937.14	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,911,230.58	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	5,802	42
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,018.83	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	468.18	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	468.18	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	468.18	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	75.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	543.31	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$10,307,130.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,776.48	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	1,878.59	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$543.31	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$156.83	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	386.48	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102717 - 2012/07

582.00 / 49.32

Brooks Rehabilitation Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	26,463,938	7,568,904	1,252,871	1,103,126	Total Bed Days	52,195
2. Routine	28,991,902		1,964,151		Total Inpatient Days	43,263
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,931
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	26,392
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-901,641	-123,061	-52,305	-17,935	Medicaid Paid Claims	17,630
9. Total Cost	54,554,199	7,445,843	3,164,717	1,085,191	Property Rate Allowance	0.80
10. Charges	\$112,715,951	\$32,234,958	\$7,226,097	2,597,191	First Semester in effect:	2012/07
11. Fixed Costs	6,293,305.00		403,456.94		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,044.60		68.25	County Ceiling Base	876.30	171.81
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	693.62	70.33	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,738.53	202.46	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,164,717.32	1,085,190.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 403,456.94	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,761,260.38	1,085,190.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,034,175.65	1,192,447.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,931	17,630
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,035.20	67.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	708.04	73.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	708.04	67.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,738.53	202.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	894.52	179.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	894.52	179.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	708.04	67.64
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	110.12	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	818.16	67.64
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$7,226,097.00	2,597,191.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,465.40	147.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,709.07	161.88
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$818.16	\$67.64
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$236.16	\$18.32
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	582.00	49.32



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102750 - 2012/07

396.31 / 41.94

Healthsouth Emerald Coast Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Bay (3)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,212,100	544,514	422,653	67,047	Total Bed Days	27,375
2. Routine	8,106,932		517,607		Total Inpatient Days	17,213
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,099
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,377
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-266,771	-9,482	-16,374	-1,168	Medicaid Paid Claims	524
9. Total Cost	15,052,261	535,032	923,886	65,879	Property Rate Allowance	0.80
10. Charges	\$31,264,809	\$2,361,307	\$1,949,030	170,346	First Semester in effect:	2012/07
11. Fixed Costs	1,140,780.00		71,115.56		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	951.71		154.20	County Ceiling Base	913.77	155.07
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	495.06	55.00	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,571.70	183.03	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	923,886.00	65,879.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 71,115.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	852,770.44	65,879.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	937,055.89	72,390.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,099	524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	852.64	138.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	505.35	57.52
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	505.35	57.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	1,571.70	183.03
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	932.76	162.19
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	932.76	162.19
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	505.35	57.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	51.77	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	557.12	57.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,949,030.00	170,346.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,773.46	325.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,948.74	357.22
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$557.12	\$57.52
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$160.81	\$15.58
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	396.31	41.94



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102768 - 2012/07

628.01 / 14.24

Kindred Hospital-St. Petersburg

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2010-8/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,423,790	63,178	22,001	0	Total Bed Days	29,930
2. Routine	10,368,833		19,227		Total Inpatient Days	15,323
3. Special Care	3,072,230		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	24
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-377,982	-960	-627	0	Medicaid Paid Claims	0
9. Total Cost	24,486,871	62,218	40,601	0	Property Rate Allowance	0.80
10. Charges	\$117,820,581	\$647,760	\$243,385	0	First Semester in effect:	2012/07
11. Fixed Costs	4,957,580.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,428.03		0.00	County Ceiling Base	925.51	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	611.30	NA	Cost Report DRI Index	1.961
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	24,486,871.40	
AB	Total Fixed Costs	(-) 4,957,580.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	19,529,291.40	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,704,434.89	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	15,323	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,351.20	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	624.01	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	624.01	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	624.01	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	258.83	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	882.84	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$117,820,581.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,689.13	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	8,151.81	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$882.84	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$254.83	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	628.01	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102776 - 2012/07

1,057.72 / 14.24

Douglas Gardens Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,100,424	6,921,630	0	0	Total Bed Days	11,680
2. Routine	9,047,914		0		Total Inpatient Days	3,956
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	904
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-45,487	-17,349	0	0	Medicaid Paid Claims	0
9. Total Cost	18,102,851	6,904,281	0	0	Property Rate Allowance	0.80
10. Charges	\$33,873,151	\$5,288,890	\$0	0	First Semester in effect:	2012/07
11. Fixed Costs	2,294,012.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,554.82		0.00	County Ceiling Base	1,002.18	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,192.40	NA	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	18,102,850.55	
AB	Total Fixed Costs	(-) 2,294,012.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	15,808,838.55	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,941,533.68	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	3,956	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	4,282.49	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,217.19	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,217.19	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,023.01	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	463.91	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,486.92	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$33,873,151.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,562.47	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	9,175.97	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,486.92	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$429.20	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,057.72	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103144 - 2012/07

2,242.25 / 119.67

Physicians Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,621,419	53,314,641	4,132,648	4,783,198	Total Bed Days	73,365
2. Routine	31,889,649		1,167,331		Total Inpatient Days	32,834
3. Special Care	7,267,010		2,090,506		Total Newborn Days	1,203
4. Newborn Routine	61,872		34,150		Medicaid Inpatient Days	3,037
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,835
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	38,612
9. Total Cost	89,839,950	53,314,641	7,424,635	4,783,198	Property Rate Allowance	0.80
10. Charges	\$395,646,263	\$330,453,249	\$36,471,757	32,110,244	First Semester in effect:	2012/07
11. Fixed Costs	25,277,443.00		2,330,143.98		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,841.98		136.02	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,755.55	204.44	FPLI	1.0007

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,424,635.00	4,783,198.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,330,143.98	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,094,491.02	4,783,198.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,598,016.29	5,255,955.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,037	38,612
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,843.27	136.12
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)	1,843.27	136.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county	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) * Partial Exemption: IP% : 74.01 OP% : 74.01	1,628.45	133.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	613.80	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,242.25	133.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$36,471,757.00	32,110,244.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,009.14	831.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,196.09	913.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,242.25	\$133.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$647.23	\$36.17
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	647.23	22.30
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,242.25	119.67



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103144 - 2012/07

1,159.80 / 92.00

County Billing ONLY

Physicians Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Amended Cost Report [2]

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,621,419	53,314,641	4,132,648	4,783,198	Total Bed Days	73,365
2. Routine	31,889,649		1,167,331		Total Inpatient Days	32,834
3. Special Care	7,267,010		2,090,506		Total Newborn Days	1,203
4. Newborn Routine	61,872		34,150		Medicaid Inpatient Days	3,037
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,835
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	38,612
9. Total Cost	89,839,950	53,314,641	7,424,635	4,783,198	Property Rate Allowance	0.80
10. Charges	\$395,646,263	\$330,453,249	\$36,471,757	32,110,244	First Semester in effect:	2012/07
11. Fixed Costs	25,277,443.00		2,330,143.98		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,841.98	136.02	995.92	173.07	120.63	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	1,197.07	204.30	204.44	FPLI Year Used	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32			FPLI	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,755.55				1.0007

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,424,635.00	4,783,198.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,330,143.98	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,094,491.02	4,783,198.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,598,016.29	5,255,955.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,037	38,612
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,843.27	136.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,221.95	126.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,221.95	126.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county	1,755.55	204.44
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,016.62	181.01
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,016.62	181.01
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,016.62	126.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	613.80	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,630.42	126.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$36,471,757.00	32,110,244.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,009.14	831.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,196.09	913.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,630.42	\$126.17
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$470.62	\$34.17
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,159.80	92.00



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103179 - 2012/07

907.48 / 69.19

The Villages Regional Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sumter (60)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,653,927	35,150,170	1,522,450	1,270,504	Total Bed Days	72,270
2. Routine	37,810,802		937,964		Total Inpatient Days	49,974
3. Special Care	6,039,412		73,383		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,387
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	34,525
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-80,933	-31,090	-2,241	-1,124	Medicaid Paid Claims	12,283
9. Total Cost	91,423,208	35,119,080	2,531,556	1,269,380	Property Rate Allowance	0.80
10. Charges	\$347,165,343	\$201,965,289	\$9,571,303	7,594,030	First Semester in effect:	2012/07
11. Fixed Costs	12,120,906.00		334,171.79		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,960.48		127.89	County Ceiling Base	1,388.90	154.78
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,060.91	90.73	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,519.24	176.92	FPLI	0.8660

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,531,555.91	1,269,380.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 334,171.79	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,197,384.12	1,269,380.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,354,825.56	1,360,330.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,387	12,283
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,697.78	110.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,082.96	94.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,082.96	94.89
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8660) for Sumter county	1,519.24	176.92
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,417.77	161.88
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,417.77	161.88
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,082.96	94.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	192.75	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,275.71	94.89
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$9,571,303.00	7,594,030.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,900.72	618.26
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,395.15	662.56
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,275.71	\$94.89
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$368.23	\$25.70
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	907.48	69.19



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103209 - 2012/07

802.42 / 69.21

Wuesthoff Medical Center Melbourne

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,841,623	21,381,126	1,965,607	1,106,824	Total Bed Days	41,975
2. Routine	10,952,270		878,941		Total Inpatient Days	25,085
3. Special Care	4,646,045		336,859		Total Newborn Days	971
4. Newborn Routine	12,272		8,481		Medicaid Inpatient Days	1,991
5. Intern-Resident	0		0		Medicaid Newborn IP Days	166
6. Home Health					Medicare Inpatient Days	9,756
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-385,627	-232,571	-34,698	-12,039	Medicaid Paid Claims	12,160
9. Total Cost	35,066,583	21,148,555	3,155,190	1,094,785	Property Rate Allowance	0.80
10. Charges	\$156,658,812	\$140,056,655	\$14,754,504	7,648,814	First Semester in effect:	2012/07
11. Fixed Costs	4,471,910.00		421,175.25		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,433.78		101.85	County Ceiling Base	952.02	171.23
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,545.48	139.40	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,635.03	190.41	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,155,190.36	1,094,784.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 421,175.25	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,734,015.11	1,094,784.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,882,361.77	1,154,187.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,157	12,160
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,336.28	94.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,577.61	145.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,336.28	94.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,635.03	190.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	971.81	179.09
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	971.81	179.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	971.81	94.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	156.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,128.02	94.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,754,504.00	7,648,814.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,840.29	629.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,211.44	663.14
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,128.02	\$94.92
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$325.60	\$25.71
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	802.42	69.21



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103233 - 2012/07

2,423.48 / 115.21

Sacred Heart Hospital on the Emerald Coast

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Rural

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Walton (66)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,279,839	40,526,568	2,079,774	2,190,832	Total Bed Days	21,170
2. Routine	9,500,154		1,524,826		Total Inpatient Days	12,943
3. Special Care	3,837,742		308,958		Total Newborn Days	1,618
4. Newborn Routine	680,672		320,145		Medicaid Inpatient Days	1,836
5. Intern-Resident	0		0		Medicaid Newborn IP Days	12
6. Home Health					Medicare Inpatient Days	6,406
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	20,378
9. Total Cost	29,298,407	40,526,568	4,233,703	2,190,832	Property Rate Allowance	1.00
10. Charges	\$154,546,906	\$225,706,233	\$16,099,660	18,273,532	First Semester in effect:	2012/07
11. Fixed Costs	5,261,614.00		548,119.65		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,395.76	129.14	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,565.03	182.26	FPLI	0.8921
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,233,703.00	2,190,832.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 548,119.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,685,583.35	2,190,832.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,949,653.49	2,347,803.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,848	20,378
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,137.26	115.21
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)	2,137.26	115.21
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8921) for Walton county	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)	2,137.26	115.21
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	296.60	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,433.86	115.21
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,099,660.00	18,273,532.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,711.94	896.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,336.15	960.98
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,433.86	\$115.21
AU	Medicaid Trend Adjustment IP% : 10.770 OP% : 8.482	\$262.12	\$9.77
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	251.74	9.77
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	2,423.48	115.21



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103284 - 2012/07

652.56 / 14.24

Sister Emmanuel Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 5/1/2011-8/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,643,918	0	54,536	0	Total Bed Days	3,567
2. Routine	2,258,406		77,827		Total Inpatient Days	3,192
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	110
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,175
7. Malpractice					Prospective Inflation factor	1.0405405405
8. Adjustments	-63,142	0	-2,142	0	Medicaid Paid Claims	0
9. Total Cost	3,839,182	0	130,221	0	Property Rate Allowance	0.80
10. Charges	\$26,042,663	\$0	\$1,016,002	0	First Semester in effect:	2012/07
11. Fixed Costs	295,068.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	959.01		0.00	County Ceiling Base	1,002.18	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	826.24	NA	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	3,839,182.00	
AB	Total Fixed Costs	(-) 295,068.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	3,544,114.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,687,794.30	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	3,192	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,155.32	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	843.41	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	843.41	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	843.41	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	73.95	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	917.36	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$26,042,663.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,158.73	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	8,489.49	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$917.36	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$264.80	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	652.56	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103373 - 2012/07

816.96 / 14.24

Select Specialty Hospital Miami

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2010-8/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,347,412	0	80,043	0	Total Bed Days	17,155
2. Routine	9,877,660		90,107		Total Inpatient Days	16,224
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	148
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,498
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-409,735	0	-3,626	0	Medicaid Paid Claims	0
9. Total Cost	18,815,337	0	166,524	0	Property Rate Allowance	0.80
10. Charges	\$57,873,633	\$0	\$584,846	0	First Semester in effect:	2012/07
11. Fixed Costs	2,544,325.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	882.58		0.00	County Ceiling Base	1,002.18	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,036.78	NA	Cost Report DRI Index	1.961
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		18,815,337.00	
AB	Total Fixed Costs		(-) 2,544,325.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		16,271,012.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		17,250,093.80	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		16,224	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		1,063.25	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		1,058.33	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		1,058.33	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		2,113.43	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		1,023.01	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		1,023.01	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		1,023.01	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		125.46	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		1,148.47	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		\$57,873,633.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		3,567.16	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		3,781.81	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)		\$1,148.47	\$19.53
AU	Medicaid Trend Adjustment	IP% : 28.865 OP% : 27.083	\$331.51	\$5.29
AV	Exemption Tier Adj		0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00	0.00
AX	Buy Back of Exemption Tier Adjustment		0.00	0.00
AY	Final Prospective Rates		816.96	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103390 - 2012/07

839.47 / 14.24

Select Specialty Hospital - Orlando

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Orange (48)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,963,383	0	107,332	0	Total Bed Days	27,375
2. Routine	15,963,544		134,304		Total Inpatient Days	20,682
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	174
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,343
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-486,448	0	-3,801	0	Medicaid Paid Claims	0
9. Total Cost	30,440,479	0	237,835	0	Property Rate Allowance	0.80
10. Charges	\$88,973,834	\$0	\$668,572	0	First Semester in effect:	2012/07
11. Fixed Costs	4,504,665.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,406.81		0.00	County Ceiling Base	1,450.29	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	985.39	NA	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,718.36	200.11	FPLI	0.9795

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		30,440,479.00	
AB	Total Fixed Costs		(-) 4,504,665.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		25,935,814.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		28,499,237.48	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		20,682	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		1,377.97	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		1,005.87	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		1,005.87	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county		1,718.36	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		1,480.44	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		1,480.44	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		1,005.87	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		174.24	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		1,180.11	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		\$88,973,834.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		4,301.99	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		4,727.19	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)		\$1,180.11	\$19.53
AU	Medicaid Trend Adjustment	IP% : 28.865 OP% : 27.083	\$340.64	\$5.29
AV	Exemption Tier Adj		0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00	0.00
AX	Buy Back of Exemption Tier Adjustment		0.00	0.00
AY	Final Prospective Rates		839.47	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103411 - 2012/07

182.84 / 137.24

Charlton Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	944,058	4,704,518	62,268	142,596	Total Bed Days	5,475
2. Routine	1,995,028		43,206		Total Inpatient Days	3,317
3. Special Care	741,949		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	413
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,995
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	201
9. Total Cost	3,681,035	4,704,518	105,474	142,596	Property Rate Allowance	0.80
10. Charges	\$4,648,222	\$14,173,812	\$261,730	266,115	First Semester in effect:	2012/07
11. Fixed Costs	449,544.00		25,312.72		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	208.00		760.26	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,117.53	1,299.98	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	105,474.00	142,596.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 25,312.72	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	80,161.28	142,596.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	85,904.79	152,812.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	413	201
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	208.00	760.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,140.76	1,359.65
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	208.00	760.26
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	208.00	188.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	49.03	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	257.03	188.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$261,730.00	266,115.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	633.73	1,323.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	679.14	1,418.82
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$257.03	\$188.22
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$74.19	\$50.98
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	182.84	137.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103420 - 2012/07

935.62 / 91.00

Lakewood Ranch Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,491,925	18,183,405	945,655	778,760	Total Bed Days	43,800
2. Routine	12,589,121		739,898		Total Inpatient Days	13,825
3. Special Care	3,837,895		210,505		Total Newborn Days	1,104
4. Newborn Routine	594,261		104,965		Medicaid Inpatient Days	891
5. Intern-Resident	0		0		Medicaid Newborn IP Days	8
6. Home Health					Medicare Inpatient Days	5,956
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	5,594
9. Total Cost	33,513,202	18,183,405	2,001,023	778,760	Property Rate Allowance	0.80
10. Charges	\$125,789,117	\$106,024,390	\$6,409,842	4,210,186	First Semester in effect:	2012/07
11. Fixed Costs	7,677,173.00		391,206.07		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,026.01		157.51	947.45	167.13	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,725.81	119.32	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,703.80	198.42	FPLI	0.9712

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,001,023.00	778,760.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 391,206.07	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,609,816.93	778,760.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,768,926.74	855,730.47
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	899	5,594
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,967.66	152.97
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,761.68	124.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,761.68	124.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	1,703.80	198.42
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	967.14	174.80
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	967.14	174.80
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	967.14	124.80
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	348.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,315.27	124.80
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,409,842.00	4,210,186.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,129.97	752.63
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,834.68	827.02
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,315.27	\$124.80
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$379.65	\$33.80
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	935.62	91.00



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

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103438 - 2012/07

703.01 / 14.24

Select Specialty Hospital Panama City

Type of Control: Proprietary(1)
 Fiscal Year : 8/1/2010-7/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Bay (3)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,192,662	0	15,881	0	Total Bed Days	10,950
2. Routine	5,247,341		35,631		Total Inpatient Days	9,867
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	67
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,402
7. Malpractice					Prospective Inflation factor	1.0656073808
8. Adjustments	-190,673	0	-941	0	Medicaid Paid Claims	0
9. Total Cost	10,249,330	0	50,571	0	Property Rate Allowance	0.80
10. Charges	\$35,817,788	\$0	\$122,283	0	First Semester in effect:	2012/07
11. Fixed Costs	1,049,836.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,108.96		0.00	County Ceiling Base	913.77	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	884.77	NA	Cost Report DRI Index	1.951
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,571.70	183.03	FPLI	0.8959

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	10,249,330.00	
AB	Total Fixed Costs	(-) 1,049,836.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	9,199,494.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,803,048.71	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	9,867	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	993.52	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	903.16	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	903.16	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	1,571.70	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	932.76	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	932.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	903.16	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	85.12	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	988.28	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$35,817,788.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,630.06	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,868.22	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$988.28	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$285.27	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	703.01	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

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103454 - 2012/07

1,720.38 / 178.56

Memorial Hospital Miramar

Type of Control: Government (4)

Fiscal Year : 5/1/2010-4/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	36,021,405	52,798,075	4,854,266	6,078,479	Total Bed Days	64,970
2. Routine	37,106,418		2,720,569		Total Inpatient Days	33,690
3. Special Care	6,868,178		331,248		Total Newborn Days	10,592
4. Newborn Routine	5,308,451		2,138,715		Medicaid Inpatient Days	2,893
5. Intern-Resident	748,934		54,902		Medicaid Newborn IP Days	2,383
6. Home Health					Medicare Inpatient Days	5,815
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-1,294,383	-794,169	-151,916	-91,430	Medicaid Paid Claims	29,533
9. Total Cost	84,759,003	52,003,906	9,947,784	5,987,049	Property Rate Allowance	0.80
10. Charges	\$344,851,603	\$378,362,678	\$42,733,782	27,715,388	First Semester in effect:	2012/07
11. Fixed Costs	21,835,510.00		2,705,841.92		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,372.94		202.77	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,947,784.07	5,987,048.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,705,841.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,241,942.15	5,987,048.78
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,837,583.41	6,479,476.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,276	29,533
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,485.52	219.40
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)	1,485.52	219.40
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,441.26	209.87
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	410.29	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,851.55	209.87
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$42,733,782.00	27,715,388.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,099.66	938.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,765.85	1,015.64
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,851.55	\$209.87
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$534.45	\$56.84
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	403.28	25.53
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,720.38	178.56



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103454 - 2012/07

993.86 / 81.72

County Billing ONLY

Memorial Hospital Miramar

Type of Control: Government (4)

Fiscal Year : 5/1/2010-4/30/2011

Hospital Classification: Partial Self Exempt

County: Broward (6)

District: 10

Type of Action: Unaudited Cost Report [1]

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	36,021,405	52,798,075	4,854,266	6,078,479	Total Bed Days	64,970
2. Routine	37,106,418		2,720,569		Total Inpatient Days	33,690
3. Special Care	6,868,178		331,248		Total Newborn Days	10,592
4. Newborn Routine	5,308,451		2,138,715		Medicaid Inpatient Days	2,893
5. Intern-Resident	748,934		54,902		Medicaid Newborn IP Days	2,383
6. Home Health					Medicare Inpatient Days	5,815
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-1,294,383	-794,169	-151,916	-91,430	Medicaid Paid Claims	29,533
9. Total Cost	84,759,003	52,003,906	9,947,784	5,987,049	Property Rate Allowance	0.80
10. Charges	\$344,851,603	\$378,362,678	\$42,733,782	27,715,388	First Semester in effect:	2012/07
11. Fixed Costs	21,835,510.00		2,705,841.92		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,372.94		202.77	County Ceiling Base	966.76	193.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,629.92	107.16	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,947,784.07	5,987,048.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,705,841.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,241,942.15	5,987,048.78
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,837,583.41	6,479,476.53
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,276	29,533
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,485.52	219.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,663.80	112.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,485.52	112.08
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	202.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	202.85
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	986.86	112.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	410.29	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,397.15	112.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$42,733,782.00	27,715,388.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,099.66	938.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,765.85	1,015.64
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,397.15	\$112.08
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$403.29	\$30.36
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	993.86	81.72



