



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**004170 - 2014/07**

**Outpatient Rate: 9.15**

## Kindred Hospital The Palm Beaches

Type of Control: Proprietary(1)  
 Fiscal Year : 6/1/2012-5/31/2013  
 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	9,151,892	0	19,926	0	Total Bed Days	25,550
2. Routine	8,864,833		20,089		Total Inpatient Days	14,092
3. Special Care	2,737,117		4,180		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	30
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,157
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-438,351	0	-933	0	Medicaid Paid Claims	0
9. Total Cost	20,315,491	0	43,262	0	Property Rate Allowance	0.80
10. Charges	\$83,133,928	\$0	\$173,674	0	First Semester in effect:	2014/07
11. Fixed Costs	2,600,932.00		0.00		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,281.67	0.00	County Ceiling Base	1,038.20	NA	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,405.82	NA	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
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		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**009496 - 2014/07**

**Outpatient Rate: 9.15**

## UCHLTACH at Connerton

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	9,994,605	0	143,289	0	Total Bed Days	18,294
2. Routine	12,909,630		238,737		Total Inpatient Days	17,187
3. Special Care	1,050,834		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	294
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,653
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-322,454	0	-5,142	0	Medicaid Paid Claims	0
9. Total Cost	23,632,615	0	376,884	0	Property Rate Allowance	0.80
10. Charges	\$76,089,587	\$0	\$1,311,298	0	First Semester in effect:	2014/07
11. Fixed Costs	2,793,857.00		48,148.23		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,227.97		0.00	County Ceiling Base	866.44	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,246.50	NA	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,658.64	189.97	FPLI	0.9616

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

016815 - 2014/07

Outpatient Rate: 9.15

Kindred Hospital Melbourne

Type of Control: Proprietary(1)  
 Fiscal Year : 8/1/2012-7/31/2013  
 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	8,092,091	81	40,951	0	Total Bed Days 21,900
2. Routine	7,585,334		77,359		Total Inpatient Days 11,496
3. Special Care	2,415,076		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 94
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 7,212
7. Malpractice					Prospective Inflation factor 1.0415851272
8. Adjustments	-324,147	-1	-2,120	0	Medicaid Paid Claims 0
9. Total Cost	17,768,354	80	116,190	0	Property Rate Allowance 0.80
10. Charges	\$69,248,787	\$1,260	\$360,491	0	First Semester in effect: 2014/07
11. Fixed Costs	2,575,772.00		0.00		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,476.94	0.00	County Ceiling Base	983.29	NA	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,453.00	NA	Cost Report DRI Index 2.044
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,607.58	184.13	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**020127 - 2014/07**

**Outpatient Rate: 216.72**

## Sacred Heart Hospital on the Gulf

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

Fiscal Year : 7/1/2011-6/30/2012

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	1,304,814	9,032,770	163,893	1,287,174	Total Bed Days	6,954
2. Routine	2,658,939		289,143		Total Inpatient Days	1,188
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	678
7. Malpractice					Prospective Inflation factor	1.0586772750
8. Adjustments	0	0	0	0	Medicaid Paid Claims	5,842
9. Total Cost	3,963,753	9,032,770	453,036	1,287,174	Property Rate Allowance	1.00
10. Charges	\$4,090,660	\$20,981,077	\$460,791	3,198,710	First Semester in effect:	2013/07
11. Fixed Costs	3,521,783.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	432.72		256.27	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.011
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,569.98	179.82	FPLI	0.9102

### 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)	<b>Reimbursed by Diagnosis Related Groups</b>	1,287,174.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,287,174.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,362,701.86
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		5,842
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		233.26
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)		233.26
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
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)		233.26
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		233.26
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		547.54
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		579.67
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$233.26
AU	Medicaid Trend Adjustment IP% : 12.066 OP% : 9.688		\$22.60
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		6.06
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>216.72</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**025766 - 2014/07**

**Outpatient Rate: 328.88**

## Shriners Hospital for Children

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

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

Hospital Classification: Specialized:Children's

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	5,699,964	6,285,528	226,198	330,897	Total Bed Days 21,960
2. Routine	5,380,711		739,529		Total Inpatient Days 844
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 116
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 0
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims 1,011
9. Total Cost	11,080,675	6,285,528	965,727	330,897	Property Rate Allowance 0.80
10. Charges	\$19,178,114	\$16,887,028	\$947,137	986,168	First Semester in effect: 2009/07
11. Fixed Costs	1,459,354.00		0.00		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	12,876.93		369.71	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	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)	<b>Reimbursed by Diagnosis Related Groups</b>	330,897.00	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		330,897.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		349,444.30	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			1,011
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			345.64
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)			345.64
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
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)			345.64
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			345.64
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			986,168.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		975.44	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,030.11	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$345.64	
AU	Medicaid Trend Adjustment IP% : 9.697 OP% : 7.522		\$26.00	
AV	Exemption Tier Adj $\left[ \frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 88\% \right]$		16.76	
AW	Buy Back of Medicaid Trend Adjustment		26.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>328.88</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**025766 - 2014/07**

**Outpatient Rate: 170.81**

## County Billing ONLY

**Shriners Hospital for Children**

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

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

Hospital Classification: Specialized:Children's

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	5,699,964	6,285,528	226,198	330,897	Total Bed Days	21,960
2. Routine	5,380,711		739,529		Total Inpatient Days	844
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	116
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims	1,011
9. Total Cost	11,080,675	6,285,528	965,727	330,897	Property Rate Allowance	0.80
10. Charges	\$19,178,114	\$16,887,028	\$947,137	986,168	First Semester in effect:	2009/07
11. Fixed Costs	1,459,354.00		0.00		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	12,876.93	369.71	County Ceiling Base	Exempt	181.96	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	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)	<b>Reimbursed by Diagnosis Related Groups</b>	330,897.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		330,897.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		349,444.30
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,011
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		345.64
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)		345.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.70	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	184.70	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	184.70	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		986,168.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		975.44
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,030.11
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$184.70
AU	Medicaid Trend Adjustment IP% : 11.746 OP% : 7.522		\$13.89
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>170.81</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**031588 - 2014/07**

**Outpatient Rate: 143.21**

## Viera Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	21,869,584	33,524,143	674,797	1,003,799	Total Bed Days	30,680
2. Routine	19,360,445		317,220		Total Inpatient Days	14,127
3. Special Care	6,084,182		416,263		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	420
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,412
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-335,572	-237,767	-9,988	-7,119	Medicaid Paid Claims	4,428
9. Total Cost	46,978,639	33,286,376	1,398,292	996,680	Property Rate Allowance	0.80
10. Charges	\$130,262,604	\$150,835,822	\$3,482,196	3,646,955	First Semester in effect:	2014/07
11. Fixed Costs	22,081,028.00		590,272.76		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,143.77		250.82	983.29	183.76	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,645.68	218.84	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,607.58	184.13	FPLI	0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	996,679.64
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		996,679.64
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,035,088.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,428
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		233.76
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		226.36
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		226.36
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	184.13	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	184.13	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		3,646,955.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		823.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		855.35
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$184.13
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$40.92
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>143.21</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**032265 - 2014/07**