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103462 - 2012/07

783.91 / 56.03

St. Cloud Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Osceola (49)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,331,941	14,882,814	758,636	951,208	Total Bed Days	30,660
2. Routine	11,648,802		744,145		Total Inpatient Days	20,964
3. Special Care	2,767,645		110,555		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,336
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,182
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	13,602
9. Total Cost	28,748,388	14,882,814	1,613,336	951,208	Property Rate Allowance	0.80
10. Charges	\$150,194,708	\$101,922,748	\$7,716,597	7,415,327	First Semester in effect:	2012/07
11. Fixed Costs	6,203,296.00		318,708.53		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,118.03		80.68	County Ceiling Base	892.61	168.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,235.00	77.20	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,670.81	194.58	FPLI	0.9524

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,613,336.00	951,208.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 318,708.53	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,294,627.47	951,208.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,422,584.83	1,045,222.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,336	13,602
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,064.81	76.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,260.67	80.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,064.81	76.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county	1,670.81	194.58
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	911.16	176.72
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	911.16	176.72
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	911.16	76.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	190.84	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,102.00	76.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$7,716,597.00	7,415,327.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,775.90	545.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,346.77	599.04
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,102.00	\$76.84
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$318.09	\$20.81
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	783.91	56.03



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103535 - 2012/07

714.25 / 14.24

Kindred Hospital Ocala

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Marion (42)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,265,194	20,141	18,339	0	Total Bed Days	11,315
2. Routine	4,728,344		38,633		Total Inpatient Days	7,466
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	61
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,628
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-159,103	-356	-1,008	0	Medicaid Paid Claims	0
9. Total Cost	8,834,435	19,785	55,964	0	Property Rate Allowance	0.80
10. Charges	\$36,011,208	\$171,602	\$195,552	0	First Semester in effect:	2012/07
11. Fixed Costs	858,308.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,219.09		0.00	County Ceiling Base	893.54	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,149.95	NA	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,655.20	192.76	FPLI	0.9435

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	8,834,435.31	
AB	Total Fixed Costs	(-) 858,308.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	7,976,127.31	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,587,451.41	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	7,466	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,150.21	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,173.85	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,150.21	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county	1,655.20	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	912.11	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	912.11	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	912.11	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	91.97	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,004.08	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$36,011,208.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,823.36	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,193.04	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,004.08	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$289.83	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	714.25	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103543 - 2012/07

903.35 / 158.51

Doctors Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,662,394	43,554,391	2,852,936	844,240	Total Bed Days	102,565
2. Routine	44,623,417		2,688,609		Total Inpatient Days	39,334
3. Special Care	10,362,686		663,499		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,648
5. Intern-Resident	994,883		63,237		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,396
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,860,372	-725,769	-104,452	-14,068	Medicaid Paid Claims	2,912
9. Total Cost	109,783,008	42,828,622	6,163,829	830,172	Property Rate Allowance	0.80
10. Charges	\$452,061,564	\$286,879,671	\$28,043,133	5,337,623	First Semester in effect:	2012/07
11. Fixed Costs	13,173,843.00		817,224.60		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,766.97		249.49	County Ceiling Base	1,002.18	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,857.50	217.49	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,163,829.38	830,171.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 817,224.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,346,604.78	830,171.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,636,709.60	875,216.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,648	2,912
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,128.67	300.56
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,896.11	227.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,896.11	227.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,023.01	217.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	246.90	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,269.91	217.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$28,043,133.00	5,337,623.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,590.31	1,832.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,164.94	1,932.43
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,269.91	\$217.38
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$366.56	\$58.87
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	903.35	158.51



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103551 - 2012/07

476.38 / 91.88

Healthsouth Hospital of Spring Hill

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hernando (27)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,768,706	416,070	75,479	19,654	Total Bed Days	29,200
2. Routine	10,340,437		112,914		Total Inpatient Days	23,169
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	253
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,968
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-377,632	-8,222	-3,723	-388	Medicaid Paid Claims	168
9. Total Cost	18,731,511	407,848	184,670	19,266	Property Rate Allowance	0.80
10. Charges	\$34,726,414	\$1,647,571	\$345,242	47,343	First Semester in effect:	2012/07
11. Fixed Costs	1,399,273.00		13,911.25		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	817.77		138.95	County Ceiling Base	873.77	166.62
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	612.96	257.29	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,590.99	185.28	FPLI	0.9069

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	184,670.01	19,265.60
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 13,911.25	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	170,758.76	19,265.60
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	187,636.08	21,169.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	253	168
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	741.64	126.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	625.70	269.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	625.70	126.01
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	1,590.99	185.28
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	891.93	174.27
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	891.93	174.27
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	625.70	126.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	43.99	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	669.69	126.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$345,242.00	47,343.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,364.59	281.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,499.46	309.65
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$669.69	\$126.01
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$193.31	\$34.13
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	476.38	91.88



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103560 - 2012/07

750.56 / 14.24

Healthsouth Ridgelake Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 4/1/2010-7/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,082,264	3,260	28,714	0	Total Bed Days	4,880
2. Routine	2,908,666		59,415		Total Inpatient Days	3,280
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	67
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,291
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-85,644	-56	-1,512	0	Medicaid Paid Claims	0
9. Total Cost	4,905,286	3,204	86,617	0	Property Rate Allowance	0.80
10. Charges	\$10,082,446	\$14,997	\$162,756	0	First Semester in effect:	2012/07
11. Fixed Costs	393,300.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,505.73		0.00	County Ceiling Base	939.66	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,130.66	NA	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,725.55	200.95	FPLI	0.9836

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	4,905,285.94	
AB	Total Fixed Costs	(-) 393,300.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	4,511,985.94	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,857,803.61	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	3,280	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,481.04	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,154.16	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,154.16	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,725.55	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	959.19	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	959.19	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	959.19	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	95.93	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,055.12	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$10,082,446.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,073.92	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,309.51	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,055.12	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$304.56	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	750.56	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2012 through June 30, 2013

103683 - 2012/07

870.50 / 14.24

Select Specialty Hospital Pensacola

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,186,143	0	209,955	0	Total Bed Days	19,710
2. Routine	13,298,877		338,676		Total Inpatient Days	17,474
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	445
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,090
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-371,471	0	-9,064	0	Medicaid Paid Claims	0
9. Total Cost	22,113,549	0	539,567	0	Property Rate Allowance	0.80
10. Charges	\$56,518,117	\$0	\$1,347,770	0	First Semester in effect:	2012/07
11. Fixed Costs	4,005,231.00		95,511.50	1.50	Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,118.46		0.00	County Ceiling Base	1,496.26	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,216.19	NA	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,650.11	192.16	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	539,567.17	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 95,511.50	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	444,055.67	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	468,149.97	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	445	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,052.02	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,241.47	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,052.02	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	1,650.11	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,527.36	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,527.36	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,052.02	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	171.71	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,223.73	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,347,770.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,028.70	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,193.04	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,223.73	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$353.23	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	870.50	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

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103721 - 2012/07

1,285.88 / 14.24

BayCare Alliant Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,170,072	222,751	293,364	0	Total Bed Days	17,250
2. Routine	7,960,248		598,077		Total Inpatient Days	9,024
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	678
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,817
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-70,289	-1,192	-4,772	0	Medicaid Paid Claims	0
9. Total Cost	13,060,031	221,559	886,669	0	Property Rate Allowance	0.80
10. Charges	\$49,837,800	\$0	\$3,283,055	0	First Semester in effect:	2012/07
11. Fixed Costs	1,929,468.00		127,103.31		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,301.03		0.00	County Ceiling Base	Exempt	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	886,668.98	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 127,103.31	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	759,565.67	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	834,639.02	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	678	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,231.03	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,231.03	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL) * Partial Exemption: IP% : 73.49 OP% : 73.49	1,155.13	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	149.97	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,305.10	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,283,055.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,842.26	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,320.86	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,305.10	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$376.72	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	357.50	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,285.88	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

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103721 - 2012/07

778.73 / 14.24

County Billing ONLY

BayCare Alliant Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exempt

County: Pinellas (52)

District: 5

Type of Action: Unaudited Cost Report [1]

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,170,072	222,751	293,364	0	Total Bed Days	17,250
2. Routine	7,960,248		598,077		Total Inpatient Days	9,024
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	678
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,817
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-70,289	-1,192	-4,772	0	Medicaid Paid Claims	0
9. Total Cost	13,060,031	221,559	886,669	0	Property Rate Allowance	0.80
10. Charges	\$49,837,800	\$0	\$3,283,055	0	First Semester in effect:	2012/07
11. Fixed Costs	1,929,468.00		127,103.31		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,301.03		0.00	County Ceiling Base	925.51	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	978.86	NA	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	886,668.98	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 127,103.31	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	759,565.67	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	834,639.02	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	678	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,231.03	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	999.21	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	999.21	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	944.75	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	149.97	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,094.72	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,283,055.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,842.26	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,320.86	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,094.72	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$315.99	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	778.73	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103730 - 2012/07

787.22 / 66.67

St. Luke's-St. Vincent's Healthcare

Type of Control: Non-Profit (Church) (2)
 Fiscal Year : 7/1/2010-6/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,694,174	27,444,493	1,843,618	886,377	Total Bed Days	107,310
2. Routine	30,222,225		1,717,506		Total Inpatient Days	38,935
3. Special Care	8,497,846		1,085,625		Total Newborn Days	2,591
4. Newborn Routine	2,619,992		778,616		Medicaid Inpatient Days	2,739
5. Intern-Resident	0		0		Medicaid Newborn IP Days	6
6. Home Health					Medicare Inpatient Days	17,748
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-1,154,083	-359,783	-71,124	-11,620	Medicaid Paid Claims	10,252
9. Total Cost	86,880,154	27,084,710	5,354,241	874,757	Property Rate Allowance	0.80
10. Charges	\$330,596,460	\$154,530,529	\$20,648,779	5,472,123	First Semester in effect:	2012/07
11. Fixed Costs	11,653,967.00		727,897.05		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,822.53		92.27	County Ceiling Base	876.30	171.81
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,314.53	101.25	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,738.53	202.46	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,354,241.29	874,757.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 727,897.05	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,626,344.24	874,757.06
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,957,819.42	937,432.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,745	10,252
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,806.13	91.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,341.86	105.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,341.86	91.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,738.53	202.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	894.52	179.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	894.52	179.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	894.52	91.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	212.14	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,106.66	91.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,648,779.00	5,472,123.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,522.32	533.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,061.29	572.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,106.66	\$91.44
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$319.44	\$24.77
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	787.22	66.67



Florida Agency For Health Care Administration

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103748 - 2012/07

951.11 / 14.24

Select Specialty Hospital Tallahassee

Type of Control: Proprietary(1)
 Fiscal Year : 3/1/2010-2/28/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Leon (37)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,094,859	0	54,505	0	Total Bed Days	10,585
2. Routine	9,438,773		65,065		Total Inpatient Days	8,704
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	60
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,331
7. Malpractice					Prospective Inflation factor	1.0913385827
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	15,533,632	0	119,570	0	Property Rate Allowance	0.80
10. Charges	\$25,647,201	\$0	\$406,375	0	First Semester in effect:	2012/07
11. Fixed Costs	4,094,176.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,493.62		0.00	County Ceiling Base	941.19	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,489.46	NA	Cost Report DRI Index	1.905
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,684.67	196.19	FPLI	0.9603

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	15,533,632.00	
AB	Total Fixed Costs	(-) 4,094,176.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	11,439,456.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	12,484,319.70	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	8,704	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,434.32	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,520.42	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,434.32	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	1,684.67	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	960.75	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	960.75	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	960.75	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	376.30	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,337.05	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$25,647,201.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,946.60	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,215.74	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,337.05	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$385.94	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	951.11	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2012 through June 30, 2013

103764 - 2012/07

951.57 / 14.24

Select Specialty Hospital Palm Beach

Type of Control: Proprietary(1)
 Fiscal Year : 12/1/2009-11/30/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,861,476	0	192,242	0	Total Bed Days	21,900
2. Routine	12,820,088		329,046		Total Inpatient Days	12,078
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	310
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,200
7. Malpractice					Prospective Inflation factor	1.1011652542
8. Adjustments	0	0	0	0	Medicaid Paid Claims	0
9. Total Cost	21,681,564	0	521,288	0	Property Rate Allowance	0.80
10. Charges	\$44,472,231	\$0	\$1,178,449	0	First Semester in effect:	2012/07
11. Fixed Costs	4,556,816.00		120,748.95		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,387.93		0.00	County Ceiling Base	1,005.19	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,424.98	NA	Cost Report DRI Index	1.888
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	521,288.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 120,748.95	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	400,539.05	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	441,059.68	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	310	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,422.77	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,454.60	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,422.77	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,026.08	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	311.61	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,337.69	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,178,449.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,801.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,186.02	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,337.69	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$386.12	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	951.57	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

103772 - 2012/07

881.70 / 14.24

Select Speciality Hospital Gainesville

Type of Control: Proprietary(1)
 Fiscal Year : 8/1/2010-7/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Alachua (1)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,827,850	0	22,789	0	Total Bed Days	16,060
2. Routine	9,626,751		67,241		Total Inpatient Days	7,731
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	54
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,454
7. Malpractice					Prospective Inflation factor	1.0656073808
8. Adjustments	-198,238	0	-1,155	0	Medicaid Paid Claims	0
9. Total Cost	15,256,363	0	88,875	0	Property Rate Allowance	0.80
10. Charges	\$26,409,463	\$0	\$134,701	0	First Semester in effect:	2012/07
11. Fixed Costs	3,161,641.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,890.76		0.00	County Ceiling Base	893.72	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.951
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,546.78	180.13	FPLI	0.8817

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200				Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)			15,256,363.00	
AB	Total Fixed Costs			(-) 3,161,641.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			12,094,722.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			12,888,225.03	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			7,731	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			1,667.08	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			0.00	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			1,667.08	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county			1,546.78	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			912.30	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			912.30	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			912.30	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			327.17	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			1,239.47	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			\$26,409,463.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			3,416.05	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			3,640.17	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)			\$1,239.47	\$19.53
AU	Medicaid Trend Adjustment	IP% : 28.865	OP% : 27.083	\$357.77	\$5.29
AV	Exemption Tier Adj			0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00	0.00
AX	Buy Back of Exemption Tier Adjustment			0.00	0.00
AY	Final Prospective Rates			881.70	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

104591 - 2012/07

730.44 / 53.16

Northwest Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	47,863,379	25,863,287	4,032,810	1,286,842	Total Bed Days	78,475
2. Routine	32,284,009		2,507,453		Total Inpatient Days	50,004
3. Special Care	10,612,221		1,442,483		Total Newborn Days	3,279
4. Newborn Routine	1,126,654		458,362		Medicaid Inpatient Days	4,991
5. Intern-Resident	0		0		Medicaid Newborn IP Days	59
6. Home Health					Medicare Inpatient Days	16,595
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,534,986	-432,053	-141,011	-21,497	Medicaid Paid Claims	19,074
9. Total Cost	90,351,277	25,431,234	8,300,097	1,265,345	Property Rate Allowance	0.80
10. Charges	\$629,357,309	\$247,316,353	\$47,521,701	12,773,019	First Semester in effect:	2012/07
11. Fixed Costs	10,561,541.00		797,484.01		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,508.78		67.38	County Ceiling Base	966.76	193.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	882.16	73.41	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,300,096.94	1,265,344.95
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 797,484.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,502,612.93	1,265,344.95
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,244,150.25	1,390,408.11
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,050	19,074
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,632.50	72.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	900.50	76.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	900.50	72.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	202.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	202.85
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	900.50	72.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	126.33	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,026.83	72.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$47,521,701.00	12,773,019.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,410.24	669.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,340.32	735.85
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,026.83	\$72.90
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$296.39	\$19.74
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	730.44	53.16



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

104604 - 2012/07

1,023.14 / 91.49

Palmetto General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	86,558,319	43,250,101	15,003,763	6,975,089	Total Bed Days	131,400
2. Routine	45,486,289		6,661,173		Total Inpatient Days	98,473
3. Special Care	27,279,129		5,324,499		Total Newborn Days	3,603
4. Newborn Routine	948,198		637,661		Medicaid Inpatient Days	17,225
5. Intern-Resident	0		559,226		Medicaid Newborn IP Days	89
6. Home Health					Medicare Inpatient Days	32,237
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,889,524	-779,751	-508,168	-125,753	Medicaid Paid Claims	59,984
9. Total Cost	157,382,411	42,470,350	27,678,154	6,849,336	Property Rate Allowance	0.80
10. Charges	\$1,046,044,447	\$378,934,827	\$187,222,212	63,439,021	First Semester in effect:	2012/07
11. Fixed Costs	12,712,344.00		2,275,269.63		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,338.26	104.15	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,678,154.10	6,849,335.93
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,275,269.63	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	25,402,884.47	6,849,335.93
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	27,913,634.68	7,526,305.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,314	59,984
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,612.20	125.47
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)	1,612.20	125.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	1,612.20	125.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	105.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,717.33	125.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$187,222,212.00	63,439,021.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,813.34	1,057.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,882.10	1,162.13
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,717.33	\$125.47
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$495.71	\$33.98
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	198.48	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,023.14	91.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

104604 - 2012/07

629.46 / 91.49

County Billing ONLY

Palmetto General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	86,558,319	43,250,101	15,003,763	6,975,089	Total Bed Days	131,400
2. Routine	45,486,289		6,661,173		Total Inpatient Days	98,473
3. Special Care	27,279,129		5,324,499		Total Newborn Days	3,603
4. Newborn Routine	948,198		637,661		Medicaid Inpatient Days	17,225
5. Intern-Resident	0		559,226		Medicaid Newborn IP Days	89
6. Home Health					Medicare Inpatient Days	32,237
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,889,524	-779,751	-508,168	-125,753	Medicaid Paid Claims	59,984
9. Total Cost	157,382,411	42,470,350	27,678,154	6,849,336	Property Rate Allowance	0.80
10. Charges	\$1,046,044,447	\$378,934,827	\$187,222,212	63,439,021	First Semester in effect:	2012/07
11. Fixed Costs	12,712,344.00		2,275,269.63		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,338.26	104.15	1,002.18	207.84	207.84	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	763.87	121.31	121.31	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	2,113.43	246.12	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,678,154.10	6,849,335.93
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,275,269.63	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	25,402,884.47	6,849,335.93
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	27,913,634.68	7,526,305.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,314	59,984
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,612.20	125.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	779.75	126.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	779.75	125.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	779.75	125.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	105.13	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	884.88	125.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$187,222,212.00	63,439,021.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,813.34	1,057.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,882.10	1,162.13
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$884.88	\$125.47
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$255.42	\$33.98
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	629.46	91.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

105520 - 2012/07

1,240.05 / 36.79

Community Hospital of New Port Richey

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2010-6/30/2011
 Hospital Classification: Special-IP

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,201,613	24,439,129	3,647,190	1,921,705	Total Bed Days	110,230
2. Routine	42,245,359		2,591,103		Total Inpatient Days	62,802
3. Special Care	8,795,142		407,586		Total Newborn Days	1,219
4. Newborn Routine	298,145		189,550		Medicaid Inpatient Days	4,001
5. Intern-Resident	0		0		Medicaid Newborn IP Days	68
6. Home Health					Medicare Inpatient Days	28,078
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-1,537,007	-377,366	-105,546	-29,673	Medicaid Paid Claims	15,634
9. Total Cost	98,003,252	24,061,763	6,729,883	1,892,032	Property Rate Allowance	0.80
10. Charges	\$746,895,964	\$259,873,049	\$42,007,949	19,674,892	First Semester in effect:	2012/07
11. Fixed Costs	7,778,651.00		437,497.58		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,723.40		134.87	County Ceiling Base	Exempt	165.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	48.25	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,686.95	196.45	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,729,882.74	1,892,031.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 437,497.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,292,385.16	1,892,031.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,743,231.32	2,027,594.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,069	15,634
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,657.22	129.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	50.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,657.22	50.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	Exempt	196.45
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	173.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	173.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,657.22	50.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	86.02	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,743.24	50.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$42,007,949.00	19,674,892.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,323.90	1,258.47
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,063.60	1,348.64
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,743.24	\$50.46
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$503.19	\$13.67
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,240.05	36.79



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

105520 - 2012/07

558.46 / 36.79

Target History - Internal Information Only

Community Hospital of New Port Richey

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2010-6/30/2011
 Hospital Classification: Special-IP

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,201,613	24,439,129	3,647,190	1,921,705	Total Bed Days	110,230
2. Routine	42,245,359		2,591,103		Total Inpatient Days	62,802
3. Special Care	8,795,142		407,586		Total Newborn Days	1,219
4. Newborn Routine	298,145		189,550		Medicaid Inpatient Days	4,001
5. Intern-Resident	0		0		Medicaid Newborn IP Days	68
6. Home Health					Medicare Inpatient Days	28,078
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-1,537,007	-377,366	-105,546	-29,673	Medicaid Paid Claims	15,634
9. Total Cost	98,003,252	24,061,763	6,729,883	1,892,032	Property Rate Allowance	0.80
10. Charges	\$746,895,964	\$259,873,049	\$42,007,949	19,674,892	First Semester in effect:	2012/07
11. Fixed Costs	7,778,651.00		437,497.58		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,723.40		134.87	838.88	165.95	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	684.81	48.25	Cost Report DRI Index	1.940	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,686.95	196.45	FPLI	0.9616	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,729,882.74	1,892,031.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 437,497.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,292,385.16	1,892,031.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,743,231.32	2,027,594.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,069	15,634
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,657.22	129.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	699.05	50.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	699.05	50.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,686.95	196.45
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	856.32	173.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	856.32	173.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	699.05	50.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	86.02	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	785.07	50.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$42,007,949.00	19,674,892.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,323.90	1,258.47
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,063.60	1,348.64
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$785.07	\$50.46
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$226.61	\$13.67
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	558.46	36.79



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

106470 - 2012/07

633.49 / 14.24

Specialty Hospital Jacksonville

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,054,706	22,338	0	0	Total Bed Days	39,055
2. Routine	16,890,164		0		Total Inpatient Days	20,441
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,428
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-318,565	-246	0	0	Medicaid Paid Claims	0
9. Total Cost	28,626,305	22,092	0	0	Property Rate Allowance	0.80
10. Charges	\$102,451,689	\$0	\$0	0	First Semester in effect:	2012/07
11. Fixed Costs	2,951,814.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,392.70		0.00	County Ceiling Base	876.30	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	759.23	NA	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,738.53	202.46	FPLI	0.9910

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	28,626,304.85	
AB	Total Fixed Costs	(-) 2,951,814.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	25,674,490.85	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	28,212,085.88	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	20,441	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,380.17	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	775.01	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	775.01	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,738.53	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	894.52	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	894.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	775.01	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	115.53	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	890.54	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$102,451,689.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,012.07	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,507.45	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$890.54	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$257.05	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	633.49	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

108219 - 2012/07

1,696.49 / 156.41

Imperial Point Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	34,925,305	38,700,307	3,469,915	1,614,232	Total Bed Days	68,620
2. Routine	27,789,807		2,537,100		Total Inpatient Days	39,927
3. Special Care	4,421,579		623,089		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,045
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,314
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	9,520
9. Total Cost	67,136,691	38,700,307	6,630,104	1,614,232	Property Rate Allowance	0.80
10. Charges	\$232,035,635	\$201,013,881	\$22,887,310	7,699,055	First Semester in effect:	2012/07
11. Fixed Costs	9,062,524.00		893,900.61		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,404.53		167.94	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,630,104.00	1,614,232.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 893,900.61	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,736,203.39	1,614,232.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,147,199.40	1,729,890.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,045	9,520
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,519.70	181.71
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)	1,519.70	181.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	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)	1,519.70	181.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	176.79	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,696.49	181.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$22,887,310.00	7,699,055.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,658.17	808.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,063.57	866.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,696.49	\$181.71
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$489.69	\$49.21
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	167.72	12.25
AW	Buy Back of Medicaid Trend Adjustment	489.69	34.06
AX	Buy Back of Exemption Tier Adjustment	167.72	2.10
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,696.49	156.41



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

108219 - 2012/07

628.44 / 90.25

County Billing ONLY

Imperial Point Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	34,925,305	38,700,307	3,469,915	1,614,232	Total Bed Days	68,620
2. Routine	27,789,807		2,537,100		Total Inpatient Days	39,927
3. Special Care	4,421,579		623,089		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,045
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,314
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	9,520
9. Total Cost	67,136,691	38,700,307	6,630,104	1,614,232	Property Rate Allowance	0.80
10. Charges	\$232,035,635	\$201,013,881	\$22,887,310	7,699,055	First Semester in effect:	2012/07
11. Fixed Costs	9,062,524.00		893,900.61		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,404.53		167.94	County Ceiling Base	966.76	193.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	692.27	118.34	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,630,104.00	1,614,232.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 893,900.61	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,736,203.39	1,614,232.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,147,199.40	1,729,890.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,045	9,520
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,519.70	181.71
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	706.66	123.77
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	706.66	123.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	202.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	202.85
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	706.66	123.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	176.79	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	883.45	123.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$22,887,310.00	7,699,055.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,658.17	808.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,063.57	866.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$883.45	\$123.77
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$255.01	\$33.52
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	628.44	90.25



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

108227 - 2012/07

3,128.49 / 93.51

Lake Butler Hospital

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Union (63)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	412,101	3,751,889	42,134	922,173	Total Bed Days	9,125
2. Routine	695,349		70,462		Total Inpatient Days	364
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	38
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	180
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-19,501	-66,065	-1,983	-16,238	Medicaid Paid Claims	10,324
9. Total Cost	1,087,949	3,685,824	110,613	905,935	Property Rate Allowance	1.00
10. Charges	\$2,035,418	\$13,375,603	\$175,719	2,902,226	First Semester in effect:	2012/07
11. Fixed Costs	278,199.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,737.36		107.97	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,566.61	182.44	FPLI	0.8930

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,087,949.39	905,934.85
AB	Total Fixed Costs	(-) 278,199.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	809,750.39	905,934.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	889,783.86	995,474.92
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	364	10,324
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,444.46	96.42
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)	2,444.46	96.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8930) for Union county	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)	2,444.46	96.42
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	764.28	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	3,208.74	96.42
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$2,035,418.00	2,902,226.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,591.81	281.11
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,144.49	308.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$3,208.74	\$96.42
AU	Medicaid Trend Adjustment IP% : 13.247 OP% : 10.546	\$425.05	\$10.17
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	344.80	7.26
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	3,128.49	93.51



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

108626 - 2012/07

672.06 / 91.00

North Florida Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 3/1/2010-2/28/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Alachua (1)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	107,484,702	67,742,336	9,103,075	4,744,773	Total Bed Days	118,625
2. Routine	60,480,025		5,323,260		Total Inpatient Days	102,569
3. Special Care	11,246,444		1,135,634		Total Newborn Days	6,439
4. Newborn Routine	1,337,483		546,304		Medicaid Inpatient Days	10,491
5. Intern-Resident	0		0		Medicaid Newborn IP Days	632
6. Home Health					Medicare Inpatient Days	59,585
7. Malpractice					Prospective Inflation factor	1.0913385827
8. Adjustments	-3,287,076	-1,233,319	-293,268	-86,384	Medicaid Paid Claims	40,545
9. Total Cost	177,261,578	66,509,017	15,815,005	4,658,389	Property Rate Allowance	0.80
10. Charges	\$1,420,295,965	\$714,082,744	\$118,217,434	62,276,244	First Semester in effect:	2012/07
11. Fixed Costs	17,167,436.00		1,428,920.65		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,600.88		142.21	County Ceiling Base	893.72	152.81
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	824.84	119.32	Cost Report DRI Index	1.905
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,546.78	180.13	FPLI	0.8817

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,815,005.18	4,658,389.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,428,920.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,386,084.53	4,658,389.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,700,089.10	5,083,880.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,123	40,545
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,411.50	125.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	841.99	124.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	841.99	124.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county	1,546.78	180.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	912.30	159.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	912.30	159.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	841.99	124.80
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	102.77	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	944.76	124.80
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$118,217,434.00	62,276,244.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,628.20	1,535.98
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,598.96	1,676.27
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$944.76	\$124.80
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$272.70	\$33.80
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	672.06	91.00



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

109592 - 2012/07

747.86 / 68.45

Pasco Community Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,104,116	18,918,574	1,747,824	1,195,047	Total Bed Days	43,800
2. Routine	10,968,011		83,509		Total Inpatient Days	13,957
3. Special Care	1,952,717		208,454		Total Newborn Days	624
4. Newborn Routine	213,934		102,166		Medicaid Inpatient Days	1,145
5. Intern-Resident	0		0		Medicaid Newborn IP Days	27
6. Home Health					Medicare Inpatient Days	4,907
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-407,099	-282,749	-32,013	-17,861	Medicaid Paid Claims	13,219
9. Total Cost	26,831,679	18,635,825	2,109,940	1,177,186	Property Rate Allowance	0.80
10. Charges	\$182,179,244	\$186,645,241	\$16,948,701	13,750,855	First Semester in effect:	2012/07
11. Fixed Costs	4,356,097.00		405,261.24		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,594.67		97.63	County Ceiling Base	838.88	165.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	758.92	91.38	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,686.95	196.45	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,109,940.29	1,177,186.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 405,261.24	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,704,679.05	1,177,186.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,797,174.32	1,241,060.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,172	13,219
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,533.43	93.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	774.70	95.57
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	774.70	93.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,686.95	196.45
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	856.32	173.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	856.32	173.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	774.70	93.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	276.63	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,051.33	93.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,948,701.00	13,750,855.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	14,461.35	1,040.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	15,246.02	1,096.67
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,051.33	\$93.88
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$303.47	\$25.43
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	747.86	68.45



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

109606 - 2012/07

1,069.11 / 116.25

Coral Gables Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,576,556	16,745,993	1,810,197	1,874,258	Total Bed Days	89,425
2. Routine	16,291,199		1,002,788		Total Inpatient Days	28,839
3. Special Care	7,196,993		557,631		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,988
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,801
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-877,741	-276,994	-55,753	-31,002	Medicaid Paid Claims	11,782
9. Total Cost	52,187,007	16,468,999	3,314,863	1,843,256	Property Rate Allowance	0.80
10. Charges	\$330,035,972	\$143,128,032	\$24,349,022	13,285,697	First Semester in effect:	2012/07
11. Fixed Costs	4,010,504.00		295,882.44		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,385.16	142.70	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,314,862.86	1,843,256.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 295,882.44	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,018,980.42	1,843,256.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,317,368.01	2,025,438.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,988	11,782
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,668.70	171.91
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)	1,668.70	171.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	1,668.70	171.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	119.07	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,787.77	171.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,349,022.00	13,285,697.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,248.00	1,127.63
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,458.56	1,239.08
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,787.77	\$171.91
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$516.04	\$46.56
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	202.62	9.10
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,069.11	116.25



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

109606 - 2012/07

667.21 / 98.20

County Billing ONLY

Coral Gables Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,576,556	16,745,993	1,810,197	1,874,258	Total Bed Days	89,425
2. Routine	16,291,199		1,002,788		Total Inpatient Days	28,839
3. Special Care	7,196,993		557,631		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,988
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,801
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-877,741	-276,994	-55,753	-31,002	Medicaid Paid Claims	11,782
9. Total Cost	52,187,007	16,468,999	3,314,863	1,843,256	Property Rate Allowance	0.80
10. Charges	\$330,035,972	\$143,128,032	\$24,349,022	13,285,697	First Semester in effect:	2012/07
11. Fixed Costs	4,010,504.00		295,882.44		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,385.16		142.70	County Ceiling Base	1,002.18	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	802.20	128.77	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,314,862.86	1,843,256.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 295,882.44	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,018,980.42	1,843,256.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,317,368.01	2,025,438.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,988	11,782
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,668.70	171.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	818.88	134.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	818.88	134.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	818.88	134.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	119.07	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	937.95	134.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,349,022.00	13,285,697.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,248.00	1,127.63
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,458.56	1,239.08
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$937.95	\$134.68
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$270.74	\$36.48
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	667.21	98.20



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

109886 - 2012/07

927.99 / 94.49

Ocala Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2010-8/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Marion (42)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	73,039,843	56,284,582	4,222,146	3,637,722	Total Bed Days	98,550
2. Routine	33,917,165		1,959,735		Total Inpatient Days	61,121
3. Special Care	10,832,655		844,563		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,051
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	31,897
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-1,903,177	-909,414	-113,529	-58,776	Medicaid Paid Claims	38,897
9. Total Cost	115,886,486	55,375,168	6,912,915	3,578,946	Property Rate Allowance	0.80
10. Charges	\$810,307,770	\$461,318,694	\$48,599,207	30,788,144	First Semester in effect:	2012/07
11. Fixed Costs	13,291,045.00		797,146.80		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)			OP (F)		IP (G)		OP (G)		Inflation/FPLI Data (H)	
	2011/07	2011/07		2011/07	2011/07	2011/07	2011/07	2011/07	2011/07	2011/07	2011/07
1. Normalized Rate	1,696.39	103.39	County Ceiling Base	893.54	152.19	Semester DRI Index	2.0790				
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	754.88	101.55	Cost Report DRI Index	1.961				
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008				
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,655.20	192.76	FPLI	0.9435				

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,912,914.78	3,578,945.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 797,146.80	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,115,767.98	3,578,945.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,483,774.41	3,794,303.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,051	38,897
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,600.54	97.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	770.57	106.21
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	770.57	97.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county	1,655.20	192.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	912.11	159.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	912.11	159.18
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	770.57	97.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	157.42	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	927.99	97.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$48,599,207.00	30,788,144.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,996.84	791.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,718.73	839.16
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$927.99	\$97.55
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$267.86	\$26.42
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	267.86	23.36
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	927.99	94.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

110213 - 2012/07

1,587.87 / 107.96

Blake Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2010-4/30/2011

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Manatee (41)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	64,587,030	26,180,820	1,441,960	1,435,313	Total Bed Days	139,795
2. Routine	33,645,026		819,792		Total Inpatient Days	59,235
3. Special Care	8,212,317		411,937		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,685
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35,747
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-1,780,428	-437,910	-44,721	-24,008	Medicaid Paid Claims	13,407
9. Total Cost	104,663,945	25,742,910	2,628,968	1,411,305	Property Rate Allowance	0.80
10. Charges	\$636,649,647	\$209,556,526	\$16,722,475	8,916,978	First Semester in effect:	2012/07
11. Fixed Costs	10,956,977.00		287,800.01		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,548.29	117.30	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,703.80	198.42	FPLI	0.9712
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,628,967.89	1,411,305.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 287,800.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,341,167.88	1,411,305.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,533,726.20	1,527,383.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,685	13,407
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,503.70	113.92
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)	1,503.70	113.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	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) * Partial Exemption: IP% : 92.98 OP% : 92.98	1,451.23	111.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	136.64	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,587.87	111.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,722,475.00	8,916,978.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,924.32	665.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,740.58	719.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,587.87	\$111.81
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$458.34	\$30.28
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	458.34	26.43
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,587.87	107.96



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

110213 - 2012/07

634.85 / 61.18

County Billing ONLY

Blake Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2010-4/30/2011

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	64,587,030	26,180,820	1,441,960	1,435,313	Total Bed Days	139,795
2. Routine	33,645,026		819,792		Total Inpatient Days	59,235
3. Special Care	8,212,317		411,937		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,685
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35,747
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-1,780,428	-437,910	-44,721	-24,008	Medicaid Paid Claims	13,407
9. Total Cost	104,663,945	25,742,910	2,628,968	1,411,305	Property Rate Allowance	0.80
10. Charges	\$636,649,647	\$209,556,526	\$16,722,475	8,916,978	First Semester in effect:	2012/07
11. Fixed Costs	10,956,977.00		287,800.01		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,548.29	117.30	947.45	167.13	Semester DRI Index	2.0790	
2. Base Rate Semester	2011/07	2011/07	740.43	80.23	Cost Report DRI Index	1.921	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,703.80	198.42	FPLI	0.9712	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,628,967.89	1,411,305.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 287,800.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,341,167.88	1,411,305.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,533,726.20	1,527,383.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,685	13,407
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,503.70	113.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	755.82	83.91
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	755.82	83.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	1,703.80	198.42
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	967.14	174.80
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	967.14	174.80
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	755.82	83.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	136.64	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	892.46	83.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,722,475.00	8,916,978.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,924.32	665.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,740.58	719.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$892.46	\$83.91
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$257.61	\$22.73
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	634.85	61.18



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

111325 - 2012/07

590.91 / 38.98

Ft. Walton Beach Medical Center

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 6/1/2010-5/31/2011

Hospital Classification: General

County: Okaloosa (46)

District: 1

Type of Action: Unaudited Cost Report [1]

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	51,287,553	34,583,163	6,661,893	4,313,412	Total Bed Days	93,805
2. Routine	31,412,947		4,152,006		Total Inpatient Days	61,923
3. Special Care	9,854,131		2,023,566		Total Newborn Days	2,267
4. Newborn Routine	857,917		534,357		Medicaid Inpatient Days	9,145
5. Intern-Resident	0		0		Medicaid Newborn IP Days	30
6. Home Health					Medicare Inpatient Days	34,113
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-1,765,078	-653,466	-252,667	-81,504	Medicaid Paid Claims	38,916
9. Total Cost	91,647,470	33,929,697	13,119,155	4,231,908	Property Rate Allowance	0.80
10. Charges	\$836,349,557	\$402,948,225	\$107,147,868	46,887,399	First Semester in effect:	2012/07
11. Fixed Costs	9,896,238.00		1,267,844.04		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,571.95		132.34	County Ceiling Base	915.86	156.93
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	705.48	51.11	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,552.05	180.74	FPLI	0.8847

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,119,154.63	4,231,907.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,267,844.04	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,851,310.59	4,231,907.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	12,759,645.11	4,556,259.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,175	38,916
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,390.70	117.08
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	720.14	53.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	720.14	53.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county	1,552.05	180.74
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	934.90	164.13
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	934.90	164.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	720.14	53.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	110.55	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	830.69	53.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$107,147,868.00	46,887,399.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,678.24	1,204.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,573.31	1,297.18
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$830.69	\$53.46
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$239.78	\$14.48
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	590.91	38.98



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

111341 - 2012/07

2,274.41 / 160.55

Gulf Coast Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	114,549,009	47,745,976	10,157,533	3,444,363	Total Bed Days	127,385
2. Routine	87,206,945		9,428,183		Total Inpatient Days	103,085
3. Special Care	22,948,403		789,784		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	8,303
5. Intern-Resident	0		0		Medicaid Newborn IP Days	324
6. Home Health					Medicare Inpatient Days	48,084
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-3,146,085	-668,491	-285,277	-48,225	Medicaid Paid Claims	19,711
9. Total Cost	221,558,272	47,077,485	20,090,223	3,396,138	Property Rate Allowance	0.80
10. Charges	\$830,750,441	\$234,481,816	\$54,051,809	18,042,027	First Semester in effect:	2012/07
11. Fixed Costs	38,615,503.00		2,512,472.69		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	2,266.39	191.65	Exempt	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	FPLI Year Used	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,662.74	193.64		0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	20,090,222.71	3,396,138.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,512,472.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,577,750.02	3,396,138.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,531,512.32	3,580,411.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,627	19,711
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,148.08	181.65
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)	2,148.08	181.65
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	2,041.42	174.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	232.99	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,274.41	174.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$54,051,809.00	18,042,027.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,265.42	915.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,605.38	965.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,274.41	\$174.71
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$656.51	\$47.32
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	656.51	33.15
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,274.41	160.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

111341 - 2012/07

838.99 / 75.48

County Billing ONLY

Gulf Coast Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

County: Lee (36)

District: 8

Type of Action: Amended Cost Report [2]

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	114,549,009	47,745,976	10,157,533	3,444,363	Total Bed Days	127,385
2. Routine	87,206,945		9,428,183		Total Inpatient Days	103,085
3. Special Care	22,948,403		789,784		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	8,303
5. Intern-Resident	0		0		Medicaid Newborn IP Days	324
6. Home Health					Medicare Inpatient Days	48,084
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-3,146,085	-668,491	-285,277	-48,225	Medicaid Paid Claims	19,711
9. Total Cost	221,558,272	47,077,485	20,090,223	3,396,138	Property Rate Allowance	0.80
10. Charges	\$830,750,441	\$234,481,816	\$54,051,809	18,042,027	First Semester in effect:	2012/07
11. Fixed Costs	38,615,503.00		2,512,472.69		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,266.39		191.65	County Ceiling Base	969.31	174.13
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	927.17	98.98	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,662.74	193.64	FPLI	0.9478

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	20,090,222.71	3,396,138.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,512,472.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,577,750.02	3,396,138.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,531,512.32	3,580,411.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,627	19,711
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,148.08	181.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	946.44	103.52
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	946.44	103.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	1,662.74	193.64
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	989.46	182.12
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	989.46	182.12
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	946.44	103.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	232.99	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,179.43	103.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$54,051,809.00	18,042,027.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,265.42	915.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,605.38	965.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,179.43	\$103.52
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$340.44	\$28.04
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	838.99	75.48



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

111741 - 2012/07

690.49 / 70.65

Orange Park Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2010-6/30/2011
 Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Clay (10)
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	51,043,536	44,707,272	6,465,326	3,662,366	Total Bed Days	93,075
2. Routine	44,301,205		4,813,270		Total Inpatient Days	70,366
3. Special Care	9,337,034		1,650,570		Total Newborn Days	4,096
4. Newborn Routine	1,079,650		570,936		Medicaid Inpatient Days	9,027
5. Intern-Resident	0		0		Medicaid Newborn IP Days	69
6. Home Health					Medicare Inpatient Days	31,210
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-1,804,107	-762,629	-230,288	-62,474	Medicaid Paid Claims	33,055
9. Total Cost	103,957,318	43,944,643	13,269,814	3,599,892	Property Rate Allowance	0.80
10. Charges	\$964,306,389	\$609,578,145	\$91,471,480	43,785,216	First Semester in effect:	2012/07
11. Fixed Costs	15,963,670.00		1,514,270.30		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,517.12	127.85	868.53	167.72	2.0790	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	820.44	92.64	1.940	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	2008	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,601.52	186.51	0.9129	FPLI	0.9129

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,269,813.58	3,599,892.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,514,270.30	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,755,543.28	3,599,892.36
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	12,597,821.90	3,857,822.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,096	33,055
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,384.98	116.71
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	837.49	96.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	837.49	96.89
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9129) for Clay county	1,601.52	186.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	886.58	175.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	886.58	175.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	837.49	96.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	133.18	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	970.67	96.89
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$91,471,480.00	43,785,216.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,056.23	1,324.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,776.75	1,419.53
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$970.67	\$96.89
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$280.18	\$26.24
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	690.49	70.65



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

112305 - 2012/07

761.89 / 47.29

Westside Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 2/1/2010-1/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	60,509,254	25,803,865	2,530,899	709,310	Total Bed Days	81,760
2. Routine	29,961,202		612,905		Total Inpatient Days	56,638
3. Special Care	14,912,163		1,242,096		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,371
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,607
7. Malpractice					Prospective Inflation factor	1.0947867299
8. Adjustments	-1,885,607	-461,708	-78,477	-12,692	Medicaid Paid Claims	7,899
9. Total Cost	103,497,012	25,342,157	4,307,423	696,618	Property Rate Allowance	0.80
10. Charges	\$712,235,626	\$225,620,410	\$28,830,427	6,425,580	First Semester in effect:	2012/07
11. Fixed Costs	10,593,410.00		428,808.28		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)			OP (F)		IP (G)		OP (G)		Inflation/FPLI Data (H)	
	Rate	Year		Rate	Year	Rate	Year	Rate	Year	Index	Year
1. Normalized Rate	1,655.18	89.23	County Ceiling Base	966.76	187.22	Semester DRI Index	2.0790				
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	907.51	62.00	Cost Report DRI Index	1.899				
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008				
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820				