**Outpatient Rate: 179.44**

## West Kendall Baptist Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	34,639,214	62,148,019	8,700,355	5,684,388	Total Bed Days 48,545
2. Routine	40,707,101		5,739,393		Total Inpatient Days 23,520
3. Special Care	6,993,890		668,151		Total Newborn Days 1,844
4. Newborn Routine	1,949,614		1,063,614		Medicaid Inpatient Days 3,363
5. Intern-Resident	762,699		85,118		Medicaid Newborn IP Days 407
6. Home Health					Medicare Inpatient Days 5,655
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-1,416,464	-1,035,012	-270,738	-94,668	Medicaid Paid Claims 23,749
9. Total Cost	83,636,054	61,113,007	15,985,893	5,589,720	Property Rate Allowance 0.80
10. Charges	\$291,226,726	\$330,062,500	\$36,773,398	24,292,292	First Semester in effect: 2014/07
11. Fixed Costs	21,426,133.00		2,705,492.48		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,036.77		202.91	County Ceiling Base	1,035.10	223.05
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	5,004.77	296.75	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	5,589,720.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,589,720.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,805,129.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,749
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		244.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		306.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		244.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	230.71	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	230.71	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		24,292,292.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,022.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,062.30
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$230.71
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$51.27
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>179.44</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**032975 - 2014/07**

**Outpatient Rate: 68.35**

## Palm Bay Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	17,741,104	25,229,782	1,422,607	1,734,583	Total Bed Days	55,480
2. Routine	26,354,286		1,869,057		Total Inpatient Days	27,840
3. Special Care	5,462,308		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,983
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,248
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-781,459	-397,840	-51,905	-27,352	Medicaid Paid Claims	20,175
9. Total Cost	48,776,239	24,831,942	3,239,759	1,707,231	Property Rate Allowance	0.80
10. Charges	\$198,690,022	\$186,213,775	\$14,285,222	14,415,037	First Semester in effect:	2014/07
11. Fixed Costs	10,106,779.00		726,647.37		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,412.20		94.29	County Ceiling Base	983.29	183.76
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,593.92	98.95	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,607.58	184.13	FPLI	0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,707,230.93	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			1,707,230.93
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			1,773,021.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			20,175
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			87.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			102.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			87.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county			184.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			190.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			184.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			87.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			87.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			14,415,037.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		714.50	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		742.03	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$87.88	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$19.53	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>68.35</b>	

# Florida Agency for Health Care Administration

## Computation of Hospital Prospective Payment Rates

Provider Name: Nemours Children's  
 Provider Number: 040876

From: 07/01/14  
 To: 06/30/15

	TOTAL		MEDICAID		STATISTICS	
	Inpatient	Outpatient	Inpatient	Outpatient		
Ancillary	43,206,706.00	35,490,766.00	22,314,713.00	20,285,935.00	Total Bed Days	32668
Routine	24,793,457.00		13,636,510.00		Total Inpatient Days	14873
Special Care	19,358,618.00		10,646,209.00		Total Newborn Days	0
Newborn Routine	0.00		0.00		Medicaid Inpatient Days	8180
Intern/Resident	0.00		0.00		Medicaid Newborn IP Days	0
Home Health					Medicare Inpatient Days	0
Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0000000000
Adjustments	-601,167.16	-244,233.00	-320,664.34	-139,599.00	Medicaid Paid Claims	62,764
Total Costs	86,757,614.00	35,246,533.00	46,276,768.00	20,146,336.00	Property Rate Allowance	0.8
Charges	130,705,409.00	71,023,909.00	71,887,976.00	37,315,698.00	First Semester in Effect	7/1/12
Fixed Costs	30,938,005.00		17,015,903.00		Last Rate Semester in Effect	7/1/2013

### Ceiling and Target Information

	IP	OP		IP	OP	Inflation/ FPLI Data	
Normalized Rate	3651.99	327.71	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.077
Base Rate Semester	2012/07	2012/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.049
Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Years Used	2008
Rate of Increase	1.011816	1.026091	County Ceiling	1,660.93	193.47	FPLI	0.9795

### Rate Calculations

	INPATIENT	OUTPATIENT
Total Medicaid Cost	Reimbursed by	20,146,335.55
Apportioned Medicaid Fixed Costs	Diagnosis	0
Total Medicaid Variable Operating Cost	Related Groups	20,146,335.55
Variable Operating Cost Inflated		20,146,335.55
Total Medicaid Days		62,764
Variable Cost Rate		320.99
Variable Cost Target		Exempt
Lesser of Inflated Variable Cost Rate or Target Rate		320.99
County Rate Ceiling		Exempt
County Ceiling Target Rate		Exempt
Lesser of County Rate Ceiling Or County Ceiling Target Rate		Exempt
Lesser of Variable Cost or County Ceiling		320.99
Plus Rate For Fixed Costs and Property Allowance		0.00
Plus Rate For Return on Equity		0.00
Total Rate Based On Medicaid Cost Data		320.99
Total Medicaid Charges		37,315,698.00
Charges Divided by Medicaid Days or Medicaid Paid Claims		594.54
Rate Based On Medicaid Charges adjusted For Inflation		594.54
Prospective Rate (Lesser of rate based on cost or charges)		<b>320.99</b>
Medicaid Trend Adjustment IP%: 12.214 OP%: 8.190		24.98
Exemption Tier Adj.		0.00
Buy-Back of Medicaid Trend Adjustment		0.00
Buy-Back of Exemption Tier Adjustment		0.00
Final Prospective Rates		296.01
<b>Final Prospective Rates (CON Settlement Agreement Rate) - Effective 7/1/2014 - 6/30/2015</b>		<b>230.30</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**054568 - 2014/07**

**Outpatient Rate: 103.92**

## 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: 2014/07

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	866.44	178.10	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 2.054
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,658.64	189.97	FPLI 0.9616

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,776,067.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,776,067.57
AE	Variable Operating Cost - NOT Inflated due to Interim status		1,776,067.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,293
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		133.61
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)		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		189.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.22	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	133.61	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	133.61	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,798,781.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	737.14	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	737.14	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$133.61	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$29.69	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>103.92</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**063447 - 2014/07**

**Outpatient Rate: 145.64**

## Park Royal Hospital

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

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

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0	325,000	0	16,250	Total Bed Days	0
2. Routine	13,351,700		400,610		Total Inpatient Days	22,630
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	679
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	117,148	2,852	3,515	143	Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	65
9. Total Cost	13,468,848	327,852	404,125	16,393	Property Rate Allowance	0.80
10. Charges	\$15,250,950	\$422,500	\$458,325	21,125	First Semester in effect:	2011/07
11. Fixed Costs	0.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	627.96		266.08	County Ceiling Base	1,001.15	186.87
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,634.83	187.25	FPLI	0.9478

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	16,392.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		16,392.58
AE	Variable Operating Cost - NOT Inflated due to Interim status		16,392.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		65
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		252.19
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)		252.19
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county		187.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	187.25	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	187.25	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	187.25	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	21,125.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	325.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	325.00	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$187.25	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$41.61	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>145.64</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**083692 - 2014/07**

**Outpatient Rate: 9.15**

## Healthsouth Rehab of Ocala

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

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

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Marion (42)