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,307,423.25	696,618.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 428,808.28	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,878,614.97	696,618.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,246,256.20	762,648.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,371	7,899
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,790.91	96.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	926.37	64.85
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	926.37	64.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	195.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	195.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	926.37	64.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	144.68	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,071.05	64.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$28,830,427.00	6,425,580.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,159.61	813.47
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,312.18	890.58
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,071.05	\$64.85
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$309.16	\$17.56
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	761.89	47.29



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

112798 - 2012/07

627.30 / 113.96

Memorial Hospital Of Tampa

Type of Control: Proprietary(1)
 Fiscal Year : 12/1/2009-11/30/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,652,676	19,069,791	662,767	432,687	Total Bed Days	65,700
2. Routine	13,772,501		658,402		Total Inpatient Days	27,618
3. Special Care	2,377,841		21,738		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,320
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,323
7. Malpractice					Prospective Inflation factor	1.1011652542
8. Adjustments	-492,415	-262,275	-18,470	-5,951	Medicaid Paid Claims	2,387
9. Total Cost	35,310,603	18,807,516	1,324,437	426,736	Property Rate Allowance	0.80
10. Charges	\$157,571,801	\$131,071,705	\$5,782,163	2,678,791	First Semester in effect:	2012/07
11. Fixed Costs	8,122,885.00		298,072.66		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	915.83		210.57	County Ceiling Base	927.43	169.55
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	686.92	149.43	Cost Report DRI Index	1.888
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11	191.00	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,324,437.41	426,736.06
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 298,072.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,026,364.75	426,736.06
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,130,197.21	469,906.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,320	2,387
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	856.21	196.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	701.20	156.29
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	701.20	156.29
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,640.11	191.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.71	177.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.71	177.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	701.20	156.29
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	180.65	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	881.85	156.29
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,782,163.00	2,678,791.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,380.43	1,122.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,823.58	1,235.77
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$881.85	\$156.29
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$254.55	\$42.33
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	627.30	113.96



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

112801 - 2012/07

434.54 / 53.22

University Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 5/1/2010-4/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	32,867,804	20,034,634	1,587,073	609,345	Total Bed Days	115,704
2. Routine	32,220,373		1,756,281		Total Inpatient Days	51,239
3. Special Care	5,314,017		366,212		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,989
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	21,421
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-1,024,903	-291,661	-54,003	-8,871	Medicaid Paid Claims	8,903
9. Total Cost	69,377,291	19,742,973	3,655,563	600,474	Property Rate Allowance	0.80
10. Charges	\$453,046,726	\$198,993,951	\$23,654,390	7,600,714	First Semester in effect:	2012/07
11. Fixed Costs	5,365,771.00		280,156.62		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,129.54		67.46	County Ceiling Base	966.76	187.22
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	524.97	73.70	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,655,562.77	600,474.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 280,156.62	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,375,406.15	600,474.26
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,653,029.35	649,862.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,989	8,903
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,222.16	72.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	535.88	77.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	535.88	72.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	195.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	195.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	535.88	72.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	74.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	610.86	72.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$23,654,390.00	7,600,714.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,913.81	853.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,564.71	923.95
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$610.86	\$72.99
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$176.32	\$19.77
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	434.54	53.22



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

113212 - 2012/07

603.99 / 56.99

West Florida Hospital

Type of Control: Non-Profit (Church) (2)

Fiscal Year : 6/1/2010-5/31/2011

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,384,455	42,649,460	4,281,859	2,792,786	Total Bed Days	193,815
2. Routine	36,515,267		2,825,810		Total Inpatient Days	64,864
3. Special Care	10,412,408		1,073,318		Total Newborn Days	990
4. Newborn Routine	393,369		226,881		Medicaid Inpatient Days	5,978
5. Intern-Resident	0		0		Medicaid Newborn IP Days	16
6. Home Health					Medicare Inpatient Days	35,280
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-1,778,100	-691,260	-136,274	-45,265	Medicaid Paid Claims	32,302
9. Total Cost	107,927,399	41,958,200	8,271,594	2,747,521	Property Rate Allowance	0.80
10. Charges	\$684,211,042	\$389,846,381	\$53,206,639	29,515,238	First Semester in effect:	2012/07
11. Fixed Costs	12,624,087.00		981,693.07		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,392.10	97.36	Variable Cost Base	917.47	166.75	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	703.44	74.73	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902		1,650.11	192.16	FPLI	0.9406

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,271,593.78	2,747,520.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 981,693.07	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,289,900.71	2,747,520.69
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,848,629.50	2,958,102.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,994	32,302
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,309.41	91.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	718.06	78.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	718.06	78.16
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	1,650.11	192.16
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	936.54	174.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	936.54	174.40
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	718.06	78.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.02	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	849.08	78.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$53,206,639.00	29,515,238.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,876.65	913.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,556.99	983.76
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$849.08	\$78.16
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$245.09	\$21.17
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	603.99	56.99



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

113514 - 2012/07

1,760.77 / 94.49

Putnam Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2010-2/28/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Putnam (54)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,101,075	17,386,858	2,322,326	2,866,575	Total Bed Days	45,583
2. Routine	11,976,671		943,380		Total Inpatient Days	26,474
3. Special Care	3,006,011		349,925		Total Newborn Days	997
4. Newborn Routine	642,012		417,273		Medicaid Inpatient Days	2,374
5. Intern-Resident	0		0		Medicaid Newborn IP Days	17
6. Home Health					Medicare Inpatient Days	17,217
7. Malpractice					Prospective Inflation factor	1.0913385827
8. Adjustments	-439,968	-241,118	-55,928	-39,753	Medicaid Paid Claims	32,056
9. Total Cost	31,285,801	17,145,740	3,976,976	2,826,822	Property Rate Allowance	1.00
10. Charges	\$138,857,269	\$95,965,355	\$16,766,777	17,081,784	First Semester in effect:	2012/07
11. Fixed Costs	3,049,715.00		368,247.85		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,897.42	110.86	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,522.93	177.35	FPLI	0.8681
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,976,976.34	2,826,821.80
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 368,247.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,608,728.49	2,826,821.80
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,938,344.63	3,085,019.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,391	32,056
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,647.15	96.24
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)	1,647.15	96.24
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8681) for Putnam county	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)	1,647.15	96.24
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	154.01	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,801.16	96.24
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,766,777.00	17,081,784.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,012.45	532.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,652.96	581.54
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,801.16	\$96.24
AU	Medicaid Trend Adjustment IP% : 14.888 OP% : 10.546	\$268.15	\$10.15
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	227.76	8.40
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,760.77	94.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

115193 - 2012/07

1,122.48 / 81.03

Northside Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,256,623	21,049,412	3,383,767	838,438	Total Bed Days	79,969
2. Routine	28,193,615		1,837,944		Total Inpatient Days	46,173
3. Special Care	15,295,556		1,210,986		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,292
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,697
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,263,619	-289,915	-88,598	-11,548	Medicaid Paid Claims	7,716
9. Total Cost	90,482,175	20,759,497	6,344,099	826,890	Property Rate Allowance	0.80
10. Charges	\$722,399,838	\$221,809,939	\$46,615,459	11,448,360	First Semester in effect:	2012/07
11. Fixed Costs	9,642,953.00		622,246.37		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,936.61	119.40	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,659.94	193.31	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,344,099.14	826,890.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 622,246.37	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,721,852.77	826,890.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,032,318.41	871,756.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,292	7,716
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,832.42	112.98
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)	1,832.42	112.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	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)	1,832.42	112.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	151.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,983.63	112.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,615,459.00	11,448,360.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	14,160.22	1,483.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	14,928.55	1,564.23
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,983.63	\$112.98
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$572.57	\$30.60
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	288.58	1.35
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,122.48	81.03



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

115193 - 2012/07

550.07 / 78.35

County Billing ONLY

Northside Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,256,623	21,049,412	3,383,767	838,438	Total Bed Days	79,969
2. Routine	28,193,615		1,837,944		Total Inpatient Days	46,173
3. Special Care	15,295,556		1,210,986		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,292
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,697
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,263,619	-289,915	-88,598	-11,548	Medicaid Paid Claims	7,716
9. Total Cost	90,482,175	20,759,497	6,344,099	826,890	Property Rate Allowance	0.80
10. Charges	\$722,399,838	\$221,809,939	\$46,615,459	11,448,360	First Semester in effect:	2012/07
11. Fixed Costs	9,642,953.00		622,246.37		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,936.61		119.40	County Ceiling Base	925.51	169.18
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	609.40	102.73	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,344,099.14	826,890.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 622,246.37	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,721,852.77	826,890.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,032,318.41	871,756.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,292	7,716
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,832.42	112.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	622.07	107.45
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	622.07	107.45
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	193.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	176.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	176.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	622.07	107.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	151.21	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	773.28	107.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,615,459.00	11,448,360.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	14,160.22	1,483.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	14,928.55	1,564.23
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$773.28	\$107.45
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$223.21	\$29.10
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	550.07	78.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

116483 - 2012/07

7,766.54 / 264.03

Anne Bates Leach Eye Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 6/1/2010-5/31/2011

Hospital Classification: Specialized: Eye

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	637,114	77,224,815	1,977	5,332,854	Total Bed Days	20,440
2. Routine	7,151,727		191,442		Total Inpatient Days	523
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	14
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	153
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-80,334	-796,496	-1,995	-55,003	Medicaid Paid Claims	21,079
9. Total Cost	7,708,507	76,428,319	191,424	5,277,851	Property Rate Allowance	0.80
10. Charges	\$3,772,740	\$304,975,520	\$13,875	26,295,282	First Semester in effect:	2012/07
11. Fixed Costs	3,702,558.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	6,845.37		223.77	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	7,708,506.97	5,277,851.00
AB	Total Fixed Costs	(-) 3,702,558.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	4,005,948.97	5,277,851.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,312,981.83	5,682,367.80
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	523	21,079
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	8,246.62	269.57
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)	8,246.62	269.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	8,246.62	269.57
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	5,663.57	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	13,910.19	269.57
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$3,772,740.00	26,295,282.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,213.65	1,247.46
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	7,766.54	1,343.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$7,766.54	\$269.57
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$2,241.81	\$73.01
AV	Exemption Tier Adj((AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)	1,602.51	18.50
AW	Buy Back of Medicaid Trend Adjustment	2,241.81	69.21
AX	Buy Back of Exemption Tier Adjustment	1,602.51	16.76
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	7,766.54	264.03



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

116483 - 2012/07

5,113.91 / 141.36

County Billing ONLY

Anne Bates Leach Eye Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 6/1/2010-5/31/2011

Hospital Classification: Specialized: Eye

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	637,114	77,224,815	1,977	5,332,854	Total Bed Days	20,440
2. Routine	7,151,727		191,442		Total Inpatient Days	523
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	14
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	153
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-80,334	-796,496	-1,995	-55,003	Medicaid Paid Claims	21,079
9. Total Cost	7,708,507	76,428,319	191,424	5,277,851	Property Rate Allowance	0.80
10. Charges	\$3,772,740	\$304,975,520	\$13,875	26,295,282	First Semester in effect:	2012/07
11. Fixed Costs	3,702,558.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	6,845.37		223.77	County Ceiling Base	Exempt	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,494.38	185.35	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	7,708,506.97	5,277,851.00
AB	Total Fixed Costs	(-) 3,702,558.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	4,005,948.97	5,277,851.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,312,981.83	5,682,367.80
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	523	21,079
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	8,246.62	269.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,525.44	193.86
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,525.44	193.86
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,525.44	193.86
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	5,663.57	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	7,189.01	193.86
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$3,772,740.00	26,295,282.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,213.65	1,247.46
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	7,766.54	1,343.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$7,189.01	\$193.86
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$2,075.10	\$52.50
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	5,113.91	141.36



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

117463 - 2012/07

597.65 / 70.60

Fawcett Memorial Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Charlotte (8)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	51,289,968	26,887,193	2,115,625	1,263,640	Total Bed Days	86,870
2. Routine	28,183,456		1,037,942		Total Inpatient Days	52,326
3. Special Care	6,708,183		430,822		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,152
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	33,130
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,382,380	-431,279	-57,495	-20,269	Medicaid Paid Claims	10,285
9. Total Cost	84,799,227	26,455,914	3,526,894	1,243,371	Property Rate Allowance	0.80
10. Charges	\$665,240,537	\$288,633,802	\$28,098,005	15,046,615	First Semester in effect:	2012/07
11. Fixed Costs	7,969,745.00		336,621.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,713.10		139.70	938.69	169.77	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	700.46	92.57	Cost Report DRI Index	1.892	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,668.18	194.27	FPLI	0.9509	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,526,894.28	1,243,370.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 336,621.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,190,273.28	1,243,370.82
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,505,590.99	1,366,262.12
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,152	10,285
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,628.99	132.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	715.02	96.82
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	715.02	96.82
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county	1,668.18	194.27
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	958.20	177.56
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	958.20	177.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	715.02	96.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	125.14	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	840.16	96.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$28,098,005.00	15,046,615.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	13,056.69	1,462.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	14,347.18	1,607.57
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$840.16	\$96.82
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$242.51	\$26.22
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	597.65	70.60



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

117617 - 2012/07

929.00 / 84.59

Gulf Coast Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 2/1/2010-1/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Bay (3)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,841,382	36,035,110	6,586,930	5,199,779	Total Bed Days	64,240
2. Routine	23,132,113		4,563,541		Total Inpatient Days	40,671
3. Special Care	7,738,671		3,482,696		Total Newborn Days	3,718
4. Newborn Routine	1,156,075		745,945		Medicaid Inpatient Days	10,314
5. Intern-Resident	0		0		Medicaid Newborn IP Days	37
6. Home Health					Medicare Inpatient Days	16,859
7. Malpractice					Prospective Inflation factor	1.0947867299
8. Adjustments	-1,370,375	-677,683	-289,223	-97,788	Medicaid Paid Claims	46,435
9. Total Cost	71,497,866	35,357,427	15,089,889	5,101,991	Property Rate Allowance	0.80
10. Charges	\$545,055,468	\$372,231,847	\$94,547,441	55,420,369	First Semester in effect:	2012/07
11. Fixed Costs	9,269,870.00		1,607,987.70		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,591.62	134.27	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,571.70	183.03	FPLI	0.8959
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,089,889.37	5,101,990.93
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,607,987.70	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,481,901.67	5,101,990.93
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,759,807.04	5,585,591.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,351	46,435
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,425.93	120.29
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)	1,425.93	120.29
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	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)	1,425.93	120.29
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	124.28	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,550.21	120.29
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$94,547,441.00	55,420,369.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,134.14	1,193.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,999.94	1,306.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,550.21	\$120.29
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$447.47	\$32.58
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	173.74	3.12
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	929.00	84.59



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

117617 - 2012/07

584.39 / 78.41

County Billing ONLY

Gulf Coast Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 2/1/2010-1/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Bay (3)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,841,382	36,035,110	6,586,930	5,199,779	Total Bed Days	64,240
2. Routine	23,132,113		4,563,541		Total Inpatient Days	40,671
3. Special Care	7,738,671		3,482,696		Total Newborn Days	3,718
4. Newborn Routine	1,156,075		745,945		Medicaid Inpatient Days	10,314
5. Intern-Resident	0		0		Medicaid Newborn IP Days	37
6. Home Health					Medicare Inpatient Days	16,859
7. Malpractice					Prospective Inflation factor	1.0947867299
8. Adjustments	-1,370,375	-677,683	-289,223	-97,788	Medicaid Paid Claims	46,435
9. Total Cost	71,497,866	35,357,427	15,089,889	5,101,991	Property Rate Allowance	0.80
10. Charges	\$545,055,468	\$372,231,847	\$94,547,441	55,420,369	First Semester in effect:	2012/07
11. Fixed Costs	9,269,870.00		1,607,987.70		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,591.62		134.27	913.77	155.07	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	683.04	102.81	Cost Report DRI Index	1.899
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,571.70	183.03	FPLI	0.8959

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,089,889.37	5,101,990.93
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,607,987.70	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,481,901.67	5,101,990.93
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,759,807.04	5,585,591.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,351	46,435
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,425.93	120.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	697.24	107.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	697.24	107.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	1,571.70	183.03
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	932.76	162.19
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	932.76	162.19
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	697.24	107.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	124.28	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	821.52	107.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$94,547,441.00	55,420,369.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,134.14	1,193.50
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,999.94	1,306.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$821.52	\$107.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$237.13	\$29.12
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	584.39	78.41



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

118079 - 2012/07

1,375.91 / 78.60

Brandon Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	80,063,944	53,566,885	9,089,223	3,559,149	Total Bed Days	145,035
2. Routine	52,183,579		5,422,123		Total Inpatient Days	89,814
3. Special Care	19,869,882		3,556,984		Total Newborn Days	6,117
4. Newborn Routine	1,738,644		812,614		Medicaid Inpatient Days	11,828
5. Intern-Resident	0		0		Medicaid Newborn IP Days	51
6. Home Health					Medicare Inpatient Days	27,159
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-3,019,003	-1,051,103	-370,487	-69,839	Medicaid Paid Claims	35,570
9. Total Cost	150,837,046	52,515,782	18,510,457	3,489,310	Property Rate Allowance	0.80
10. Charges	\$1,181,787,110	\$559,354,215	\$106,850,112	42,573,811	First Semester in effect:	2012/07
11. Fixed Costs	16,607,240.00		1,501,527.17		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,682.93	115.30	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,640.11	191.00	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,510,457.27	3,489,310.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,501,527.17	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,008,930.10	3,489,310.47
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,690,045.29	3,834,184.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,879	35,570
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,573.37	107.79
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)	1,573.37	107.79
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	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)	1,573.37	107.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	101.12	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,674.49	107.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$106,850,112.00	42,573,811.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,994.87	1,196.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,883.90	1,315.20
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,674.49	\$107.79
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$483.34	\$29.19
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	165.08	0.00
AW	Buy Back of Medicaid Trend Adjustment	199.41	0.00
AX	Buy Back of Exemption Tier Adjustment	150.43	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,375.91	78.60



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

118079 - 2012/07

698.62 / 78.60

County Billing ONLY

Brandon Regional Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	80,063,944	53,566,885	9,089,223	3,559,149	Total Bed Days	145,035
2. Routine	52,183,579		5,422,123		Total Inpatient Days	89,814
3. Special Care	19,869,882		3,556,984		Total Newborn Days	6,117
4. Newborn Routine	1,738,644		812,614		Medicaid Inpatient Days	11,828
5. Intern-Resident	0		0		Medicaid Newborn IP Days	51
6. Home Health					Medicare Inpatient Days	27,159
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-3,019,003	-1,051,103	-370,487	-69,839	Medicaid Paid Claims	35,570
9. Total Cost	150,837,046	52,515,782	18,510,457	3,489,310	Property Rate Allowance	0.80
10. Charges	\$1,181,787,110	\$559,354,215	\$106,850,112	42,573,811	First Semester in effect:	2012/07
11. Fixed Costs	16,607,240.00		1,501,527.17		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,682.93		115.30	927.43	169.55	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	863.05	103.07	Cost Report DRI Index	1.892	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11	191.00	FPLI	0.9349	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,510,457.27	3,489,310.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,501,527.17	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,008,930.10	3,489,310.47
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,690,045.29	3,834,184.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,879	35,570
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,573.37	107.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	880.99	107.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	880.99	107.79
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,640.11	191.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.71	177.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.71	177.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	880.99	107.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	101.12	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	982.11	107.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$106,850,112.00	42,573,811.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,994.87	1,196.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,883.90	1,315.20
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$982.11	\$107.79
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$283.49	\$29.19
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	698.62	78.60



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119695 - 2012/07

1,039.51 / 80.06

Lawnwood Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: St Lucie (56)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	72,195,533	32,549,302	12,397,695	4,581,611	Total Bed Days	125,929
2. Routine	49,742,236		7,566,151		Total Inpatient Days	88,942
3. Special Care	15,122,807		2,567,022		Total Newborn Days	5,228
4. Newborn Routine	3,197,319		2,432,254		Medicaid Inpatient Days	14,465
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,021
6. Home Health					Medicare Inpatient Days	39,550
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-2,753,914	-639,094	-490,142	-89,958	Medicaid Paid Claims	42,717
9. Total Cost	137,503,981	31,910,208	24,472,980	4,491,653	Property Rate Allowance	0.80
10. Charges	\$1,346,412,350	\$375,725,352	\$213,817,691	54,083,905	First Semester in effect:	2012/07
11. Fixed Costs	13,267,894.00		2,107,014.59		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,485.21	108.13	Exempt	Exempt	Exempt	2.0790	
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.53	209.45	FPLI	1.0252

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,472,979.96	4,491,652.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,107,014.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	22,365,965.37	4,491,652.69
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,579,534.49	4,735,368.13
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,486	42,717
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,522.64	110.85
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)	1,522.64	110.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county	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)	1,522.64	110.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	108.85	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,631.49	110.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$213,817,691.00	54,083,905.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	13,807.16	1,266.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	14,556.33	1,334.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,631.49	\$110.85
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$470.93	\$30.02
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	156.73	2.38
AW	Buy Back of Medicaid Trend Adjustment	35.68	1.61
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,039.51	80.06



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119695 - 2012/07

692.95 / 73.73

County Billing ONLY

Lawnwood Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: St Lucie (56)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	72,195,533	32,549,302	12,397,695	4,581,611	Total Bed Days	125,929
2. Routine	49,742,236		7,566,151		Total Inpatient Days	88,942
3. Special Care	15,122,807		2,567,022		Total Newborn Days	5,228
4. Newborn Routine	3,197,319		2,432,254		Medicaid Inpatient Days	14,465
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,021
6. Home Health					Medicare Inpatient Days	39,550
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-2,753,914	-639,094	-490,142	-89,958	Medicaid Paid Claims	42,717
9. Total Cost	137,503,981	31,910,208	24,472,980	4,491,653	Property Rate Allowance	0.80
10. Charges	\$1,346,412,350	\$375,725,352	\$213,817,691	54,083,905	First Semester in effect:	2012/07
11. Fixed Costs	13,267,894.00		2,107,014.59		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,485.21	108.13	973.47	173.83	96.67	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	847.66	204.30	209.45	FPLI Year Used	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32			FPLI	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,798.53				1.0252

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,472,979.96	4,491,652.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,107,014.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	22,365,965.37	4,491,652.69
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,579,534.49	4,735,368.13
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,486	42,717
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,522.64	110.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	865.28	101.11
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	865.28	101.11
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county	1,798.53	209.45
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	993.71	181.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	993.71	181.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	865.28	101.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	108.85	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	974.13	101.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$213,817,691.00	54,083,905.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	13,807.16	1,266.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	14,556.33	1,334.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$974.13	\$101.11
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$281.18	\$27.38
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	692.95	73.73



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119717 - 2012/07

1,941.43 / 103.34

Cape Coral Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	65,771,173	51,243,850	4,645,516	3,219,338	Total Bed Days	106,215
2. Routine	42,741,645		2,122,375		Total Inpatient Days	66,351
3. Special Care	9,216,253		414,747		Total Newborn Days	0
4. Newborn Routine	6,884,851		3,724,066		Medicaid Inpatient Days	4,817
5. Intern-Resident	0		0		Medicaid Newborn IP Days	678
6. Home Health					Medicare Inpatient Days	30,636
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,754,471	-721,475	-153,558	-45,326	Medicaid Paid Claims	29,516
9. Total Cost	122,859,451	50,522,375	10,753,146	3,174,012	Property Rate Allowance	0.80
10. Charges	\$467,904,980	\$266,759,708	\$32,532,312	20,271,736	First Semester in effect:	2012/07
11. Fixed Costs	12,597,267.00		875,857.79		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,999.41	119.61	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,662.74	193.64	FPLI	0.9478
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,753,145.76	3,174,012.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 875,857.79	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,877,287.97	3,174,012.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,413,226.01	3,346,232.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,495	29,516
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,895.04	113.37
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)	1,895.04	113.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,813.92	109.93
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	127.51	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,941.43	109.93
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$32,532,312.00	20,271,736.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,920.35	686.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,241.59	724.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,941.43	\$109.93
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$560.39	\$29.77
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	560.39	23.18
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,941.43	103.34



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119717 - 2012/07

788.64 / 54.45

County Billing ONLY

Cape Coral Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exempt

Type of Action: Amended Cost Report [2]

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	65,771,173	51,243,850	4,645,516	3,219,338	Total Bed Days
2. Routine	42,741,645		2,122,375		Total Inpatient Days
3. Special Care	9,216,253		414,747		Total Newborn Days
4. Newborn Routine	6,884,851		3,724,066		Medicaid Inpatient Days
5. Intern-Resident	0		0		Medicaid Newborn IP Days
6. Home Health					Medicare Inpatient Days
7. Malpractice					Prospective Inflation factor
8. Adjustments	-1,754,471	-721,475	-153,558	-45,326	Medicaid Paid Claims
9. Total Cost	122,859,451	50,522,375	10,753,146	3,174,012	Property Rate Allowance
10. Charges	\$467,904,980	\$266,759,708	\$32,532,312	20,271,736	First Semester in effect:
11. Fixed Costs	12,597,267.00		875,857.79		Last Rate Semester in Effect:

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,999.41	119.61	969.31	174.13		2.0790	
2. Base Rate Semester	2011/07	2011/07	961.16	71.39		1.972	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30		2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,662.74	193.64		0.9478	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,753,145.76	3,174,012.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 875,857.79	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,877,287.97	3,174,012.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,413,226.01	3,346,232.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,495	29,516
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,895.04	113.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	981.14	74.67
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	981.14	74.67
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	1,662.74	193.64
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	989.46	182.12
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	989.46	182.12
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	981.14	74.67
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	127.51	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,108.65	74.67
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$32,532,312.00	20,271,736.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,920.35	686.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,241.59	724.07
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,108.65	\$74.67
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$320.01	\$20.22
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	788.64	54.45



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119733 - 2012/07

599.66 / 57.17

Venice Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,322,349	38,185,826	1,430,898	543,059	Total Bed Days	113,880
2. Routine	26,058,735		748,395		Total Inpatient Days	50,682
3. Special Care	7,198,874		300,501		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,586
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	34,734
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,184,127	-541,002	-35,133	-7,694	Medicaid Paid Claims	7,504
9. Total Cost	82,395,831	37,644,824	2,444,661	535,365	Property Rate Allowance	0.80
10. Charges	\$472,003,667	\$252,725,263	\$12,887,604	4,686,611	First Semester in effect:	2012/07
11. Fixed Costs	14,949,056.00		408,169.53		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,434.48		79.71	County Ceiling Base	939.66	172.97
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	624.13	80.90	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,725.55	200.95	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,444,661.27	535,365.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 408,169.53	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,036,491.74	535,365.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,237,772.90	588,279.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,586	7,504
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,410.95	78.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	637.10	84.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	637.10	78.40
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,725.55	200.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	959.19	180.91
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	959.19	180.91
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	637.10	78.40
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	205.89	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	842.99	78.40
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$12,887,604.00	4,686,611.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,125.85	624.55
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,928.99	686.28
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$842.99	\$78.40
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$243.33	\$21.23
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	599.66	57.17



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119741 - 2012/07

965.50 / 90.34

Largo Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2010-2/28/2011

Hospital Classification: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	94,691,050	35,868,156	2,633,117	1,266,527	Total Bed Days	141,617
2. Routine	55,098,127		1,735,860		Total Inpatient Days	93,323
3. Special Care	17,259,149		579,222		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,681
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	46,035
7. Malpractice					Prospective Inflation factor	1.0913385827
8. Adjustments	-2,424,732	-520,632	-71,824	-18,384	Medicaid Paid Claims	10,838
9. Total Cost	164,623,594	35,347,524	4,876,375	1,248,143	Property Rate Allowance	0.80
10. Charges	\$1,087,516,576	\$301,091,528	\$34,361,143	12,548,845	First Semester in effect:	2012/07
11. Fixed Costs	14,886,155.00		470,342.53		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,380.57	132.83	Exempt	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.905
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,876,375.13	1,248,143.17
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 470,342.53	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,406,032.60	1,248,143.17
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,808,473.37	1,362,146.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,681	10,838
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,306.30	125.68
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)	1,306.30	125.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	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)	1,306.30	125.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	102.22	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,408.52	125.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$34,361,143.00	12,548,845.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,334.73	1,157.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,187.35	1,263.62
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,408.52	\$125.68
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$406.57	\$34.04
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	74.58	4.19
AW	Buy Back of Medicaid Trend Adjustment	38.13	2.89
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	965.50	90.34



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119741 - 2012/07

744.76 / 77.20

County Billing ONLY

Largo Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2010-2/28/2011

Hospital Classification: Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	94,691,050	35,868,156	2,633,117	1,266,527	Total Bed Days	141,617
2. Routine	55,098,127		1,735,860		Total Inpatient Days	93,323
3. Special Care	17,259,149		579,222		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,681
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	46,035
7. Malpractice					Prospective Inflation factor	1.0913385827
8. Adjustments	-2,424,732	-520,632	-71,824	-18,384	Medicaid Paid Claims	10,838
9. Total Cost	164,623,594	35,347,524	4,876,375	1,248,143	Property Rate Allowance	0.80
10. Charges	\$1,087,516,576	\$301,091,528	\$34,361,143	12,548,845	First Semester in effect:	2012/07
11. Fixed Costs	14,886,155.00		470,342.53		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,380.57		132.83	County Ceiling Base	925.51	169.18
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,253.86	101.23	Cost Report DRI Index	1.905
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,876,375.13	1,248,143.17
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 470,342.53	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,406,032.60	1,248,143.17
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,808,473.37	1,362,146.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,681	10,838
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,306.30	125.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,279.92	105.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,279.92	105.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	193.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	176.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	176.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	944.75	105.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	102.22	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,046.97	105.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$34,361,143.00	12,548,845.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,334.73	1,157.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,187.35	1,263.62
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,046.97	\$105.88
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$302.21	\$28.68
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	744.76	77.20



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119750 - 2012/07

1,754.40 / 107.84

Raulerson Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2010-4/30/2011

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]
: Rate Includes Buy Back

County: Okeechobee (47)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,638,476	16,219,141	1,563,689	3,180,239	Total Bed Days	36,500
2. Routine	12,241,570		1,071,833		Total Inpatient Days	19,119
3. Special Care	3,823,379		429,546		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,834
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,447
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-535,842	-274,131	-51,805	-53,751	Medicaid Paid Claims	30,222
9. Total Cost	31,167,583	15,945,010	3,013,263	3,126,488	Property Rate Allowance	1.00
10. Charges	\$167,780,801	\$124,081,699	\$16,985,046	23,485,596	First Semester in effect:	2012/07
11. Fixed Costs	4,082,125.00		413,248.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,479.25	107.94	Exempt	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,819.58	211.90	FPLI	1.0372

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,013,263.13	3,126,487.54
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 413,248.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,600,015.13	3,126,487.54
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,813,863.33	3,383,637.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,834	30,222
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,534.28	111.96
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)	1,534.28	111.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0372) for Okeechobee county	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)	1,534.28	111.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	225.33	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,759.61	111.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,985,046.00	23,485,596.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,261.20	777.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,022.92	841.02
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,759.61	\$111.96
AU	Medicaid Trend Adjustment IP% : 14.888 OP% : 10.546	\$261.97	\$11.81
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	256.76	7.69
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,754.40	107.84



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119768 - 2012/07

502.58 / 82.02

Lake City Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 11/1/2010-10/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Columbia (12)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,915,417	17,063,233	1,091,672	2,319,110	Total Bed Days	24,455
2. Routine	12,749,798		862,996		Total Inpatient Days	19,210
3. Special Care	2,228,949		134,703		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,420
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,927
7. Malpractice					Prospective Inflation factor	1.0494699647
8. Adjustments	-439,026	-278,544	-34,107	-37,858	Medicaid Paid Claims	18,679
9. Total Cost	26,455,138	16,784,689	2,055,264	2,281,252	Property Rate Allowance	0.80
10. Charges	\$141,201,995	\$144,493,723	\$11,160,264	18,778,092	First Semester in effect:	2012/07
11. Fixed Costs	4,168,064.00		329,433.69		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,410.64		141.75	County Ceiling Base	887.00	156.37
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	510.30	107.55	Cost Report DRI Index	1.981
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,586.26	184.73	FPLI	0.9042

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,055,263.66	2,281,252.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 329,433.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,725,829.97	2,281,252.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,811,206.71	2,394,105.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,420	18,679
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,275.50	128.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	520.91	112.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	520.91	112.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9042) for Columbia county	1,586.26	184.73
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	905.44	163.55
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	905.44	163.55
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	520.91	112.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	185.60	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	706.51	112.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$11,160,264.00	18,778,092.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,859.34	1,005.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,248.14	1,055.03
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$706.51	\$112.49
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$203.93	\$30.47
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	502.58	82.02



Florida Agency For Health Care Administration

119784 - 2012/07

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2012 through June 30, 2013

Florida State Hospital-Med

Type of Control: Government (4)

County: Gadsden (20)

Fiscal Year : 7/1/2010-6/30/2011

Type of Action: Unaudited Cost Report [1]

District: 2

Hospital Classification: General

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,771,808		0		Total Bed Days	8,760
2. Routine	5,272,919		0		Total Inpatient Days	4,088
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,259
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	14,044,727		0		Property Rate Allowance	0.80
10. Charges	\$14,044,727		\$0		First Semester in effect:	2012/07
11. Fixed Costs	787,974.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,842.11			County Ceiling Base	903.30	
2. Base Rate Semester	2011/07		Variable Cost Base	638.92		Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,754.32		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787		County Ceiling	1,586.78		FPLI	0.9045

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	14,044,727.00	
AB	Total Fixed Costs	(-) 787,974.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	13,256,753.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,206,592.52	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	4,088	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	3,475.19	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	652.20	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	652.20	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9045) for Gadsden county	1,586.78	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	922.08	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	922.08	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	652.20	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	154.20	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	806.40	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$14,044,727.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,435.60	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,681.76	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$806.40	\$0.00
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 0.000	\$232.77	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	573.63	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119806 - 2012/07

900.75 / 76.02

Capital Regional Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 5/1/2010-4/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Leon (37)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,113,560	40,129,631	5,429,317	2,828,810	Total Bed Days	72,270
2. Routine	31,851,776		3,334,257		Total Inpatient Days	52,628
3. Special Care	6,293,875		695,291		Total Newborn Days	2,350
4. Newborn Routine	926,631		455,822		Medicaid Inpatient Days	6,047
5. Intern-Resident	0		0		Medicaid Newborn IP Days	89
6. Home Health					Medicare Inpatient Days	20,554
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-1,323,482	-630,876	-155,868	-44,472	Medicaid Paid Claims	28,903
9. Total Cost	82,862,360	39,498,755	9,758,819	2,784,338	Property Rate Allowance	0.80
10. Charges	\$498,819,638	\$308,332,845	\$50,860,990	21,450,606	First Semester in effect:	2012/07
11. Fixed Costs	12,688,328.00		1,293,736.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,554.77		108.57	County Ceiling Base	941.19	167.92
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	915.79	107.68	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,684.67	196.19	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,758,818.65	2,784,338.40
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,293,736.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,465,082.65	2,784,338.40
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,161,325.78	3,013,346.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,136	28,903
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,493.05	104.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	934.83	112.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	934.83	104.26
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	1,684.67	196.19
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	960.75	175.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	960.75	175.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	934.83	104.26
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	168.67	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,103.50	104.26
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$50,860,990.00	21,450,606.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,288.95	742.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,970.71	803.20
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,103.50	\$104.26
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$318.52	\$28.24
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	115.77	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	900.75	76.02



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119849 - 2012/07

1,077.63 / 93.14

Town and Country Hospital

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,756,881	16,313,926	1,376,145	1,023,154	Total Bed Days	67,890
2. Routine	10,464,947		513,460		Total Inpatient Days	20,674
3. Special Care	2,868,407		142,291		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,070
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,845
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	9,928
9. Total Cost	30,090,235	16,313,926	2,031,896	1,023,154	Property Rate Allowance	0.80
10. Charges	\$156,719,488	\$118,602,983	\$11,916,792	10,109,949	First Semester in effect:	2012/07
11. Fixed Costs	4,995,602.00		379,860.54		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,814.70	121.13	Exempt	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11	191.00	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,031,896.00	1,023,154.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 379,860.54	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,652,035.46	1,023,154.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,815,318.03	1,124,279.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,070	9,928
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,696.56	113.24
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)	1,696.56	113.24
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	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) * Partial Exemption: IP% : 13.61 OP% : 13.61	793.62	97.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	284.01	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,077.63	97.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$11,916,792.00	10,109,949.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,137.19	1,018.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,237.96	1,118.98
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,077.63	\$97.00
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$311.06	\$26.27
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	311.06	22.41
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,077.63	93.14



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119849 - 2012/07

665.36 / 68.86

County Billing ONLY

Town and Country Hospital

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,756,881	16,313,926	1,376,145	1,023,154	Total Bed Days	67,890
2. Routine	10,464,947		513,460		Total Inpatient Days	20,674
3. Special Care	2,868,407		142,291		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,070
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,845
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	9,928
9. Total Cost	30,090,235	16,313,926	2,031,896	1,023,154	Property Rate Allowance	0.80
10. Charges	\$156,719,488	\$118,602,983	\$11,916,792	10,109,949	First Semester in effect:	2012/07
11. Fixed Costs	4,995,602.00		379,860.54		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,814.70	121.13	927.43	169.55	90.30	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	638.08	204.30	191.00	FPLI Year Used	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	1,640.11		FPLI	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,031,896.00	1,023,154.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 379,860.54	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,652,035.46	1,023,154.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,815,318.03	1,124,279.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,070	9,928
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,696.56	113.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	651.34	94.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	651.34	94.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,640.11	191.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.71	177.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.71	177.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	651.34	94.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	284.01	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	935.35	94.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$11,916,792.00	10,109,949.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,137.19	1,018.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,237.96	1,118.98
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$935.35	\$94.44
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$269.99	\$25.58
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	665.36	68.86



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119881 - 2012/07

678.17 / 77.63

Regional Medical Center Bayonet Point

Type of Control: Proprietary(1)
 Fiscal Year : 3/1/2010-2/28/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	65,159,066	27,934,456	3,244,951	1,160,284	Total Bed Days	97,820
2. Routine	31,994,336		2,017,668		Total Inpatient Days	64,123
3. Special Care	16,296,083		1,025,856		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,159
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,610
7. Malpractice					Prospective Inflation factor	1.0913385827
8. Adjustments	-1,881,503	-463,279	-104,291	-19,243	Medicaid Paid Claims	10,514
9. Total Cost	111,567,982	27,471,177	6,184,184	1,141,041	Property Rate Allowance	0.80
10. Charges	\$862,100,790	\$281,070,972	\$47,945,810	14,389,540	First Semester in effect:	2012/07
11. Fixed Costs	11,226,374.00		624,355.76		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,517.18		123.17	838.88	165.95	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	816.29	101.79	Cost Report DRI Index	1.905
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,686.95	196.45	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,184,183.78	1,141,041.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 624,355.76	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,559,828.02	1,141,041.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,067,654.83	1,245,262.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,159	10,514
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,458.92	118.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	833.26	106.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	833.26	106.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,686.95	196.45
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	856.32	173.57
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	856.32	173.57
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	833.26	106.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	120.10	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	953.36	106.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$47,945,810.00	14,389,540.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,528.21	1,368.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,581.18	1,493.62
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$953.36	\$106.46
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$275.19	\$28.83
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	678.17	77.63



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119938 - 2012/07

711.99 / 14.24

Kindred Hospital - Coral Gables

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2010-8/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,055,316	80,070	23,437	0	Total Bed Days	19,345
2. Routine	11,009,823		37,254		Total Inpatient Days	17,145
3. Special Care	1,735,935		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	54
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-387,853	-1,362	-1,032	0	Medicaid Paid Claims	0
9. Total Cost	22,413,221	78,708	59,659	0	Property Rate Allowance	0.80
10. Charges	\$111,258,273	\$884,509	\$311,992	0	First Semester in effect:	2012/07
11. Fixed Costs	3,055,572.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	993.60		0.00	County Ceiling Base	1,002.18	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	840.84	NA	Cost Report DRI Index	1.961
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	22,413,221.01	
AB	Total Fixed Costs	(-) 3,055,572.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	19,357,649.01	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,522,464.20	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	17,145	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,196.99	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	858.32	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	858.32	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	858.32	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	142.58	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,000.90	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$111,258,273.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,489.25	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,879.74	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$1,000.90	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$288.91	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	711.99	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

119946 - 2012/07

1,255.57 / 95.89

South Bay Hospital

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2010-8/31/2011

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,876,478	16,215,876	794,012	616,882	Total Bed Days	40,880
2. Routine	17,273,876		438,972		Total Inpatient Days	30,878
3. Special Care	3,084,440		155,727		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	874
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,410
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-670,029	-245,623	-21,035	-9,344	Medicaid Paid Claims	5,844
9. Total Cost	43,564,765	15,970,253	1,367,676	607,538	Property Rate Allowance	0.80
10. Charges	\$338,463,845	\$154,130,809	\$10,181,826	6,584,560	First Semester in effect:	2012/07
11. Fixed Costs	5,192,468.00		156,202.23		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,571.86	117.88	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,640.11	191.00	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,367,676.06	607,538.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 156,202.23	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,211,473.83	607,538.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,284,372.31	644,095.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	874	5,844
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,469.53	110.21
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)	1,469.53	110.21
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	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) * Partial Exemption: IP% : 42.61 OP% : 42.61	1,112.58	99.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	142.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,255.57	99.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,181,826.00	6,584,560.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,649.69	1,126.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,350.69	1,194.52
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,255.57	\$99.78
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$362.42	\$27.02
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	362.42	23.13
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,255.57	95.89



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

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119946 - 2012/07

704.60 / 67.11

County Billing ONLY

South Bay Hospital

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2010-8/31/2011

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,876,478	16,215,876	794,012	616,882	Total Bed Days	40,880
2. Routine	17,273,876		438,972		Total Inpatient Days	30,878
3. Special Care	3,084,440		155,727		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	874
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,410
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-670,029	-245,623	-21,035	-9,344	Medicaid Paid Claims	5,844
9. Total Cost	43,564,765	15,970,253	1,367,676	607,538	Property Rate Allowance	0.80
10. Charges	\$338,463,845	\$154,130,809	\$10,181,826	6,584,560	First Semester in effect:	2012/07
11. Fixed Costs	5,192,468.00		156,202.23		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,571.86		117.88	927.43	169.55	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	830.27	88.00	Cost Report DRI Index	1.961
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11	191.00	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,367,676.06	607,538.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 156,202.23	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,211,473.83	607,538.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,284,372.31	644,095.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	874	5,844
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,469.53	110.21
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	847.53	92.04
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	847.53	92.04
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,640.11	191.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.71	177.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.71	177.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	847.53	92.04
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	142.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	990.51	92.04
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,181,826.00	6,584,560.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,649.69	1,126.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,350.69	1,194.52
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$990.51	\$92.04
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$285.91	\$24.93
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	704.60	67.11



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

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119954 - 2012/07

782.31 / 65.92

Doctors Hospital Of Sarasota

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	36,504,780	21,951,672	585,441	384,889	Total Bed Days	61,320
2. Routine	18,591,916		409,594		Total Inpatient Days	27,191
3. Special Care	3,520,900		133,021		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	674
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,785
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	0	0	0	0	Medicaid Paid Claims	4,678
9. Total Cost	58,617,596	21,951,672	1,128,056	384,889	Property Rate Allowance	0.80
10. Charges	\$363,271,961	\$175,411,623	\$6,967,447	3,789,059	First Semester in effect:	2012/07
11. Fixed Costs	6,174,493.00		118,424.92		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,673.46		91.92	County Ceiling Base	939.66	172.97
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	978.29	96.71	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,725.55	200.95	FPLI	0.9836