District: 3

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	14,600
2. Routine	10,416,556		55,208		Total Inpatient Days	9,644
3. Special Care	0		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	8,294
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	-133,267	0	-706	0	Medicaid Paid Claims	3
9. Total Cost	10,283,289	0	54,502	0	Property Rate Allowance	0.80
10. Charges	\$16,394,848	\$0	\$302,003	0	First Semester in effect:	2012/07
11. Fixed Costs	1,207,757.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	997.40		0.00	County Ceiling Base	922.89	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	2.059
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,627.41	186.40	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)		<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost - NOT Inflated due to Interim status			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			3
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76	
AU	Medicaid Trend Adjustment	IP% : 31.458      OP% : 22.221		\$2.61
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	<b>Final Prospective Rates</b>		<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**092683 - 2014/07**

**Outpatient Rate: 145.88**

## Poinciana Medical Center

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

Fiscal Year : 7/1/2014-6/30/2015

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Osceola (49)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0	0	177,678,226	486,070,768	Total Bed Days	5,697
2. Routine	18,195,036		0		Total Inpatient Days	0
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	687
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	353,564	0	0	0	Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	6,800
9. Total Cost	18,548,600	0	177,678,226	486,070,768	Property Rate Allowance	0.80
10. Charges	\$97,936,631	\$243,035,384	\$10,425,475	41,623,029	First Semester in effect:	2013/07
11. Fixed Costs	0.00		0.00		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	271,555.19	75,053.55	County Ceiling Base	921.93	181.33	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.129
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,642.77	188.16	FPLI	0.9524

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	486,070,768.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		486,070,768.00
AE	Variable Operating Cost - NOT Inflated due to Interim status		486,070,768.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,800
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		71,481.00
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)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county		188.16
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.56
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	187.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	187.56	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		41,623,029.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		6,121.03
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		6,121.03
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$187.56
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$41.68
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>145.88</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**095875 - 2014/07**

**Outpatient Rate: 9.15**

## Healthsouth Rehab of Martin

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

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

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Martin (43)

District: 9

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	12,400
2. Routine	6,627,626		18,557,354		Total Inpatient Days	4,432
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	124
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,077
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	77,162	0	216,054	0	Medicaid Paid Claims	0
9. Total Cost	6,704,788	0	18,773,408	0	Property Rate Allowance	0.80
10. Charges	\$7,757,699	\$0	\$0	0	First Semester in effect:	2013/07
11. Fixed Costs	970,616.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,355.34		0.00	County Ceiling Base	913.58	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	2.059
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,646.56	188.59	FPLI	0.9546

### 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)		<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost - NOT Inflated due to Interim status			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9546) for Martin county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76	
AU	Medicaid Trend Adjustment	IP% : 31.458      OP% : 22.221		\$2.61
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	<b>Final Prospective Rates</b>		<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**097013 - 2014/07**

**Outpatient Rate: 92.54**

## St. Vincents Clay County

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

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

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Clay (10)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0	25,478,851	0	2,953,866	Total Bed Days	16,716
2. Routine	26,193,083		1,240,718		Total Inpatient Days	0
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,044
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	97,896	95,226	0	11,040	Prospective Inflation factor	1.0000000000
8. Adjustments	0	0	0	0	Medicaid Paid Claims	24,919
9. Total Cost	26,290,979	25,574,077	1,240,718	2,964,906	Property Rate Allowance	0.80
10. Charges	\$25,480,633	\$24,785,827	\$7,347,636	17,493,036	First Semester in effect:	2013/07
11. Fixed Costs	0.00		0.00		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,301.82	130.33	County Ceiling Base	897.06	180.00	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.059
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,574.63	180.35	FPLI	0.9129

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,964,905.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,964,905.97
AE	Variable Operating Cost - NOT Inflated due to Interim status		2,964,905.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,919
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.98
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)		118.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9129) for Clay county		180.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	180.35	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	118.98	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	118.98	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,493,036.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		702.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		702.00
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$118.98
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$26.44
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>92.54</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100030 - 2014/07**

**Outpatient Rate: 193.74**

## Shands Teaching Hospital

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

Fiscal Year : 7/1/2012-6/30/2013

Type of Action: Unaudited Cost Report [1]

County: Alachua (1)

District: 3

Hospital Classification: Specialized: Statutory Teaching : Rate Includes Buy Back

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	438,341,571	241,195,478	88,209,979	38,339,136	Total Bed Days	322,210
2. Routine	207,620,539		44,128,994		Total Inpatient Days	260,467
3. Special Care	77,351,428		18,952,082		Total Newborn Days	16,191
4. Newborn Routine	12,592,538		3,866,973		Medicaid Inpatient Days	57,695
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,106
6. Home Health					Medicare Inpatient Days	89,601
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims	161,165
9. Total Cost	735,906,076	241,195,478	155,158,028	38,339,136	Property Rate Allowance	0.80
10. Charges	\$2,120,006,640	\$1,004,422,585	\$404,517,657	134,781,112	First Semester in effect:	2014/07
11. Fixed Costs	45,520,725.00		8,685,792.15		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,947.01		281.43	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,520.82	174.19	FPLI	0.8817

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	38,339,136.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			38,339,136.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			39,992,170.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			161,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			248.14
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)			248.14
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
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)			248.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			248.14
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			134,781,112.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		836.29	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		872.35	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$248.14	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 19.722		\$48.94	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 70%]		17.48	
AW	Buy Back of Medicaid Trend Adjustment		12.02	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>193.74</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100030 - 2014/07**

**Outpatient Rate: 131.93**

## County Billing ONLY

### Shands Teaching Hospital

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

Fiscal Year : 7/1/2012-6/30/2013

Type of Action: Unaudited Cost Report [1]

County: Alachua (1)

District: 3

Hospital Classification: Specialized: Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	438,341,571	241,195,478	88,209,979	38,339,136	Total Bed Days	322,210
2. Routine	207,620,539		44,128,994		Total Inpatient Days	260,467
3. Special Care	77,351,428		18,952,082		Total Newborn Days	16,191
4. Newborn Routine	12,592,538		3,866,973		Medicaid Inpatient Days	57,695
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,106
6. Home Health					Medicare Inpatient Days	89,601
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims	161,165
9. Total Cost	735,906,076	241,195,478	155,158,028	38,339,136	Property Rate Allowance	0.80
10. Charges	\$2,120,006,640	\$1,004,422,585	\$404,517,657	134,781,112	First Semester in effect:	2014/07
11. Fixed Costs	45,520,725.00		8,685,792.15		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,947.01	281.43	County Ceiling Base	Exempt	163.99	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,518.08	237.77	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,520.82	174.19	FPLI	0.8817

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	38,339,136.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		38,339,136.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		39,992,170.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		161,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		248.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		245.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		245.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county		174.19
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		169.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	169.62	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	169.62	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	169.62	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		134,781,112.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		836.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		872.35
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$169.62
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$37.69
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>131.93</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100048 - 2014/07**