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,128,056.00	384,889.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 118,424.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,009,631.08	384,889.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,109,420.20	422,930.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	674	4,678
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,646.02	90.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	998.63	101.15
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	998.63	90.41
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,725.55	200.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	959.19	180.91
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	959.19	180.91
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	959.19	90.41
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	140.56	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,099.75	90.41
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,967,447.00	3,789,059.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,337.46	809.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,359.19	890.03
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,099.75	\$90.41
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$317.44	\$24.49
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	782.31	65.92



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119971 - 2012/07

1,088.11 / 77.33

St. Lucie Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: St Lucie (56)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,407,575	24,380,236	5,425,352	2,124,964	Total Bed Days	83,585
2. Routine	34,968,872		3,078,534		Total Inpatient Days	55,581
3. Special Care	6,095,297		392,382		Total Newborn Days	1,650
4. Newborn Routine	429,827		366,263		Medicaid Inpatient Days	5,073
5. Intern-Resident	0		0		Medicaid Newborn IP Days	46
6. Home Health					Medicare Inpatient Days	28,634
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,761,935	-467,417	-177,581	-40,740	Medicaid Paid Claims	20,465
9. Total Cost	90,139,636	23,912,819	9,084,950	2,084,224	Property Rate Allowance	0.80
10. Charges	\$679,784,400	\$216,221,118	\$51,994,174	18,464,098	First Semester in effect:	2012/07
11. Fixed Costs	11,027,796.00		843,475.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,655.61	104.73	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,798.53	209.45	FPLI	1.0252
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,084,949.98	2,084,224.24
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 843,475.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,241,474.98	2,084,224.24
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,688,654.41	2,197,313.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,119	20,465
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,697.33	107.37
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)	1,697.33	107.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county	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)	1,697.33	107.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,829.15	107.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,994,174.00	18,464,098.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,157.10	902.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,708.22	951.18
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,829.15	\$107.37
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$527.98	\$29.08
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	213.06	0.96
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,088.11	77.33



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119971 - 2012/07

665.49 / 75.42

County Billing ONLY

St. Lucie Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: St Lucie (56)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,407,575	24,380,236	5,425,352	2,124,964	Total Bed Days	83,585
2. Routine	34,968,872		3,078,534		Total Inpatient Days	55,581
3. Special Care	6,095,297		392,382		Total Newborn Days	1,650
4. Newborn Routine	429,827		366,263		Medicaid Inpatient Days	5,073
5. Intern-Resident	0		0		Medicaid Newborn IP Days	46
6. Home Health					Medicare Inpatient Days	28,634
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,761,935	-467,417	-177,581	-40,740	Medicaid Paid Claims	20,465
9. Total Cost	90,139,636	23,912,819	9,084,950	2,084,224	Property Rate Allowance	0.80
10. Charges	\$679,784,400	\$216,221,118	\$51,994,174	18,464,098	First Semester in effect:	2012/07
11. Fixed Costs	11,027,796.00		843,475.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,655.61	104.73	973.47	173.83	Semester DRI Index	2.0790	
2. Base Rate Semester	2011/07	2011/07	787.34	98.89	Cost Report DRI Index	1.972	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,798.53	209.45	FPLI	1.0252	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,084,949.98	2,084,224.24
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 843,475.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,241,474.98	2,084,224.24
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,688,654.41	2,197,313.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,119	20,465
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,697.33	107.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	803.71	103.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	803.71	103.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county	1,798.53	209.45
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	993.71	181.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	993.71	181.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	803.71	103.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	935.53	103.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,994,174.00	18,464,098.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,157.10	902.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,708.22	951.18
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$935.53	\$103.43
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$270.04	\$28.01
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	665.49	75.42



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119989 - 2012/07

628.31 / 69.35

Seven Rivers Community Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Citrus (9)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	26,559,546	18,302,786	2,848,199	1,632,776	Total Bed Days	46,720
2. Routine	14,282,898		1,002,729		Total Inpatient Days	28,429
3. Special Care	4,135,494		354,098		Total Newborn Days	493
4. Newborn Routine	149,526		104,032		Medicaid Inpatient Days	2,494
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,565
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-758,367	-307,578	-72,414	-27,439	Medicaid Paid Claims	18,095
9. Total Cost	44,369,097	17,995,208	4,236,644	1,605,337	Property Rate Allowance	0.80
10. Charges	\$276,098,819	\$140,165,753	\$23,420,643	16,922,245	First Semester in effect:	2012/07
11. Fixed Costs	5,702,701.00		483,743.19		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,823.00		107.48	County Ceiling Base	836.99	157.21
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	713.26	90.94	Cost Report DRI Index	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,559.06	181.56	FPLI	0.8887

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,236,644.30	1,605,337.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 483,743.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,752,901.11	1,605,337.21
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,040,539.31	1,728,377.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,494	18,095
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,620.10	95.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	728.09	95.11
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	728.09	95.11
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8887) for Citrus county	1,559.06	181.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	854.39	164.43
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	854.39	164.43
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	728.09	95.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	155.17	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	883.26	95.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$23,420,643.00	16,922,245.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,390.80	935.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,110.55	1,006.87
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$883.26	\$95.11
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$254.95	\$25.76
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	628.31	69.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120006 - 2012/07

973.58 / 70.55

Plantation General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2010-8/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	56,868,804	39,885,032	10,648,501	4,148,919	Total Bed Days	138,922
2. Routine	42,684,284		7,501,663		Total Inpatient Days	70,635
3. Special Care	21,318,304		7,755,908		Total Newborn Days	7,306
4. Newborn Routine	1,501,035		556,770		Medicaid Inpatient Days	17,788
5. Intern-Resident	0		0		Medicaid Newborn IP Days	40
6. Home Health					Medicare Inpatient Days	13,447
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-1,998,947	-651,520	-432,269	-67,772	Medicaid Paid Claims	44,721
9. Total Cost	120,373,480	39,233,512	26,030,573	4,081,147	Property Rate Allowance	0.80
10. Charges	\$749,474,503	\$366,659,772	\$147,018,048	35,272,543	First Semester in effect:	2012/07
11. Fixed Costs	9,522,314.00		1,867,911.46		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,327.99	89.42	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,898.17	221.05	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	26,030,572.88	4,081,146.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,867,911.46	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	24,162,661.42	4,081,146.63
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,616,610.44	4,326,723.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,828	44,721
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,436.88	96.75
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)	1,436.88	96.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	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)	1,436.88	96.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	83.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,520.70	96.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$147,018,048.00	35,272,543.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,246.47	788.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,742.69	836.18
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,520.70	\$96.75
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$438.95	\$26.20
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	108.17	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	973.58	70.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120006 - 2012/07

759.01 / 70.55

County Billing ONLY

Plantation General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 9/1/2010-8/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	56,868,804	39,885,032	10,648,501	4,148,919	Total Bed Days	138,922
2. Routine	42,684,284		7,501,663		Total Inpatient Days	70,635
3. Special Care	21,318,304		7,755,908		Total Newborn Days	7,306
4. Newborn Routine	1,501,035		556,770		Medicaid Inpatient Days	17,788
5. Intern-Resident	0		0		Medicaid Newborn IP Days	40
6. Home Health					Medicare Inpatient Days	13,447
7. Malpractice					Prospective Inflation factor	1.0601733809
8. Adjustments	-1,998,947	-651,520	-432,269	-67,772	Medicaid Paid Claims	44,721
9. Total Cost	120,373,480	39,233,512	26,030,573	4,081,147	Property Rate Allowance	0.80
10. Charges	\$749,474,503	\$366,659,772	\$147,018,048	35,272,543	First Semester in effect:	2012/07
11. Fixed Costs	9,522,314.00		1,867,911.46		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,327.99	89.42	966.76	193.95	103.98	2.0790	
2. Base Rate Semester	2011/07	2011/07	963.16	103.98	204.30	1.961	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	221.05	2008	
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,898.17	221.05		1.0820	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	26,030,572.88	4,081,146.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,867,911.46	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	24,162,661.42	4,081,146.63
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,616,610.44	4,326,723.02
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,828	44,721
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,436.88	96.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	983.18	108.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	983.18	96.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	202.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	202.85
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	983.18	96.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	83.82	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,067.00	96.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$147,018,048.00	35,272,543.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,246.47	788.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,742.69	836.18
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,067.00	\$96.75
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$307.99	\$26.20
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	759.01	70.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120014 - 2012/07

668.46 / 64.50

Sebastian Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Indian River (31)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,214,023	18,550,179	768,045	1,063,253	Total Bed Days	56,210
2. Routine	14,674,396		792,965		Total Inpatient Days	21,146
3. Special Care	3,813,612		129,524		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,121
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,864
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-550,306	-294,170	-26,809	-16,861	Medicaid Paid Claims	12,471
9. Total Cost	34,151,725	18,256,009	1,663,725	1,046,392	Property Rate Allowance	0.80
10. Charges	\$230,817,056	\$214,510,052	\$10,975,829	13,581,532	First Semester in effect:	2012/07
11. Fixed Costs	5,233,201.00		248,849.54		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,402.45		93.23	County Ceiling Base	921.66	159.08
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	746.59	91.72	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,664.50	193.84	FPLI	0.9488

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,663,725.43	1,046,391.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 248,849.54	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,414,875.89	1,046,391.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,491,646.53	1,103,168.73
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,121	12,471
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,330.64	88.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	762.11	95.93
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	762.11	88.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county	1,664.50	193.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	940.82	166.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	940.82	166.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	762.11	88.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	177.59	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	939.70	88.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,975,829.00	13,581,532.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,791.11	1,089.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,322.37	1,148.14
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$939.70	\$88.46
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$271.24	\$23.96
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	668.46	64.50



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120022 - 2012/07

499.73 / 14.24

St. Catherine's Rehabilitation Hospital

Type of Control: Non-Profit (Church) (2)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,447,307	1,007,690	528,988	0	Total Bed Days	21,900
2. Routine	11,500,479		807,951		Total Inpatient Days	16,710
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,303
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,851
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-353,536	-16,232	-21,535	0	Medicaid Paid Claims	0
9. Total Cost	21,594,250	991,458	1,315,404	0	Property Rate Allowance	0.80
10. Charges	\$49,330,189	\$2,436,041	\$3,173,695	0	First Semester in effect:	2012/07
11. Fixed Costs	2,358,947.00		151,764.64		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	781.52		0.00	County Ceiling Base	1,002.18	NA
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	596.92	NA	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,315,403.52	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 151,764.64	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,163,638.88	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,226,777.50	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,303	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	941.50	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	609.33	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	609.33	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	609.33	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	93.18	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	702.51	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,173,695.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,435.68	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,567.84	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$702.51	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$202.78	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	499.73	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120057 - 2012/07

1,005.58 / 173.29

Healthsouth Larkin Hospital-Miami

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,668,120	9,231,453	1,969,392	1,171,381	Total Bed Days	47,450
2. Routine	25,973,322		2,246,475		Total Inpatient Days	28,694
3. Special Care	2,483,590		322,310		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,634
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,472
7. Malpractice					Prospective Inflation factor	1.0405405405
8. Adjustments	-631,867	-121,206	-59,585	-15,380	Medicaid Paid Claims	4,161
9. Total Cost	47,493,165	9,110,247	4,478,592	1,156,001	Property Rate Allowance	0.80
10. Charges	\$174,077,217	\$49,757,293	\$17,354,658	3,636,162	First Semester in effect:	2012/07
11. Fixed Costs	4,291,965.00		427,888.19		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,328.30	239.96	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,478,592.13	1,156,001.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 427,888.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,050,703.94	1,156,001.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,214,921.67	1,202,866.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,634	4,161
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,600.20	289.08
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)	1,600.20	289.08
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	1,600.20	289.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	129.96	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,730.16	289.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$17,354,658.00	3,636,162.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,588.71	873.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,855.82	909.30
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,730.16	\$289.08
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$499.41	\$78.29
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	225.17	37.50
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,005.58	173.29



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120057 - 2012/07

558.94 / 98.92

County Billing ONLY

Healthsouth Larkin Hospital-Miami

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,668,120	9,231,453	1,969,392	1,171,381	Total Bed Days	47,450
2. Routine	25,973,322		2,246,475		Total Inpatient Days	28,694
3. Special Care	2,483,590		322,310		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,634
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,472
7. Malpractice					Prospective Inflation factor	1.0405405405
8. Adjustments	-631,867	-121,206	-59,585	-15,380	Medicaid Paid Claims	4,161
9. Total Cost	47,493,165	9,110,247	4,478,592	1,156,001	Property Rate Allowance	0.80
10. Charges	\$174,077,217	\$49,757,293	\$17,354,658	3,636,162	First Semester in effect:	2012/07
11. Fixed Costs	4,291,965.00		427,888.19		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,328.30		239.96	County Ceiling Base	1,002.18	207.84
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	642.43	129.71	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,478,592.13	1,156,001.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 427,888.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,050,703.94	1,156,001.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,214,921.67	1,202,866.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,634	4,161
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,600.20	289.08
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	655.78	135.66
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	655.78	135.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	655.78	135.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	129.96	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	785.74	135.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$17,354,658.00	3,636,162.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,588.71	873.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,855.82	909.30
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$785.74	\$135.66
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$226.80	\$36.74
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	558.94	98.92



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120073 - 2012/07

545.51 / 58.22

Oak Hill Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 3/1/2010-2/28/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hernando (27)
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	56,564,381	23,756,944	1,859,910	754,123	Total Bed Days	78,606
2. Routine	31,836,371		1,127,612		Total Inpatient Days	60,888
3. Special Care	15,154,900		562,078		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,323
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,648
7. Malpractice					Prospective Inflation factor	1.0913385827
8. Adjustments	-1,884,295	-432,281	-64,588	-13,722	Medicaid Paid Claims	8,222
9. Total Cost	101,671,357	23,324,663	3,485,012	740,401	Property Rate Allowance	0.80
10. Charges	\$963,406,787	\$305,506,682	\$32,095,626	12,096,182	First Semester in effect:	2012/07
11. Fixed Costs	10,498,232.00		349,745.64		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,624.15		108.37	County Ceiling Base	873.77	166.62
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	633.25	76.34	Cost Report DRI Index	1.905
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,590.99	185.28	FPLI	0.9069

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,485,011.59	740,401.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 349,745.64	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,135,265.95	740,401.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,421,636.69	808,028.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,323	8,222
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,472.94	98.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	646.41	79.84
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	646.41	79.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	1,590.99	185.28
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	891.93	174.27
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	891.93	174.27
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	646.41	79.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	120.45	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	766.86	79.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$32,095,626.00	12,096,182.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	13,816.46	1,471.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	15,078.44	1,605.58
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$766.86	\$79.84
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$221.35	\$21.62
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	545.51	58.22



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120081 - 2012/07

1,202.93 / 120.66

Mease Hospital Countryside

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,417,085	62,853,719	5,791,047	2,890,926	Total Bed Days	112,055
2. Routine	44,643,362		2,915,394		Total Inpatient Days	70,461
3. Special Care	14,638,105		3,194,285		Total Newborn Days	3,479
4. Newborn Routine	1,179,290		418,628		Medicaid Inpatient Days	7,487
5. Intern-Resident	0		0		Medicaid Newborn IP Days	54
6. Home Health					Medicare Inpatient Days	30,078
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,824,313	-896,675	-175,749	-41,242	Medicaid Paid Claims	18,158
9. Total Cost	126,053,529	61,957,044	12,143,605	2,849,684	Property Rate Allowance	0.80
10. Charges	\$510,072,658	\$389,050,285	\$40,145,664	14,946,732	First Semester in effect:	2012/07
11. Fixed Costs	19,204,844.00		1,511,532.14		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,637.34		182.26	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,143,605.35	2,849,683.87
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,511,532.14	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,632,073.21	2,849,683.87
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,682,917.66	3,131,338.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,541	18,158
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,549.25	172.45
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)	1,549.25	172.45
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,485.35	165.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	160.35	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,645.70	165.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$40,145,664.00	14,946,732.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,323.65	823.15
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,849.82	904.51
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,645.70	\$165.48
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$475.03	\$44.82
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	32.26	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,202.93	120.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120081 - 2012/07

704.03 / 68.50

County Billing ONLY

Mease Hospital Countryside

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exempt

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,417,085	62,853,719	5,791,047	2,890,926	Total Bed Days	112,055
2. Routine	44,643,362		2,915,394		Total Inpatient Days	70,461
3. Special Care	14,638,105		3,194,285		Total Newborn Days	3,479
4. Newborn Routine	1,179,290		418,628		Medicaid Inpatient Days	7,487
5. Intern-Resident	0		0		Medicaid Newborn IP Days	54
6. Home Health					Medicare Inpatient Days	30,078
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,824,313	-896,675	-175,749	-41,242	Medicaid Paid Claims	18,158
9. Total Cost	126,053,529	61,957,044	12,143,605	2,849,684	Property Rate Allowance	0.80
10. Charges	\$510,072,658	\$389,050,285	\$40,145,664	14,946,732	First Semester in effect:	2012/07
11. Fixed Costs	19,204,844.00		1,511,532.14		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,637.34		182.26	County Ceiling Base	925.51	169.18
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	812.47	89.82	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,143,605.35	2,849,683.87
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,511,532.14	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,632,073.21	2,849,683.87
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,682,917.66	3,131,338.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,541	18,158
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,549.25	172.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	829.36	93.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	829.36	93.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	193.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	176.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	176.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	829.36	93.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	160.35	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	989.71	93.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$40,145,664.00	14,946,732.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,323.65	823.15
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,849.82	904.51
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$989.71	\$93.94
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$285.68	\$25.44
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	704.03	68.50



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120090 - 2012/07

1,281.89 / 109.80

Delray Comm. Hosp.

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	93,660,314	45,222,961	3,691,608	919,017	Total Bed Days	169,725
2. Routine	56,729,214		2,024,811		Total Inpatient Days	96,186
3. Special Care	23,715,110		1,011,837		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,792
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	52,876
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,726,456	-708,186	-105,364	-14,392	Medicaid Paid Claims	8,042
9. Total Cost	171,378,182	44,514,775	6,622,892	904,625	Property Rate Allowance	0.80
10. Charges	\$1,136,519,177	\$371,327,351	\$48,116,621	9,072,403	First Semester in effect:	2012/07
11. Fixed Costs	12,868,413.00		544,807.83		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,718.16	120.58	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,798.35	209.43	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,622,892.38	904,625.31
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 544,807.83	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,078,084.55	904,625.31
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,678,825.46	994,035.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,792	8,042
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,761.29	123.61
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)	1,761.29	123.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	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) * Partial Exemption: IP% : 55.63 OP% : 55.63	1,332.00	119.32
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	114.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,446.94	119.32
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$48,116,621.00	9,072,403.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,688.98	1,128.13
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,943.12	1,239.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,446.94	\$119.32
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$417.66	\$32.32
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	252.61	22.79
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,281.89	109.80



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120090 - 2012/07

646.46 / 83.09

County Billing ONLY

Delray Comm. Hosp.

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2010-12/31/2010

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	93,660,314	45,222,961	3,691,608	919,017	Total Bed Days	169,725
2. Routine	56,729,214		2,024,811		Total Inpatient Days	96,186
3. Special Care	23,715,110		1,011,837		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,792
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	52,876
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,726,456	-708,186	-105,364	-14,392	Medicaid Paid Claims	8,042
9. Total Cost	171,378,182	44,514,775	6,622,892	904,625	Property Rate Allowance	0.80
10. Charges	\$1,136,519,177	\$371,327,351	\$48,116,621	9,072,403	First Semester in effect:	2012/07
11. Fixed Costs	12,868,413.00		544,807.83		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,718.16		120.58	County Ceiling Base	1,005.19	183.40
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	777.67	108.95	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,622,892.38	904,625.31
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 544,807.83	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,078,084.55	904,625.31
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,678,825.46	994,035.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,792	8,042
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,761.29	123.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	793.84	113.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	793.84	113.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	209.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	191.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	191.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	793.84	113.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	114.94	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	908.78	113.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$48,116,621.00	9,072,403.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,688.98	1,128.13
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,943.12	1,239.63
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$908.78	\$113.95
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$262.32	\$30.86
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	646.46	83.09



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120103 - 2012/07

1,095.96 / 85.74

St. Petersburg General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 5/1/2010-4/30/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,078,357	21,815,744	3,731,392	1,739,869	Total Bed Days	79,935
2. Routine	20,265,112		2,140,312		Total Inpatient Days	36,154
3. Special Care	8,103,761		874,730		Total Newborn Days	2,395
4. Newborn Routine	1,655,781		989,322		Medicaid Inpatient Days	4,196
5. Intern-Resident	0		0		Medicaid Newborn IP Days	241
6. Home Health					Medicare Inpatient Days	15,486
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-988,390	-364,829	-129,366	-29,096	Medicaid Paid Claims	15,252
9. Total Cost	58,114,621	21,450,915	7,606,390	1,710,773	Property Rate Allowance	0.80
10. Charges	\$517,207,262	\$254,948,474	\$50,407,566	21,321,276	First Semester in effect:	2012/07
11. Fixed Costs	6,379,372.00		621,740.33		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,800.53		128.29	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,606,389.55	1,710,772.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 621,740.33	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,984,649.22	1,710,772.86
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,559,128.43	1,851,481.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,437	15,252
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,703.66	121.39
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)	1,703.66	121.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	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)	1,703.66	121.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	112.10	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,815.76	121.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$50,407,566.00	21,321,276.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,360.73	1,397.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,295.14	1,512.91
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,815.76	\$121.39
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$524.12	\$32.88
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	195.68	2.77
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,095.96	85.74



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120103 - 2012/07

707.83 / 80.24

County Billing ONLY

St. Petersburg General Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 5/1/2010-4/30/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,078,357	21,815,744	3,731,392	1,739,869	Total Bed Days	79,935
2. Routine	20,265,112		2,140,312		Total Inpatient Days	36,154
3. Special Care	8,103,761		874,730		Total Newborn Days	2,395
4. Newborn Routine	1,655,781		989,322		Medicaid Inpatient Days	4,196
5. Intern-Resident	0		0		Medicaid Newborn IP Days	241
6. Home Health					Medicare Inpatient Days	15,486
7. Malpractice					Prospective Inflation factor	1.0822488287
8. Adjustments	-988,390	-364,829	-129,366	-29,096	Medicaid Paid Claims	15,252
9. Total Cost	58,114,621	21,450,915	7,606,390	1,710,773	Property Rate Allowance	0.80
10. Charges	\$517,207,262	\$254,948,474	\$50,407,566	21,321,276	First Semester in effect:	2012/07
11. Fixed Costs	6,379,372.00		621,740.33		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,800.53		128.29	County Ceiling Base	925.51	169.18
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	864.97	105.21	Cost Report DRI Index	1.921
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,606,389.55	1,710,772.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 621,740.33	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,984,649.22	1,710,772.86
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,559,128.43	1,851,481.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,437	15,252
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,703.66	121.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	882.95	110.04
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	882.95	110.04
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	193.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	176.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	176.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	882.95	110.04
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	112.10	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	995.05	110.04
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$50,407,566.00	21,321,276.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,360.73	1,397.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,295.14	1,512.91
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$995.05	\$110.04
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$287.22	\$29.80
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	707.83	80.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120111 - 2012/07

744.73 / 96.83

Palms Of Pasadena Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 12/1/2009-11/30/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	25,492,666	17,357,661	858,002	340,594	Total Bed Days	112,055
2. Routine	13,672,987		552,708		Total Inpatient Days	26,062
3. Special Care	4,101,539		64,735		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,037
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,331
7. Malpractice					Prospective Inflation factor	1.1011652542
8. Adjustments	-660,912	-265,140	-22,538	-5,203	Medicaid Paid Claims	2,271
9. Total Cost	42,606,280	17,092,521	1,452,907	335,391	Property Rate Allowance	0.80
10. Charges	\$185,124,349	\$97,277,940	\$6,078,326	2,162,759	First Semester in effect:	2012/07
11. Fixed Costs	5,667,535.00		186,086.41		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,421.70		171.87	County Ceiling Base	925.51	169.18
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	884.96	126.96	Cost Report DRI Index	1.888
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,452,907.40	335,391.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 186,086.41	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,266,820.99	335,391.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,394,979.26	369,321.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,037	2,271
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,345.21	162.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	903.36	132.79
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	903.36	132.79
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	193.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	176.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	176.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	903.36	132.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	143.56	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,046.92	132.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,078,326.00	2,162,759.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,861.45	952.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,454.43	1,048.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,046.92	\$132.79
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$302.19	\$35.96
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	744.73	96.83



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120138 - 2012/07

1,167.44 / 89.49

Kendall Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	73,387,074	48,896,077	11,486,072	5,573,674	Total Bed Days	150,380
2. Routine	43,928,483		6,285,688		Total Inpatient Days	72,018
3. Special Care	15,963,693		3,167,048		Total Newborn Days	4,085
4. Newborn Routine	2,082,951		1,353,275		Medicaid Inpatient Days	12,260
5. Intern-Resident	0		0		Medicaid Newborn IP Days	160
6. Home Health					Medicare Inpatient Days	16,519
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,277,651	-822,742	-375,094	-93,785	Medicaid Paid Claims	48,039
9. Total Cost	133,084,550	48,073,335	21,916,989	5,479,889	Property Rate Allowance	0.80
10. Charges	\$938,319,425	\$433,283,867	\$108,732,548	60,155,009	First Semester in effect:	2012/07
11. Fixed Costs	25,353,273.00		2,937,939.79		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,393.82	104.05	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,113.43	246.12	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	21,916,988.76	5,479,889.45
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,937,939.79	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,979,048.97	5,479,889.45
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,854,885.21	6,021,506.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,420	48,039
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,679.14	125.35
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)	1,679.14	125.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	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)	1,679.14	125.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	189.24	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,868.38	125.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$108,732,548.00	60,155,009.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,754.63	1,252.21
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,619.91	1,375.97
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,868.38	\$125.35
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$539.31	\$33.95
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	161.63	1.91
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,167.44	89.49



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120138 - 2012/07

846.83 / 85.71

County Billing ONLY

Kendall Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	73,387,074	48,896,077	11,486,072	5,573,674	Total Bed Days	150,380
2. Routine	43,928,483		6,285,688		Total Inpatient Days	72,018
3. Special Care	15,963,693		3,167,048		Total Newborn Days	4,085
4. Newborn Routine	2,082,951		1,353,275		Medicaid Inpatient Days	12,260
5. Intern-Resident	0		0		Medicaid Newborn IP Days	160
6. Home Health					Medicare Inpatient Days	16,519
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,277,651	-822,742	-375,094	-93,785	Medicaid Paid Claims	48,039
9. Total Cost	133,084,550	48,073,335	21,916,989	5,479,889	Property Rate Allowance	0.80
10. Charges	\$938,319,425	\$433,283,867	\$108,732,548	60,155,009	First Semester in effect:	2012/07
11. Fixed Costs	25,353,273.00		2,937,939.79		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,393.82	104.05		1,002.18	207.84	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	980.83	112.39	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	21,916,988.76	5,479,889.45
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,937,939.79	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,979,048.97	5,479,889.45
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,854,885.21	6,021,506.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,420	48,039
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,679.14	125.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,001.22	117.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,001.22	117.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,001.22	117.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	189.24	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,190.46	117.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$108,732,548.00	60,155,009.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,754.63	1,252.21
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,619.91	1,375.97
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,190.46	\$117.55
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$343.63	\$31.84
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	846.83	85.71



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120227 - 2012/07

1,018.75 / 129.79

St Anthonys Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,154,024	41,778,936	6,161,105	2,504,770	Total Bed Days	89,060
2. Routine	44,121,582		4,675,195		Total Inpatient Days	61,189
3. Special Care	10,628,475		1,458,808		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	7,201
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,437
7. Malpractice					Prospective Inflation factor	1.0405405405
8. Adjustments	-1,539,279	-601,562	-177,033	-36,065	Medicaid Paid Claims	12,634
9. Total Cost	105,364,802	41,177,374	12,118,075	2,468,705	Property Rate Allowance	0.80
10. Charges	\$415,441,109	\$262,649,963	\$50,492,060	14,175,060	First Semester in effect:	2012/07
11. Fixed Costs	12,828,800.00		1,559,192.21		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,612.50		214.88	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,118,074.52	2,468,704.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,559,192.21	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,558,882.31	2,468,704.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,986,945.11	2,568,787.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,201	12,634
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,525.75	203.32
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)	1,525.75	203.32
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	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)	1,525.75	203.32
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	173.22	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,698.97	203.32
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$50,492,060.00	14,175,060.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,011.81	1,121.98
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,296.07	1,167.47
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,698.97	\$203.32
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$490.41	\$55.07
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	189.81	18.46
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,018.75	129.79



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120227 - 2012/07

642.25 / 93.17

County Billing ONLY

St Anthonys Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2011-12/31/2011
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,154,024	41,778,936	6,161,105	2,504,770	Total Bed Days	89,060
2. Routine	44,121,582		4,675,195		Total Inpatient Days	61,189
3. Special Care	10,628,475		1,458,808		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	7,201
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,437
7. Malpractice					Prospective Inflation factor	1.0405405405
8. Adjustments	-1,539,279	-601,562	-177,033	-36,065	Medicaid Paid Claims	12,634
9. Total Cost	105,364,802	41,177,374	12,118,075	2,468,705	Property Rate Allowance	0.80
10. Charges	\$415,441,109	\$262,649,963	\$50,492,060	14,175,060	First Semester in effect:	2012/07
11. Fixed Costs	12,828,800.00		1,559,192.21		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,612.50		214.88	County Ceiling Base	925.51	169.18
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	714.78	122.17	Cost Report DRI Index	1.998
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,659.94	193.31	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,118,074.52	2,468,704.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,559,192.21	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,558,882.31	2,468,704.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,986,945.11	2,568,787.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,201	12,634
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,525.75	203.32
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	729.64	127.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	729.64	127.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,659.94	193.31
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	944.75	176.95
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	944.75	176.95
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	729.64	127.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	173.22	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	902.86	127.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$50,492,060.00	14,175,060.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,011.81	1,121.98
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,296.07	1,167.47
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$902.86	\$127.78
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$260.61	\$34.61
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	642.25	93.17



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120243 - 2012/07

818.94 / 78.14

W. Boca Med. Ctr.

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,896,669	30,056,426	4,902,310	2,171,648	Total Bed Days	71,175
2. Routine	22,911,241		2,036,647		Total Inpatient Days	42,391
3. Special Care	14,686,580		3,424,709		Total Newborn Days	4,276
4. Newborn Routine	1,941,678		679,319		Medicaid Inpatient Days	6,056
5. Intern-Resident	0		0		Medicaid Newborn IP Days	55
6. Home Health					Medicare Inpatient Days	10,608
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-1,403,756	-511,813	-188,044	-36,980	Medicaid Paid Claims	19,447
9. Total Cost	81,032,412	29,544,613	10,854,941	2,134,668	Property Rate Allowance	0.80
10. Charges	\$321,544,665	\$160,076,015	\$39,322,877	8,860,696	First Semester in effect:	2012/07
11. Fixed Costs	7,818,415.00		956,142.66		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,736.35		117.67	1,005.19	183.40	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,200.58	102.47	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,854,940.62	2,134,668.31
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 956,142.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,898,797.96	2,134,668.31
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,877,167.53	2,345,652.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,111	19,447
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,779.93	120.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,225.54	107.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,225.54	107.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	209.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	191.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	191.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,026.08	107.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	125.17	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,151.25	107.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$39,322,877.00	8,860,696.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,434.77	455.63
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,070.76	500.66
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,151.25	\$107.17
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$332.31	\$29.03
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	818.94	78.14



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120260 - 2012/07

1,595.48 / 112.50

Palms West Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,791,146	31,641,634	8,098,930	3,881,058	Total Bed Days	63,875
2. Routine	30,953,526		6,752,742		Total Inpatient Days	45,589
3. Special Care	5,551,065		679,098		Total Newborn Days	2,291
4. Newborn Routine	646,911		319,360		Medicaid Inpatient Days	10,124
5. Intern-Resident	0		0		Medicaid Newborn IP Days	88
6. Home Health					Medicare Inpatient Days	10,382
7. Malpractice					Prospective Inflation factor	1.0766442258
8. Adjustments	-1,241,711	-504,086	-252,510	-61,829	Medicaid Paid Claims	32,440
9. Total Cost	76,700,937	31,137,548	15,597,620	3,819,229	Property Rate Allowance	0.80
10. Charges	\$510,445,922	\$271,447,726	\$90,137,610	30,880,045	First Semester in effect:	2012/07
11. Fixed Costs	10,235,699.00		1,807,481.27		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,418.28	123.66	Exempt	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	FPLI Year Used	1.931
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43		1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,597,620.16	3,819,228.52
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,807,481.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,790,138.89	3,819,228.52
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,847,073.41	4,111,950.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,212	32,440
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,453.88	126.76
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)	1,453.88	126.76
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	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)	1,453.88	126.76
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.60	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,595.48	126.76
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$90,137,610.00	30,880,045.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,826.64	951.91
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,503.15	1,024.87
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,595.48	\$126.76
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$460.53	\$34.33
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	136.54	9.14
AW	Buy Back of Medicaid Trend Adjustment	460.53	24.86
AX	Buy Back of Exemption Tier Adjustment	136.54	4.35
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,595.48	112.50



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120260 - 2012/07

727.56 / 65.15

County Billing ONLY

Palms West Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 6/1/2010-5/31/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	40,791,146	31,641,634	8,098,930	3,881,058	Total Bed Days 63,875
2. Routine	30,953,526		6,752,742		Total Inpatient Days 45,589
3. Special Care	5,551,065		679,098		Total Newborn Days 2,291
4. Newborn Routine	646,911		319,360		Medicaid Inpatient Days 10,124
5. Intern-Resident	0		0		Medicaid Newborn IP Days 88
6. Home Health					Medicare Inpatient Days 10,382
7. Malpractice					Prospective Inflation factor 1.0766442258
8. Adjustments	-1,241,711	-504,086	-252,510	-61,829	Medicaid Paid Claims 32,440
9. Total Cost	76,700,937	31,137,548	15,597,620	3,819,229	Property Rate Allowance 0.80
10. Charges	\$510,445,922	\$271,447,726	\$90,137,610	30,880,045	First Semester in effect: 2012/07
11. Fixed Costs	10,235,699.00		1,807,481.27		Last Rate Semester in Effect: 2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,418.28	123.66	1,005.19	183.40	2,0790	Cost Report DRI Index	1.931
2. Base Rate Semester	2011/07	2011/07	863.25	85.43	2008	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,754.32	204.30	1.0251	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	1,798.35	209.43			

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,597,620.16	3,819,228.52
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,807,481.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,790,138.89	3,819,228.52
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,847,073.41	4,111,950.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,212	32,440
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,453.88	126.76
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	881.19	89.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	881.19	89.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	209.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	191.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	191.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	881.19	89.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.60	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,022.79	89.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$90,137,610.00	30,880,045.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,826.64	951.91
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,503.15	1,024.87
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,022.79	\$89.35
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$295.23	\$24.20
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	727.56	65.15



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120278 - 2012/07

430.33 / 42.93

HealthSouth Rehabilitation Hospital-Sunrise

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,007,230	3,809,136	197,165	262,469	Total Bed Days	45,990
2. Routine	17,564,992		276,080		Total Inpatient Days	31,366
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	493
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	21,604
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-469,220	-56,611	-7,033	-3,901	Medicaid Paid Claims	2,923
9. Total Cost	31,103,002	3,752,525	466,212	258,568	Property Rate Allowance	0.80
10. Charges	\$56,487,730	\$15,362,061	\$876,869	628,883	First Semester in effect:	2012/07
11. Fixed Costs	3,690,769.00		57,292.46		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	842.36		89.83	County Ceiling Base	966.76	187.22
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	501.55	56.30	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	466,211.72	258,568.24
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 57,292.46	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	408,919.26	258,568.24
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	449,335.70	284,124.40
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	493	2,923
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	911.43	97.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	511.98	58.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	511.98	58.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	195.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	195.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	511.98	58.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	92.97	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	604.95	58.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$876,869.00	628,883.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,778.64	215.15
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,954.44	236.41
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$604.95	\$58.88
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$174.62	\$15.95
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	430.33	42.93



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120294 - 2012/07

1,372.00 / 97.84

Jupiter Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,819,648	63,810,645	1,511,373	1,199,007	Total Bed Days	59,495
2. Routine	37,615,530		1,531,396		Total Inpatient Days	45,957
3. Special Care	7,385,316		398,395		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,095
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,433
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,177,087	-783,868	-42,272	-14,729	Medicaid Paid Claims	8,119
9. Total Cost	94,643,407	63,026,777	3,398,892	1,184,278	Property Rate Allowance	0.80
10. Charges	\$412,203,885	\$417,297,452	\$24,783,073	8,123,852	First Semester in effect:	2012/07
11. Fixed Costs	16,795,324.00		1,009,790.92		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,172.82	150.01	Exempt	Exempt	Exempt	2.0790	
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,398,891.75	1,184,278.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,009,790.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,389,100.83	1,184,278.05
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,518,732.57	1,248,536.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,095	8,119
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,202.26	153.78
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)	1,202.26	153.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	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) * Partial Exemption: IP% : 19.96 OP% : 19.96	986.40	105.21
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	385.60	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,372.00	105.21
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,783,073.00	8,123,852.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,829.63	1,000.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,471.50	1,054.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,372.00	\$105.21
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$396.03	\$28.49
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	396.03	21.12
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,372.00	97.84



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120294 - 2012/07

937.67 / 67.89

County Billing ONLY

Jupiter Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2010-9/30/2011

Hospital Classification: Partial Self Exemption

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,819,648	63,810,645	1,511,373	1,199,007	Total Bed Days	59,495
2. Routine	37,615,530		1,531,396		Total Inpatient Days	45,957
3. Special Care	7,385,316		398,395		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,095
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,433
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	-1,177,087	-783,868	-42,272	-14,729	Medicaid Paid Claims	8,119
9. Total Cost	94,643,407	63,026,777	3,398,892	1,184,278	Property Rate Allowance	0.80
10. Charges	\$412,203,885	\$417,297,452	\$24,783,073	8,123,852	First Semester in effect:	2012/07
11. Fixed Costs	16,795,324.00		1,009,790.92		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,172.82		150.01	County Ceiling Base	1,005.19	183.40
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	913.57	89.01	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,398,891.75	1,184,278.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,009,790.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,389,100.83	1,184,278.05
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,518,732.57	1,248,536.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,095	8,119
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,202.26	153.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	932.56	93.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	932.56	93.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	209.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	191.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	191.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	932.56	93.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	385.60	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,318.16	93.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,783,073.00	8,123,852.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,829.63	1,000.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,471.50	1,054.89
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,318.16	\$93.10
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$380.49	\$25.21
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	937.67	67.89



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120308 - 2012/07

1,223.80 / 105.35

Columbia Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2010-6/30/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]
 : Rate Includes Buy Back

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,478,588	16,294,099	1,690,816	831,396	Total Bed Days	87,600
2. Routine	31,385,189		2,989,383		Total Inpatient Days	42,832
3. Special Care	4,282,555		450,636		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,283
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,912
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-794,535	-226,545	-71,337	-11,559	Medicaid Paid Claims	6,829
9. Total Cost	56,351,797	16,067,554	5,059,498	819,837	Property Rate Allowance	0.80
10. Charges	\$332,435,489	\$170,688,008	\$30,949,597	8,944,817	First Semester in effect:	2012/07
11. Fixed Costs	7,135,481.00		664,310.13		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,072.79	125.50	Exempt	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,059,498.37	819,836.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 664,310.13	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,395,188.24	819,836.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,710,101.22	878,577.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,283	6,829
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,099.72	128.65
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)	1,099.72	128.65
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	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)	1,099.72	128.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	124.08	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,223.80	128.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$30,949,597.00	8,944,817.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,226.15	1,309.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,743.90	1,403.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,223.80	\$128.65
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$353.25	\$34.84
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	121.35	14.79
AW	Buy Back of Medicaid Trend Adjustment	353.25	20.41
AX	Buy Back of Exemption Tier Adjustment	121.35	5.92
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,223.80	105.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120308 - 2012/07

508.50 / 49.67

County Billing ONLY

Columbia Hospital

Type of Control: Proprietary(1)
 Fiscal Year : 7/1/2010-6/30/2011
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,478,588	16,294,099	1,690,816	831,396	Total Bed Days	87,600
2. Routine	31,385,189		2,989,383		Total Inpatient Days	42,832
3. Special Care	4,282,555		450,636		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,283
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,912
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	-794,535	-226,545	-71,337	-11,559	Medicaid Paid Claims	6,829
9. Total Cost	56,351,797	16,067,554	5,059,498	819,837	Property Rate Allowance	0.80
10. Charges	\$332,435,489	\$170,688,008	\$30,949,597	8,944,817	First Semester in effect:	2012/07
11. Fixed Costs	7,135,481.00		664,310.13		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,072.79		125.50	County Ceiling Base	1,005.19	183.40
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	578.73	65.13	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,798.35	209.43	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,059,498.37	819,836.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 664,310.13	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,395,188.24	819,836.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,710,101.22	878,577.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,283	6,829
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,099.72	128.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	590.76	68.12
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	590.76	68.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,798.35	209.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,026.08	191.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,026.08	191.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	590.76	68.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	124.08	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	714.84	68.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$30,949,597.00	8,944,817.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,226.15	1,309.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,743.90	1,403.68
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$714.84	\$68.12
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$206.34	\$18.45
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	508.50	49.67



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120324 - 2012/07

2,993.64 / 481.95

H L Moffitt Cancer Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,916,118	302,566,328	9,464,337	18,693,092	Total Bed Days	75,190
2. Routine	51,922,899		4,488,664		Total Inpatient Days	57,508
3. Special Care	11,540,140		697,678		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,917
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,878
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	39,821
9. Total Cost	142,379,157	302,566,328	14,650,679	18,693,092	Property Rate Allowance	0.80
10. Charges	\$427,692,625	\$1,166,341,293	\$38,778,274	79,028,933	First Semester in effect:	2012/07
11. Fixed Costs	39,815,200.00		3,609,986.81		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,573.85		538.09	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11	191.00	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	14,650,679.00	18,693,092.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,609,986.81	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,040,692.19	18,693,092.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,831,752.09	20,032,442.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,917	39,821
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,406.29	503.06
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)	2,406.29	503.06
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	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)	2,406.29	503.06
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	587.35	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,993.64	503.06
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$38,778,274.00	79,028,933.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,886.57	1,984.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,451.64	2,126.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,993.64	\$503.06
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$864.11	\$136.25
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66\%)$	121.06	79.61
AW	Buy Back of Medicaid Trend Adjustment	864.11	123.60
AX	Buy Back of Exemption Tier Adjustment	121.06	71.15
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	2,993.64	481.95



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120324 - 2012/07

1,768.34 / 129.30

County Billing ONLY

H L Moffitt Cancer Center

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Specialized/Statutory Teaching

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,916,118	302,566,328	9,464,337	18,693,092	Total Bed Days	75,190
2. Routine	51,922,899		4,488,664		Total Inpatient Days	57,508
3. Special Care	11,540,140		697,678		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,917
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,878
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	39,821
9. Total Cost	142,379,157	302,566,328	14,650,679	18,693,092	Property Rate Allowance	0.80
10. Charges	\$427,692,625	\$1,166,341,293	\$38,778,274	79,028,933	First Semester in effect:	2012/07
11. Fixed Costs	39,815,200.00		3,609,986.81		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,573.85		538.09	County Ceiling Base	Exempt	169.55
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,859.88	273.14	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,640.11	191.00	FPLI	0.9349