**Outpatient Rate: 100.06**

## Ed Fraser Memorial Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	395,692	9,167,377	12,522	1,186,449	Total Bed Days	9,125
2. Routine	1,685,388		29,114		Total Inpatient Days	443
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	9
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	377
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	11,359
9. Total Cost	2,081,080	9,167,377	41,636	1,186,449	Property Rate Allowance	1.00
10. Charges	\$2,533,823	\$37,133,256	\$45,971	4,805,371	First Semester in effect:	2014/07
11. Fixed Costs	517,698.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,843.01		113.75	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,645.01	188.41	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)	<b>Reimbursed by Diagnosis Related Groups</b>	1,186,449.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,186,449.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,232,170.69
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		11,359
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.48
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)		108.48
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)		108.48
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		108.48
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		4,805,371.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	423.05	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	439.35	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$108.48	
AU	Medicaid Trend Adjustment IP% : 10.836 OP% : 9.688	\$10.51	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	2.09	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>100.06</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100064 - 2014/07**

**Outpatient Rate: 95.60**

## Bay Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 4/1/2012-12/31/2012  
 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	46,316,616	50,603,921	5,378,961	3,984,751	Total Bed Days 88,825
2. Routine	33,345,056		5,794,809		Total Inpatient Days 52,838
3. Special Care	15,437,791		2,005,203		Total Newborn Days 418
4. Newborn Routine	306,306		196,388		Medicaid Inpatient Days 9,083
5. Intern-Resident	0		0		Medicaid Newborn IP Days 14
6. Home Health					Medicare Inpatient Days 28,628
7. Malpractice					Prospective Inflation factor 1.0529179031
8. Adjustments	-866,957	-459,841	-121,543	-36,210	Medicaid Paid Claims 33,825
9. Total Cost	94,538,812	50,144,080	13,253,818	3,948,541	Property Rate Allowance 0.80
10. Charges	\$340,920,079	\$305,578,173	\$32,483,375	23,648,898	First Semester in effect: 2014/07
11. Fixed Costs	13,323,241.00		1,269,458.33		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,548.29	137.19	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 2.022
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,545.31	176.99	FPLI 0.8959

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,948,541.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,948,541.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,157,489.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,825
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		122.91
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)		122.91
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
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)	122.91	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	122.91	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	23,648,898.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	699.15	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	736.15	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$122.91	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$27.31	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>95.60</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100064 - 2014/07**

**Outpatient Rate: 95.60**

## County Billing ONLY

**Bay Medical Center**

Type of Control: Proprietary(1)  
 Fiscal Year : 4/1/2012-12/31/2012  
 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	46,316,616	50,603,921	5,378,961	3,984,751	Total Bed Days 88,825
2. Routine	33,345,056		5,794,809		Total Inpatient Days 52,838
3. Special Care	15,437,791		2,005,203		Total Newborn Days 418
4. Newborn Routine	306,306		196,388		Medicaid Inpatient Days 9,083
5. Intern-Resident	0		0		Medicaid Newborn IP Days 14
6. Home Health					Medicare Inpatient Days 28,628
7. Malpractice					Prospective Inflation factor 1.0529179031
8. Adjustments	-866,957	-459,841	-121,543	-36,210	Medicaid Paid Claims 33,825
9. Total Cost	94,538,812	50,144,080	13,253,818	3,948,541	Property Rate Allowance 0.80
10. Charges	\$340,920,079	\$305,578,173	\$32,483,375	23,648,898	First Semester in effect: 2014/07
11. Fixed Costs	13,323,241.00		1,269,458.33		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,548.29	137.19	County Ceiling Base	943.78	166.42	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	819.90	118.95	Cost Report DRI Index 2.022
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,545.31	176.99	FPLI 0.8959

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,948,541.35	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,948,541.35	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,157,489.88	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			33,825
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			122.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			123.04
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			122.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county			176.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			172.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		172.14	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		122.91	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		122.91	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		23,648,898.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		699.15	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		736.15	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$122.91	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$27.31	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>95.60</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100072 - 2014/07**

**Outpatient Rate: 90.52**

## Shands at Starke

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2012-6/30/2013

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	3,124,565	11,523,453	357,485	2,244,014	Total Bed Days	9,125
2. Routine	4,930,366		379,872		Total Inpatient Days	5,744
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	526
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,301
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	-92,448	-132,256	-8,463	-25,755	Medicaid Paid Claims	25,562
9. Total Cost	7,962,483	11,391,197	728,894	2,218,259	Property Rate Allowance	1.00
10. Charges	\$29,306,701	\$71,864,035	\$3,059,606	14,144,183	First Semester in effect:	2014/07
11. Fixed Costs	1,819,015.00		189,904.32		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,194.68		101.17	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,543.24	176.76	FPLI	0.8947

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,218,259.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,218,259.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,313,901.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,562
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		90.52
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)		90.52
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
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)	90.52	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	90.52	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,144,183.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		553.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		577.19
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$90.52
AU	Medicaid Trend Adjustment IP% : 10.477 OP% : 7.668		\$6.94
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		6.94
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>90.52</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100081 - 2014/07**

**Outpatient Rate: 87.87**

## Holmes Regional Medical Center

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

Fiscal Year : 10/1/2012-9/30/2013

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	155,064,522	99,317,337	12,708,274	3,748,204	Total Bed Days	187,610
2. Routine	108,130,838		9,245,249		Total Inpatient Days	135,627
3. Special Care	24,659,079		1,407,728		Total Newborn Days	8,432
4. Newborn Routine	5,055,661		2,263,415		Medicaid Inpatient Days	12,320
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,029
6. Home Health					Medicare Inpatient Days	56,508
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-3,993,994	-1,354,248	-349,407	-51,109	Medicaid Paid Claims	35,403
9. Total Cost	288,916,106	97,963,089	25,275,259	3,697,095	Property Rate Allowance	0.80
10. Charges	\$1,169,343,648	\$586,576,911	\$94,352,523	25,645,738	First Semester in effect:	2014/07
11. Fixed Costs	37,537,236.00		3,028,821.28		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,857.03		116.36	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,607.58	184.13	FPLI	0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,697,095.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,697,095.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,839,568.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		35,403
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.45
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)		108.45
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
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)		108.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		108.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		25,645,738.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	724.39	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	752.31	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$108.45	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479	\$23.29	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	2.71	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>87.87</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100081 - 2014/07**

**Outpatient Rate: 84.35**

## County Billing ONLY

**Holmes Regional Medical Center**

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

Fiscal Year : 10/1/2012-9/30/2013

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	155,064,522	99,317,337	12,708,274	3,748,204	Total Bed Days	187,610
2. Routine	108,130,838		9,245,249		Total Inpatient Days	135,627
3. Special Care	24,659,079		1,407,728		Total Newborn Days	8,432
4. Newborn Routine	5,055,661		2,263,415		Medicaid Inpatient Days	12,320
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,029
6. Home Health					Medicare Inpatient Days	56,508
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-3,993,994	-1,354,248	-349,407	-51,109	Medicaid Paid Claims	35,403
9. Total Cost	288,916,106	97,963,089	25,275,259	3,697,095	Property Rate Allowance	0.80
10. Charges	\$1,169,343,648	\$586,576,911	\$94,352,523	25,645,738	First Semester in effect:	2014/07
11. Fixed Costs	37,537,236.00		3,028,821.28		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,857.03	116.36	County Ceiling Base	983.29	183.76	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,007.36	119.75	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,607.58	184.13	FPLI	0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,697,095.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,697,095.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,839,568.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		35,403
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		123.86
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		108.45
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	108.45	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	108.45	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	25,645,738.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	724.39	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	752.31	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$108.45	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$24.10	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>84.35</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100099 - 2014/07**

**Outpatient Rate: 102.26**

## Cape Canaveral Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	25,952,740	38,812,208	3,344,858	1,687,669	Total Bed Days 54,750
2. Routine	23,791,677		2,340,649		Total Inpatient Days 25,665
3. Special Care	4,502,527		393,996		Total Newborn Days 1,745
4. Newborn Routine	881,764		435,577		Medicaid Inpatient Days 2,981
5. Intern-Resident	0		0		Medicaid Newborn IP Days 74
6. Home Health					Medicare Inpatient Days 10,973
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-717,877	-505,407	-84,838	-21,977	Medicaid Paid Claims 12,132
9. Total Cost	54,410,831	38,306,801	6,430,242	1,665,692	Property Rate Allowance 0.80
10. Charges	\$199,553,176	\$250,438,630	\$20,575,742	9,154,351	First Semester in effect: 2014/07
11. Fixed Costs	11,891,074.00		1,226,077.56		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,898.22	152.99	County Ceiling Base	983.29	183.76	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	785.20	127.10	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,607.58	184.13	FPLI 0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,665,692.44
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,665,692.44
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,729,882.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,132
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		142.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		131.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		131.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	131.47	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	131.47	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,154,351.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	754.56	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	783.64	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$131.47	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$29.21	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>102.26</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100102 - 2014/07**

**Outpatient Rate: 88.29**

## Parrish Medical Center

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

Fiscal Year : 10/1/2012-9/30/2013

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	25,606,667	59,630,589	2,489,847	3,769,772	Total Bed Days	76,650
2. Routine	38,267,259		3,154,800		Total Inpatient Days	28,765
3. Special Care	5,241,674		0		Total Newborn Days	1,389
4. Newborn Routine	1,110,250		662,636		Medicaid Inpatient Days	2,649
5. Intern-Resident	0		0		Medicaid Newborn IP Days	50
6. Home Health					Medicare Inpatient Days	12,598
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-956,361	-812,071	-85,895	-51,338	Medicaid Paid Claims	25,179
9. Total Cost	69,269,489	58,818,518	6,221,388	3,718,434	Property Rate Allowance	0.80
10. Charges	\$184,487,416	\$355,124,152	\$15,718,319	20,013,067	First Semester in effect:	2014/07
11. Fixed Costs	15,660,542.00		1,334,277.43		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,017.69	164.56	983.29	183.76	183.76	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	803.42	109.75	109.75	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	1,724.87	197.56	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	1,607.58	184.13	184.13	FPLI	0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,718,433.88	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			3,718,433.88
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			3,861,729.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			25,179
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			153.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			113.52
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			113.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county			184.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			190.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			184.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			113.52
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			113.52
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			20,013,067.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		794.83	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		825.46	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$113.52	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$25.23	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>88.29</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100111 - 2014/07**

**Outpatient Rate: 71.83**

## Wuesthoff Memorial Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	48,137,881	41,139,644	5,348,738	2,212,170	Total Bed Days	108,770
2. Routine	33,931,099		6,542,984		Total Inpatient Days	60,108
3. Special Care	13,047,653		0		Total Newborn Days	829
4. Newborn Routine	120,667		0		Medicaid Inpatient Days	11,007
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	25,820
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-1,254,979	-542,113	-156,702	-29,151	Medicaid Paid Claims	24,549
9. Total Cost	93,982,321	40,597,531	11,735,020	2,183,019	Property Rate Allowance	0.80
10. Charges	\$626,386,244	\$469,862,538	\$59,482,042	32,377,133	First Semester in effect:	2014/07
11. Fixed Costs	12,150,515.00		1,153,820.75		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,071.20		99.09	County Ceiling Base	983.29	183.76
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	891.19	103.89	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,607.58	184.13	FPLI	0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,183,019.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,183,019.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,267,145.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,549
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		107.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		184.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		92.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		92.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		32,377,133.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,318.88	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,369.71	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$92.35	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$20.52	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>71.83</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100129 - 2014/07**

**Outpatient Rate: 139.61**

## Broward General Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2012-6/30/2013

Hospital Classification: CHEP

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	144,906,873	134,299,617	42,387,782	18,108,518	Total Bed Days 239,440
2. Routine	91,968,881		24,900,602		Total Inpatient Days 152,895
3. Special Care	57,022,989		24,573,966		Total Newborn Days 6,078
4. Newborn Routine	2,485,331		214,678		Medicaid Inpatient Days 51,685
5. Intern-Resident	0		0		Medicaid Newborn IP Days 94
6. Home Health					Medicare Inpatient Days 28,563
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims 106,302
9. Total Cost	296,384,074	134,299,617	92,077,028	18,108,518	Property Rate Allowance 0.80
10. Charges	\$1,106,357,823	\$646,751,014	\$308,505,789	71,585,860	First Semester in effect: 2014/07
11. Fixed Costs	33,806,584.00		9,426,902.09		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,538.84	164.22	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	18,108,518.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		18,108,518.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		18,889,287.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		106,302
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		177.69
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)		177.69
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)	177.69	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	177.69	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		71,585,860.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		673.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		702.46
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$177.69
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 19.722		\$35.04
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70%)		8.73
AW	Buy Back of Medicaid Trend Adjustment		5.69
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>139.61</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100129 - 2014/07**

**Outpatient Rate: 107.72**

## County Billing ONLY

### Broward General Hospital

Type of Control: Government (4)  
 Fiscal Year : 7/1/2012-6/30/2013  
 Hospital Classification: CHEP

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	144,906,873	134,299,617	42,387,782	18,108,518	Total Bed Days 239,440
2. Routine	91,968,881		24,900,602		Total Inpatient Days 152,895
3. Special Care	57,022,989		24,573,966		Total Newborn Days 6,078
4. Newborn Routine	2,485,331		214,678		Medicaid Inpatient Days 51,685
5. Intern-Resident	0		0		Medicaid Newborn IP Days 94
6. Home Health					Medicare Inpatient Days 28,563
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims 106,302
9. Total Cost	296,384,074	134,299,617	92,077,028	18,108,518	Property Rate Allowance 0.80
10. Charges	\$1,106,357,823	\$646,751,014	\$308,505,789	71,585,860	First Semester in effect: 2014/07
11. Fixed Costs	33,806,584.00		9,426,902.09		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,538.84	164.22	County Ceiling Base	998.52	200.92	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,141.38	133.90	Cost Report DRI Index 2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI 1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	18,108,518.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		18,108,518.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		18,889,287.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		106,302
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		177.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		138.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		138.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		207.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	207.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	138.50	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	138.50	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	71,585,860.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	673.42	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	702.46	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$138.50	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$30.78	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>107.72</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100188 - 2014/07**