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	14,650,679.00	18,693,092.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,609,986.81	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,040,692.19	18,693,092.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,831,752.09	20,032,442.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,917	39,821
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,406.29	503.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,898.54	285.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,898.54	285.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	191.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	177.33
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	177.33
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,898.54	177.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	587.35	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	2,485.89	177.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$38,778,274.00	79,028,933.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,886.57	1,984.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,451.64	2,126.80
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$2,485.89	\$177.33
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$717.55	\$48.03
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	1,768.34	129.30



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120332 - 2012/07

418.66 / 57.86

HealthSouth Rehabilitation Hospital-Tallahassee

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Leon (37)
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,566,815	839,924	162,785	55,283	Total Bed Days	27,740
2. Routine	9,002,959		232,890		Total Inpatient Days	16,816
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	435
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,352
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-252,560	-13,625	-6,418	-897	Medicaid Paid Claims	273
9. Total Cost	15,317,214	826,299	389,257	54,386	Property Rate Allowance	0.80
10. Charges	\$25,876,785	\$3,311,123	\$674,155	159,926	First Semester in effect:	2012/07
11. Fixed Costs	2,096,139.00		54,609.67		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	880.29		227.96	County Ceiling Base	941.19	167.92
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	478.17	75.87	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,684.67	196.19	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	389,256.68	54,386.24
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 54,609.67	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	334,647.01	54,386.24
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	367,722.59	59,761.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	435	273
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	845.34	218.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	488.11	79.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	488.11	79.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	1,684.67	196.19
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	960.75	175.63
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	960.75	175.63
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	488.11	79.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	100.43	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	588.54	79.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$674,155.00	159,926.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,549.78	585.81
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,702.96	643.71
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$588.54	\$79.35
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$169.88	\$21.49
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	418.66	57.86



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120341 - 2012/07

406.44 / 39.70

HealthSouth Rehabilitation Hospital-Treasure Coast

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Indian River (31)
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,985,796	554,249	120,909	168,109	Total Bed Days	32,850
2. Routine	9,495,530		159,356		Total Inpatient Days	18,904
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	318
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,982
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-315,814	-10,013	-5,063	-3,037	Medicaid Paid Claims	3,331
9. Total Cost	17,165,512	544,236	275,202	165,072	Property Rate Allowance	0.80
10. Charges	\$31,178,899	\$2,164,386	\$497,472	308,760	First Semester in effect:	2012/07
11. Fixed Costs	2,152,651.00		34,346.42		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	877.18		57.39	County Ceiling Base	921.66	159.08
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	475.08	62.80	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,664.50	193.84	FPLI	0.9488

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	275,201.79	165,071.98
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 34,346.42	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	240,855.37	165,071.98
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	264,660.84	181,387.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	318	3,331
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	832.27	54.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	484.96	65.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	484.96	54.45
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county	1,664.50	193.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	940.82	166.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	940.82	166.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	484.96	54.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	86.41	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	571.37	54.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$497,472.00	308,760.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,564.38	92.69
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,719.00	101.85
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$571.37	\$54.45
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$164.93	\$14.75
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	406.44	39.70



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120375 - 2012/07

552.84 / 35.26

Aventura Hospital & Medical Center

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	90,549,797	36,649,258	4,821,310	1,171,859	Total Bed Days	148,555
2. Routine	60,214,984		2,662,686		Total Inpatient Days	105,026
3. Special Care	19,124,169		1,555,572		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	6,233
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	43,775
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-2,858,276	-616,601	-152,085	-19,716	Medicaid Paid Claims	12,602
9. Total Cost	167,030,674	36,032,657	8,887,483	1,152,143	Property Rate Allowance	0.80
10. Charges	\$1,140,763,928	\$329,143,900	\$63,429,827	11,424,752	First Semester in effect:	2012/07
11. Fixed Costs	17,853,901.00		992,729.37		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,155.30		83.39	1,002.18	207.84	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	636.52	46.24	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	2,113.43	246.12	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,887,482.89	1,152,143.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 992,729.37	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,894,753.52	1,152,143.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,675,048.93	1,266,017.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,233	12,602
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,391.79	100.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	649.75	48.36
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	649.75	48.36
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,113.43	246.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,023.01	217.38
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,023.01	217.38
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	649.75	48.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	127.42	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	777.17	48.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$63,429,827.00	11,424,752.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,176.45	906.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,182.26	996.18
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$777.17	\$48.36
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$224.33	\$13.10
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	552.84	35.26



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120383 - 2012/07

360.58 / 14.24

HealthSouth Rehabilitation Hospital Sarasota

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,571,649	63,593	100,187	0	Total Bed Days	31,390
2. Routine	12,887,137		147,312		Total Inpatient Days	26,462
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	305
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	21,492
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-464,690	-1,316	-5,121	0	Medicaid Paid Claims	0
9. Total Cost	21,994,096	62,277	242,378	0	Property Rate Allowance	0.80
10. Charges	\$42,789,076	\$284,006	\$477,176	0	First Semester in effect:	2012/07
11. Fixed Costs	2,124,381.00		23,690.71		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)			OP (F)			IP (G)		OP (G)		Inflation/FPLI Data (H)	
1. Normalized Rate	801.01	0.00	County Ceiling Base	939.66	NA	Semester DRI Index	2.0790					
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	435.70	NA	Cost Report DRI Index	1.892					
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008					
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,725.55	200.95	FPLI	0.9836					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	242,378.05	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 23,690.71	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	218,687.34	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	240,301.79	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	305	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	787.87	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	444.76	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	444.76	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,725.55	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	959.19	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	959.19	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	444.76	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	62.14	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	506.90	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$477,176.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,564.51	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,719.14	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS) (1)	\$506.90	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$146.32	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	360.58	14.24

(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120405 - 2012/07

1,688.57 / 124.05

Coral Springs Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Special-Public

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,808,703	50,210,051	8,252,113	5,790,536	Total Bed Days	73,000
2. Routine	25,001,531		4,049,997		Total Inpatient Days	49,762
3. Special Care	18,268,062		3,053,550		Total Newborn Days	4,731
4. Newborn Routine	271,506		14,003		Medicaid Inpatient Days	9,500
5. Intern-Resident	0		0		Medicaid Newborn IP Days	22
6. Home Health					Medicare Inpatient Days	10,022
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	43,342
9. Total Cost	87,349,802	50,210,051	15,369,663	5,790,536	Property Rate Allowance	0.80
10. Charges	\$335,552,885	\$290,675,137	\$51,447,158	28,317,116	First Semester in effect:	2012/07
11. Fixed Costs	9,375,954.00		1,437,526.57		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,449.16	132.32	Exempt	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05		

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,369,663.00	5,790,536.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,437,526.57	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,932,136.43	5,790,536.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,930,366.83	6,205,424.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,522	43,342
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,567.99	143.17
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)	1,567.99	143.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	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)	1,567.99	143.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	120.78	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,688.77	143.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,447,158.00	28,317,116.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,402.98	653.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,790.10	700.15
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,688.77	\$143.17
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$487.46	\$38.78
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 71\%)$	119.88	7.76
AW	Buy Back of Medicaid Trend Adjustment	487.26	26.42
AX	Buy Back of Exemption Tier Adjustment	119.88	1.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,688.57	124.05



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120405 - 2012/07

787.92 / 77.64

County Billing ONLY

Coral Springs Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2010-6/30/2011

Hospital Classification: Special-Public

Type of Action: Amended Cost Report [2]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,808,703	50,210,051	8,252,113	5,790,536	Total Bed Days	73,000
2. Routine	25,001,531		4,049,997		Total Inpatient Days	49,762
3. Special Care	18,268,062		3,053,550		Total Newborn Days	4,731
4. Newborn Routine	271,506		14,003		Medicaid Inpatient Days	9,500
5. Intern-Resident	0		0		Medicaid Newborn IP Days	22
6. Home Health					Medicare Inpatient Days	10,022
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0	0	0	0	Medicaid Paid Claims	43,342
9. Total Cost	87,349,802	50,210,051	15,369,663	5,790,536	Property Rate Allowance	0.80
10. Charges	\$335,552,885	\$290,675,137	\$51,447,158	28,317,116	First Semester in effect:	2012/07
11. Fixed Costs	9,375,954.00		1,437,526.57		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,449.16		132.32	County Ceiling Base	966.76	193.95
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,087.63	101.81	Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,898.17	221.05	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,369,663.00	5,790,536.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,437,526.57	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,932,136.43	5,790,536.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,930,366.83	6,205,424.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,522	43,342
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,567.99	143.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,110.24	106.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,110.24	106.48
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,898.17	221.05
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	986.86	202.85
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	986.86	202.85
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	986.86	106.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	120.78	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,107.64	106.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,447,158.00	28,317,116.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,402.98	653.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,790.10	700.15
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,107.64	\$106.48
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$319.72	\$28.84
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	787.92	77.64



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120413 - 2012/07

1,376.43 / 61.09

Bartow Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 4/1/2010-3/31/2011

Hospital Classification: Partial Self Exempt

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,227,251	15,763,281	1,287,219	1,513,307	Total Bed Days	26,280
2. Routine	11,669,432		980,816		Total Inpatient Days	19,667
3. Special Care	2,468,344		113,288		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,660
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,432
7. Malpractice					Prospective Inflation factor	1.0879120879
8. Adjustments	-268,059	-143,896	-21,738	-13,814	Medicaid Paid Claims	19,062
9. Total Cost	29,096,968	15,619,385	2,359,585	1,499,493	Property Rate Allowance	0.80
10. Charges	\$176,559,945	\$126,437,133	\$13,380,422	13,493,188	First Semester in effect:	2012/07
11. Fixed Costs	4,090,414.00		309,988.01		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,424.73	90.77	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,653.97	192.61	FPLI	0.9428
4. Rate of Increase (Year/Sem.)	1.020787	1.045902					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,359,585.03	1,499,492.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 309,988.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,049,597.02	1,499,492.74
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,229,781.38	1,631,316.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,660	19,062
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,343.24	85.58
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)	1,343.24	85.58
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	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) * Partial Exemption: IP% : 91.12 OP% : 91.12	1,300.74	83.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	149.39	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,450.13	83.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,380,422.00	13,493,188.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,060.50	707.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,769.12	770.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,450.13	\$83.78
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$418.58	\$22.69
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	344.88	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates (AT - AU - AV + AW + AX)	1,376.43	61.09



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120413 - 2012/07

721.20 / 47.64

County Billing ONLY

Bartow Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 4/1/2010-3/31/2011

Hospital Classification: Partial Self Exempt

County: Polk (53)

District: 6

Type of Action: Amended Cost Report [2]

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,227,251	15,763,281	1,287,219	1,513,307	Total Bed Days	26,280
2. Routine	11,669,432		980,816		Total Inpatient Days	19,667
3. Special Care	2,468,344		113,288		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,660
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,432
7. Malpractice					Prospective Inflation factor	1.0879120879
8. Adjustments	-268,059	-143,896	-21,738	-13,814	Medicaid Paid Claims	19,062
9. Total Cost	29,096,968	15,619,385	2,359,585	1,499,493	Property Rate Allowance	0.80
10. Charges	\$176,559,945	\$126,437,133	\$13,380,422	13,493,188	First Semester in effect:	2012/07
11. Fixed Costs	4,090,414.00		309,988.01		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,424.73		90.77	873.32	167.94	Semester DRI Index
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	846.85	62.46	Cost Report DRI Index	1.911
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,653.97	192.61	FPLI	0.9428

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,359,585.03	1,499,492.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 309,988.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,049,597.02	1,499,492.74
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,229,781.38	1,631,316.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,660	19,062
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,343.24	85.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	864.45	65.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	864.45	65.33
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,653.97	192.61
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	891.47	175.65
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	891.47	175.65
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	864.45	65.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	149.39	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,013.84	65.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,380,422.00	13,493,188.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,060.50	707.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,769.12	770.09
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,013.84	\$65.33
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$292.64	\$17.69
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	721.20	47.64



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

120421 - 2012/07

394.26 / 83.60

HealthSouth Rehabilitation Hospital-Sea Pines

Type of Control: Proprietary(1)
 Fiscal Year : 1/1/2010-12/31/2010
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,974,512	375,590	92,175	79,132	Total Bed Days	32,850
2. Routine	8,090,923		120,208		Total Inpatient Days	16,827
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	250
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,102
7. Malpractice					Prospective Inflation factor	1.0988372093
8. Adjustments	-76,257	-1,901	-1,075	-401	Medicaid Paid Claims	636
9. Total Cost	14,989,178	373,689	211,308	78,731	Property Rate Allowance	0.80
10. Charges	\$31,511,650	\$1,695,911	\$440,479	154,021	First Semester in effect:	2012/07
11. Fixed Costs	1,375,575.00		19,228.19		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	905.86		145.95	County Ceiling Base	952.02	171.23
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	482.68	109.62	Cost Report DRI Index	1.892
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,635.03	190.41	FPLI	0.9320

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	211,307.98	78,731.46
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 19,228.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	192,079.79	78,731.46
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	211,064.42	86,513.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	250	636
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	844.26	136.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	492.71	114.65
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	492.71	114.65
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,635.03	190.41
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	971.81	179.09
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	971.81	179.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	492.71	114.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	61.53	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	554.24	114.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$440,479.00	154,021.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,761.92	242.17
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,936.06	266.11
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$554.24	\$114.65
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$159.98	\$31.05
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	394.26	83.60



Florida Agency For Health Care Administration

260011 - 2012/07

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2012 through June 30, 2013

Florida State Hospital

Type of Control: Government (4)

County: Gadsden (20)

Fiscal Year : 7/1/2010-6/30/2011

Type of Action: Unaudited Cost Report [1]

District: 2

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0		0		Total Bed Days	12,410
2. Routine	10,434,867		4,377,751		Total Inpatient Days	12,410
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,394
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	10,434,867		4,377,751		Property Rate Allowance	1.00
10. Charges	\$10,434,867		\$4,377,751		First Semester in effect:	2012/07
11. Fixed Costs	86,815.00		36,421.59		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,515.50			County Ceiling Base	Exempt	
2. Base Rate Semester	2011/07		Variable Cost Base	Exempt		Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,754.32		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787		County Ceiling	1,586.78		FPLI	0.9045

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,377,751.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 36,421.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,341,329.41	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,652,383.42	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,394	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,370.77	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,370.77	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9045) for Gadsden county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,370.77	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	10.73	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,381.50	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,377,751.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,289.85	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,382.27	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,381.50	\$0.00
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 0.000	\$398.77	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	982.73	



Florida Agency For Health Care Administration

260029 - 2012/07

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2012 through June 30, 2013

Northeast Florida State Hospital

Type of Control: Government (4)

County: Baker (2)

Fiscal Year : 7/1/2010-6/30/2011

Type of Action: Unaudited Cost Report [1]

District: 4

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,242,790		58,104		Total Bed Days	27,740
2. Routine	10,233,543		4,691,192		Total Inpatient Days	24,347
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	11,161
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	11,476,333		4,749,296		Property Rate Allowance	1.00
10. Charges	\$11,476,333		\$4,749,296		First Semester in effect:	2012/07
11. Fixed Costs	465,793.00		192,760.95		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	458.75			County Ceiling Base	Exempt	
2. Base Rate Semester	2011/07		Variable Cost Base	Exempt		Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,754.32		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787		County Ceiling	1,673.09		FPLI	0.9537

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,749,296.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 192,760.95	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,556,535.05	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,883,008.44	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,161	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	437.51	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	437.51	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9537) for Baker county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	437.51	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	17.27	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	454.78	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,749,296.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	425.53	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	456.02	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$454.78	\$0.00
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 0.000	\$131.27	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	323.51	



Florida Agency For Health Care Administration

260045 - 2012/07

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2012 through June 30, 2013

So. Fla. State Hosp

Type of Control: Government (4)

County: Broward (6)

Fiscal Year : 7/1/2010-6/30/2011

Type of Action: Unaudited Cost Report [1]

District: 10

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	282,007		39,722		Total Bed Days	17,155
2. Routine	4,351,142		1,128,559		Total Inpatient Days	16,783
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,353
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0716494845
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	4,633,149		1,168,281		Property Rate Allowance	1.00
10. Charges	\$4,633,149		\$1,168,281		First Semester in effect:	2012/07
11. Fixed Costs	185,773.00		46,843.96		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	255.16			County Ceiling Base	Exempt	
2. Base Rate Semester	2011/07		Variable Cost Base	Exempt		Cost Report DRI Index	1.940
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,754.32		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787		County Ceiling	1,898.17		FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,168,281.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 46,843.96	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,121,437.04	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,201,787.42	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,353	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	276.08	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	276.08	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	276.08	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	10.76	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	286.84	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,168,281.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	268.39	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	287.62	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$286.84	\$0.00
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 0.000	\$82.80	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	204.04	



Florida Agency For Health Care Administration

260053 - 2012/07

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

W. Fla. Comm. Care

Type of Control: Government (4)

County: Santa Rosa (57)

Fiscal Year : 7/1/2009-6/30/2010

Type of Action: Unaudited Cost Report [1]

District: 1

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0		0		Total Bed Days	29,200
2. Routine	6,611,680		0		Total Inpatient Days	25,170
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	0
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,090
7. Malpractice					Prospective Inflation factor	1.1195476575
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	6,611,680		0		Property Rate Allowance	1.00
10. Charges	\$15,926,325		\$0		First Semester in effect:	2011/07
11. Fixed Costs	175,678.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	300.96			County Ceiling Base	Exempt	
2. Base Rate Semester	2011/07		Variable Cost Base	Exempt		Cost Report DRI Index	1.857
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,754.32		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787		County Ceiling	1,668.71		FPLI	0.9512

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,611,680.00	
AB	Total Fixed Costs	(-) 175,678.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,436,002.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,205,410.96	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	25,170	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	286.27	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	286.27	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	286.27	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	6.98	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	293.25	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$15,926,325.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	632.75	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	708.39	
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$293.25	\$0.00
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 0.000	\$84.65	\$0.00
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	208.60	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102814-00 - 2012/07

725.22 / 137.24

University of South Alabama Medical Center

Type of Control: Government (4)
 Fiscal Year : 10/1/2010-9/30/2011
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,285,699	36,388,338	11,761,454	4,972,583	Total Bed Days	49,275
2. Routine	15,865,837		4,801,801		Total Inpatient Days	40,152
3. Special Care	11,222,392		3,051,603		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	12,447
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,402
7. Malpractice					Prospective Inflation factor	1.0542596349
8. Adjustments	0	0	0	0	Medicaid Paid Claims	55
9. Total Cost	70,373,928	36,388,338	19,614,858	4,972,583	Property Rate Allowance	0.80
10. Charges	\$155,160,154	\$100,679,854	\$42,457,207	12,367,693	First Semester in effect:	2012/07
11. Fixed Costs	3,559,748.00		974,070.69		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,578.87		95,316.25	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	2,076.66	1,204.55	Cost Report DRI Index	1.972
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,614,858.00	4,972,583.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 974,070.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,640,787.31	4,972,583.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,652,229.63	5,242,393.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,447	55
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,578.87	95,316.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	2,119.83	1,259.84
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,578.87	1,259.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	956.89	188.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	62.61	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,019.50	188.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$42,457,207.00	12,367,693.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,411.04	224,867.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,596.12	237,068.36
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,019.50	\$188.22
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$294.28	\$50.98
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	725.22	137.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102814-02 - 2012/07

690.22 / 14.24

Infirmary West

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 4/1/1999-3/31/2000

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0	11,273,651	0	253	Total Bed Days	24
2. Routine	16,108,910		2,762,788		Total Inpatient Days	14,600
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,504
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	57,004	39,893	9,777	1	Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	13
9. Total Cost	16,165,914	11,313,544	2,772,565	254	Property Rate Allowance	0.80
10. Charges	\$34,583,000	\$23,744,000	\$4,535,408	533	First Semester in effect:	1999/01
11. Fixed Costs	320,000.00		41,966.59		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,090.49		19.53	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.207
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,772,564.51	253.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 41,966.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,730,597.92	253.90
AE	Variable Operating Cost - NOT Inflated due to Interim status	2,730,597.92	253.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,504	13
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,090.49	19.53
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)	1,090.49	19.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	956.89	19.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	13.41	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	970.30	19.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,535,408.00	533.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,811.27	41.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,811.27	41.00
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$970.30	\$19.53
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.083	\$280.08	\$5.29
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	690.22	14.24



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2012 through June 30, 2013

102814-01 - 2012/07

718.68 / 137.24

U.S.A Children's & Women's Hospital

Type of Control: Non-Profit (Other) (3)

Fiscal Year : 10/1/2009-9/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	33,870,879	12,947,460	47,762	17,250	Total Bed Days	98,915
2. Routine	17,964,968		19,401		Total Inpatient Days	61,175
3. Special Care	21,964,964		28,339		Total Newborn Days	5,083
4. Newborn Routine	1,773,025		1,395		Medicaid Inpatient Days	70
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	368
7. Malpractice					Prospective Inflation factor	1.1070287540
8. Adjustments	0	0	0	0	Medicaid Paid Claims	11
9. Total Cost	75,573,836	12,947,460	96,897	17,250	Property Rate Allowance	0.80
10. Charges	\$139,578,179	\$36,335,960	\$167,704	20,837	First Semester in effect:	1999/01
11. Fixed Costs	4,423,339.00		0.00		Last Rate Semester in Effect:	2012/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,188.77		1,736.02	County Ceiling Base	937.40	179.96
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,092.35	1,654.45	Cost Report DRI Index	1.878
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,754.32	204.30	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	75,573,836.00	17,250.00
AB	Total Fixed Costs	(-) 4,423,339.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	71,150,497.00	17,250.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	78,765,646.04	19,096.25
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	66,258	11
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,188.77	1,736.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,115.06	1,730.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,115.06	1,730.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,754.32	204.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	956.89	188.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	956.89	188.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	956.89	188.22
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	53.41	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,010.30	188.22
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$139,578,179.00	20,837.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,106.59	1,894.27
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	2,332.05	2,097.01
AT	Prospective Rate (Lesser of rate based on Cost (AP) or Charges (AS)	\$1,010.30	\$188.22
AU	Medicaid Trend Adjustment IP% : 28.865 OP% : 27.084	\$291.62	\$50.98
AV	Exemption Tier Adj	0.00	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00	0.00
AY	Final Prospective Rates	718.68	137.24