**Outpatient Rate: 95.47**

## Holy Cross Hospital, Inc.

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

Fiscal Year : 1/1/2013-6/30/2013

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	44,591,277	73,921,342	2,007,118	1,113,841	Total Bed Days 101,179
2. Routine	28,086,688		987,228		Total Inpatient Days 42,256
3. Special Care	13,049,150		1,010,249		Total Newborn Days 1,344
4. Newborn Routine	477,835		168,877		Medicaid Inpatient Days 1,960
5. Intern-Resident	0		0		Medicaid Newborn IP Days 190
6. Home Health					Medicare Inpatient Days 19,890
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-1,162,853	-997,155	-56,298	-15,025	Medicaid Paid Claims 6,938
9. Total Cost	85,042,097	72,924,187	4,117,174	1,098,816	Property Rate Allowance 0.80
10. Charges	\$425,237,281	\$413,433,031	\$15,470,064	6,712,830	First Semester in effect: 2014/07
11. Fixed Costs	14,660,743.00		533,355.48		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,599.94	152.01	County Ceiling Base	998.52	208.14	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	919.69	118.67	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI 1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,098,815.95	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			1,098,815.95
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			1,141,160.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			6,938
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			164.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			122.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			122.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county			213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			215.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			213.76
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			122.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			122.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			6,712,830.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		967.55	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,004.84	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$122.75	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$27.28	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>95.47</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100196 - 2014/07**

**Outpatient Rate: 9.15**

## Kindred Hospital-Ft. Lauderdale

Type of Control: Proprietary(1)  
 Fiscal Year : 9/1/2012-8/31/2013  
 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	11,316,211	0	0	0	Total Bed Days	25,550
2. Routine	11,354,379		0		Total Inpatient Days	16,030
3. Special Care	2,705,674		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	0
7. Malpractice					Prospective Inflation factor	1.0400586224
8. Adjustments	-615,838	0	0	0	Medicaid Paid Claims	0
9. Total Cost	24,760,426	0	0	0	Property Rate Allowance	0.80
10. Charges	\$108,186,286	\$0	\$0	0	First Semester in effect:	2014/07
11. Fixed Costs	3,686,550.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,263.70		0.00	County Ceiling Base	998.52	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	826.23	NA	Cost Report DRI Index	2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	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)		<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76	
AU	Medicaid Trend Adjustment	IP% : 31.458      OP% : 22.221		\$2.61
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	<b>Final Prospective Rates</b>		<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100200 - 2014/07**

**Outpatient Rate: 180.86**

## Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2012-4/30/2013

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	234,185,022	244,957,385	37,720,558	35,015,814	Total Bed Days	378,505
2. Routine	152,485,122		20,561,215		Total Inpatient Days	167,398
3. Special Care	36,894,486		6,685,478		Total Newborn Days	29,879
4. Newborn Routine	22,460,546		11,658,701		Medicaid Inpatient Days	26,042
5. Intern-Resident	1,735,506		247,645		Medicaid Newborn IP Days	10,939
6. Home Health					Medicare Inpatient Days	41,858
7. Malpractice					Prospective Inflation factor	1.0477362205
8. Adjustments	0	0	0	0	Medicaid Paid Claims	149,058
9. Total Cost	447,760,682	244,957,385	76,873,597	35,015,814	Property Rate Allowance	0.80
10. Charges	\$2,130,721,324	\$1,542,609,310	\$398,252,824	183,944,065	First Semester in effect:	2014/07
11. Fixed Costs	107,763,022.00		20,141,971.34		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,485.50		227.48	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.032
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	35,015,814.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			35,015,814.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			36,687,336.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			149,058
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			246.13
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)			246.13
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)			246.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			246.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			183,944,065.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,234.04	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,292.95	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$246.13	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479		\$52.87	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 70%]		22.10	
AW	Buy Back of Medicaid Trend Adjustment		9.70	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>180.86</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100200 - 2014/07**

**Outpatient Rate: 112.47**

## County Billing ONLY

### Memorial Hospital

Type of Control: Government (4)  
 Fiscal Year : 5/1/2012-4/30/2013  
 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	234,185,022	244,957,385	37,720,558	35,015,814	Total Bed Days 378,505
2. Routine	152,485,122		20,561,215		Total Inpatient Days 167,398
3. Special Care	36,894,486		6,685,478		Total Newborn Days 29,879
4. Newborn Routine	22,460,546		11,658,701		Medicaid Inpatient Days 26,042
5. Intern-Resident	1,735,506		247,645		Medicaid Newborn IP Days 10,939
6. Home Health					Medicare Inpatient Days 41,858
7. Malpractice					Prospective Inflation factor 1.0477362205
8. Adjustments	0	0	0	0	Medicaid Paid Claims 149,058
9. Total Cost	447,760,682	244,957,385	76,873,597	35,015,814	Property Rate Allowance 0.80
10. Charges	\$2,130,721,324	\$1,542,609,310	\$398,252,824	183,944,065	First Semester in effect: 2014/07
11. Fixed Costs	107,763,022.00		20,141,971.34		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,485.50	227.48	County Ceiling Base	998.52	200.92	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	962.35	139.80	Cost Report DRI Index 2.032
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI 1.0820

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	35,015,814.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		35,015,814.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		36,687,336.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		149,058
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		246.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		144.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		144.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		207.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		207.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		144.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		144.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		183,944,065.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,234.04	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,292.95	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$144.60	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$32.13	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>112.47</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100218 - 2014/07**

**Outpatient Rate: 108.35**

## North Broward Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2012-6/30/2013

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	76,558,199	53,451,206	8,489,073	4,482,985	Total Bed Days	121,910
2. Routine	56,748,047		7,829,296		Total Inpatient Days	73,290
3. Special Care	11,729,816		1,605,457		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	10,138
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,816
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims	35,259
9. Total Cost	145,036,062	53,451,206	17,923,826	4,482,985	Property Rate Allowance	0.80
10. Charges	\$549,631,072	\$283,522,433	\$61,854,575	21,986,628	First Semester in effect:	2014/07
11. Fixed Costs	14,435,740.00		1,624,574.39		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,549.96		122.58	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,482,985.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			4,482,985.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			4,676,273.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			35,259
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			132.63
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)			132.63
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)			132.63
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			132.63
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			21,986,628.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		623.57	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		650.46	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$132.63	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479		\$28.49	
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 70%$		2.06	
AW	Buy Back of Medicaid Trend Adjustment		6.27	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>108.35</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100218 - 2014/07**

**Outpatient Rate: 95.79**

## County Billing ONLY

**North Broward Medical Center**

Type of Control: Government (4)

Fiscal Year : 7/1/2012-6/30/2013

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	76,558,199	53,451,206	8,489,073	4,482,985	Total Bed Days	121,910
2. Routine	56,748,047		7,829,296		Total Inpatient Days	73,290
3. Special Care	11,729,816		1,605,457		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	10,138
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,816
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims	35,259
9. Total Cost	145,036,062	53,451,206	17,923,826	4,482,985	Property Rate Allowance	0.80
10. Charges	\$549,631,072	\$283,522,433	\$61,854,575	21,986,628	First Semester in effect:	2014/07
11. Fixed Costs	14,435,740.00		1,624,574.39		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,549.96	122.58	County Ceiling Base	998.52	200.92	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	828.19	119.07	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,482,985.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,482,985.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,676,273.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		35,259
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		123.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		123.16
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		207.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	207.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	123.16	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	123.16	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		21,986,628.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		623.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		650.46
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$123.16
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$27.37
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>95.79</b>



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

100269 - 2014/07

Outpatient Rate: 52.52

Calhoun Liberty Hospital

Type of Control: Government (4)

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

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	1,031,299	3,868,157	47,670	394,272	Total Bed Days 5,490
2. Routine	1,609,502		78,898		Total Inpatient Days 2,043
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 115
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 1,258
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims 7,928
9. Total Cost	2,640,801	3,868,157	126,568	394,272	Property Rate Allowance 1.00
10. Charges	\$7,979,536	\$16,446,160	\$322,014	1,378,142	First Semester in effect: 2014/07
11. Fixed Costs	182,304.00		0.00		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,512.53		62.51	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,449.24	165.99	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)	<b>Reimbursed by Diagnosis Related Groups</b>	394,272.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		394,272.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		416,371.57
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		7,928
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		52.52
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)		52.52
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
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)		52.52
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		52.52
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,378,142.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	173.83	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	183.57	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$52.52	
AU	Medicaid Trend Adjustment IP% : 10.477 OP% : 7.668	\$4.03	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	4.03	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>52.52</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100277 - 2014/07**

**Outpatient Rate: 62.39**

## Charlotte Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	25,472,899	17,470,592	1,073,431	1,364,956	Total Bed Days	75,920
2. Routine	22,210,356		902,834		Total Inpatient Days	32,888
3. Special Care	2,720,963		140,715		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,403
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,141
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-950,143	-329,329	-39,906	-25,730	Medicaid Paid Claims	10,103
9. Total Cost	49,454,075	17,141,263	2,077,074	1,339,226	Property Rate Allowance	0.80
10. Charges	\$294,616,549	\$156,502,357	\$13,393,149	11,756,339	First Semester in effect:	2014/07
11. Fixed Costs	8,565,647.00		389,390.84		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,313.78	144.78	County Ceiling Base	969.52	185.28	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	960.34	77.55	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,640.18	187.86	FPLI	0.9509

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,339,225.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,339,225.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,390,835.13
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,103
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		137.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		80.21
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		80.21
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county		187.86
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		191.65
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	187.86	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	80.21	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	80.21	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		11,756,339.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,163.65
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,208.49
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$80.21
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$17.82
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>62.39</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100285 - 2014/07**

**Outpatient Rate: 64.98**

## Peace River Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	44,142,888	31,363,993	4,233,834	2,160,021	Total Bed Days	83,776
2. Routine	21,336,773		3,140,964		Total Inpatient Days	45,311
3. Special Care	10,578,525		0		Total Newborn Days	3,639
4. Newborn Routine	1,403,353		507,117		Medicaid Inpatient Days	5,496
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,403
6. Home Health					Medicare Inpatient Days	23,794
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-851,435	-344,744	-86,636	-23,742	Medicaid Paid Claims	27,004
9. Total Cost	76,610,104	31,019,249	7,795,279	2,136,279	Property Rate Allowance	0.80
10. Charges	\$581,739,055	\$340,959,721	\$61,106,719	29,283,947	First Semester in effect:	2014/07
11. Fixed Costs	11,191,727.00		1,175,595.33		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,065.62	87.85	County Ceiling Base	969.52	182.19	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	758.43	87.67	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,640.18	187.86	FPLI	0.9509

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,136,278.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,136,278.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,256,020.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,004
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		83.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		90.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		83.54
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county		187.86
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	187.86	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	83.54	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	83.54	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		29,283,947.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,084.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,145.21
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$83.54
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$18.56
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>64.98</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100315 - 2014/07**

**Outpatient Rate: 80.78**

## Naples Community Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	134,676,963	93,683,171	10,547,512	5,079,795	Total Bed Days 261,340
2. Routine	101,530,825		7,070,022		Total Inpatient Days 128,066
3. Special Care	14,354,624		838,307		Total Newborn Days 9,089
4. Newborn Routine	7,085,575		4,473,599		Medicaid Inpatient Days 9,863
5. Intern-Resident	0		0		Medicaid Newborn IP Days 1,972
6. Home Health					Medicare Inpatient Days 72,047
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-3,874,851	-1,408,931	-344,843	-76,397	Medicaid Paid Claims 48,687
9. Total Cost	253,773,136	92,274,240	22,584,597	5,003,398	Property Rate Allowance 0.80
10. Charges	\$990,806,991	\$538,422,796	\$80,881,953	27,817,072	First Semester in effect: 2014/07
11. Fixed Costs	27,624,729.00		2,255,072.94		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,782.69		106.66	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,726.08	197.70	FPLI	1.0007

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	5,003,398.33
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,003,398.33
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,196,212.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		48,687
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.73
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)		106.73
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
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)	106.73	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.73	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,817,072.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		571.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		593.36
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$106.73
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$23.72
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		2.23
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>80.78</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100315 - 2014/07**

**Outpatient Rate: 76.43**

## County Billing ONLY

**Naples Community Hospital**

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

Fiscal Year : 10/1/2012-9/30/2013

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	134,676,963	93,683,171	10,547,512	5,079,795	Total Bed Days	261,340
2. Routine	101,530,825		7,070,022		Total Inpatient Days	128,066
3. Special Care	14,354,624		838,307		Total Newborn Days	9,089
4. Newborn Routine	7,085,575		4,473,599		Medicaid Inpatient Days	9,863
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,972
6. Home Health					Medicare Inpatient Days	72,047
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-3,874,851	-1,408,931	-344,843	-76,397	Medicaid Paid Claims	48,687
9. Total Cost	253,773,136	92,274,240	22,584,597	5,003,398	Property Rate Allowance	0.80
10. Charges	\$990,806,991	\$538,422,796	\$80,881,953	27,817,072	First Semester in effect:	2014/07
11. Fixed Costs	27,624,729.00		2,255,072.94		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,782.69	106.66	County Ceiling Base	1,028.63	185.73	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,090.85	95.01	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,726.08	197.70	FPLI	1.0007

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	5,003,398.33
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,003,398.33
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,196,212.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		48,687
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		98.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		98.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county		197.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.11
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	192.11	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	98.27	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	98.27	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		27,817,072.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		571.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		593.36
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$98.27
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$21.84
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>76.43</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100331 - 2014/07**

**Outpatient Rate: 100.51**

## Shands At Lake Shore

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2012-6/30/2013

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	13,326,695	14,784,928	4,902,389	4,033,896	Total Bed Days	36,135
2. Routine	10,907,550		3,035,630		Total Inpatient Days	17,857
3. Special Care	3,346,353		401,147		Total Newborn Days	1,981
4. Newborn Routine	545,824		454,625		Medicaid Inpatient Days	4,781
5. Intern-Resident	0		0		Medicaid Newborn IP Days	129
6. Home Health					Medicare Inpatient Days	7,306
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	-273,369	-143,699	-85,469	-39,207	Medicaid Paid Claims	41,458
9. Total Cost	27,853,053	14,641,229	8,708,322	3,994,689	Property Rate Allowance	1.00
10. Charges	\$127,234,397	\$97,425,152	\$36,790,875	25,809,738	First Semester in effect:	2014/07
11. Fixed Costs	4,038,669.00		1,167,814.44		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,771.69		111.16	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,559.63	178.63	FPLI	0.9042

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,994,689.38	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			3,994,689.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			4,166,924.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			41,458
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			100.51
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)			100.51
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
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)			100.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			100.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			25,809,738.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		622.55	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		649.39	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$100.51	
AU	Medicaid Trend Adjustment IP% : 14.387 OP% : 7.668		\$7.71	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		7.71	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>100.51</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100358 - 2014/07**

**Outpatient Rate: 254.22**

## Baptist Of Miami

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

Fiscal Year : 10/1/2012-9/30/2013

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	245,783,485	230,802,023	37,251,225	27,401,874	Total Bed Days 248,200
2. Routine	195,001,271		24,681,261		Total Inpatient Days 176,206
3. Special Care	39,466,617		11,890,424		Total Newborn Days 9,412
4. Newborn Routine	6,087,978		947,606		Medicaid Inpatient Days 30,130
5. Intern-Resident	4,735,788		682,324		Medicaid Newborn IP Days 649
6. Home Health					Medicare Inpatient Days 43,614
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-7,591,051	-3,567,743	-1,166,352	-423,579	Medicaid Paid Claims 70,410
9. Total Cost	483,484,088	227,234,280	74,286,488	26,978,295	Property Rate Allowance 0.80
10. Charges	\$2,201,553,831	\$1,199,209,188	\$289,459,195	141,936,624	First Semester in effect: 2014/07
11. Fixed Costs	52,426,976.00		6,893,072.55		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,887.58	330.31	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	26,978,295.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		26,978,295.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		28,017,946.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		70,410
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		397.93
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)		397.93
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
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)	397.93	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	397.93	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		141,936,624.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,015.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,093.54
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$397.93
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$88.42
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		55.29
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>254.22</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100358 - 2014/07**

**Outpatient Rate: 146.02**

## County Billing ONLY

**Baptist Of Miami**

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

Fiscal Year : 10/1/2012-9/30/2013

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	245,783,485	230,802,023	37,251,225	27,401,874	Total Bed Days 248,200
2. Routine	195,001,271		24,681,261		Total Inpatient Days 176,206
3. Special Care	39,466,617		11,890,424		Total Newborn Days 9,412
4. Newborn Routine	6,087,978		947,606		Medicaid Inpatient Days 30,130
5. Intern-Resident	4,735,788		682,324		Medicaid Newborn IP Days 649
6. Home Health					Medicare Inpatient Days 43,614
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-7,591,051	-3,567,743	-1,166,352	-423,579	Medicaid Paid Claims 70,410
9. Total Cost	483,484,088	227,234,280	74,286,488	26,978,295	Property Rate Allowance 0.80
10. Charges	\$2,201,553,831	\$1,199,209,188	\$289,459,195	141,936,624	First Semester in effect: 2014/07
11. Fixed Costs	52,426,976.00		6,893,072.55		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,887.58	330.31	County Ceiling Base	1,035.10	223.05	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,106.27	181.50	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI 1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	26,978,295.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		26,978,295.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		28,017,946.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		70,410
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		397.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		187.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		187.74
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	187.74	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	187.74	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		141,936,624.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,015.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,093.54
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$187.74
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$41.72
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>146.02</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100366 - 2014/07**

**Outpatient Rate: 130.17**

## Cedars Medical Center, Inc.

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

Fiscal Year : 6/1/2012-5/31/2013

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	144,493,359	62,665,613	14,221,792	4,872,388	Total Bed Days 187,610
2. Routine	72,737,947		8,862,947		Total Inpatient Days 119,901
3. Special Care	21,145,255		2,247,481		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 14,972
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 50,660
7. Malpractice					Prospective Inflation factor 1.0451644575
8. Adjustments	-3,799,862	-998,926	-403,810	-77,669	Medicaid Paid Claims 29,904
9. Total Cost	234,576,699	61,666,687	24,928,410	4,794,719	Property Rate Allowance 0.80
10. Charges	\$1,510,220,031	\$476,938,550	\$165,004,342	36,568,748	First Semester in effect: 2014/07
11. Fixed Costs	32,897,051.00		3,594,281.72		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,236.23		139.11	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,794,719.29	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,794,719.29	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,011,270.19	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			29,904
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			167.58
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)			167.58
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
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)			167.58
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			167.58
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,568,748.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,222.87	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,278.10	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$167.58	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 20.481		\$34.32	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		3.09	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>130.17</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100366 - 2014/07**

**Outpatient Rate: 121.41**

## County Billing ONLY

**Cedars Medical Center, Inc.**

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

Fiscal Year : 6/1/2012-5/31/2013

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	144,493,359	62,665,613	14,221,792	4,872,388	Total Bed Days 187,610
2. Routine	72,737,947		8,862,947		Total Inpatient Days 119,901
3. Special Care	21,145,255		2,247,481		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 14,972
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 50,660
7. Malpractice					Prospective Inflation factor 1.0451644575
8. Adjustments	-3,799,862	-998,926	-403,810	-77,669	Medicaid Paid Claims 29,904
9. Total Cost	234,576,699	61,666,687	24,928,410	4,794,719	Property Rate Allowance 0.80
10. Charges	\$1,510,220,031	\$476,938,550	\$165,004,342	36,568,748	First Semester in effect: 2014/07
11. Fixed Costs	32,897,051.00		3,594,281.72		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,236.23	139.11	County Ceiling Base	1,035.10	223.05	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	793.74	150.91	Cost Report DRI Index 2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI 1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,794,719.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,794,719.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,011,270.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		29,904
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		167.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		156.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		156.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	156.10	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	156.10	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,568,748.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,222.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,278.10
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$156.10
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$34.69
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>121.41</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100412 - 2014/07**

**Outpatient Rate: 78.54**

## Hialeah Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2012-5/31/2013

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	39,736,613	19,168,299	10,703,787	3,710,188	Total Bed Days	124,830
2. Routine	30,506,344		5,837,766		Total Inpatient Days	55,230
3. Special Care	14,607,691		3,553,380		Total Newborn Days	2,683
4. Newborn Routine	975,767		746,656		Medicaid Inpatient Days	11,463
5. Intern-Resident	0		0		Medicaid Newborn IP Days	131
6. Home Health					Medicare Inpatient Days	17,336
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-1,170,744	-261,472	-284,297	-50,610	Medicaid Paid Claims	36,951
9. Total Cost	84,655,671	18,906,827	20,557,292	3,659,578	Property Rate Allowance	0.80
10. Charges	\$625,189,194	\$207,264,511	\$127,999,891	37,224,348	First Semester in effect:	2014/07
11. Fixed Costs	7,414,414.00		1,518,011.18		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,424.69	85.92	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,659,577.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,659,577.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,824,860.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,951
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.51
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)		103.51
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
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)		103.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		103.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		37,224,348.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,007.40	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,052.90	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$103.51	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$23.00	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)	1.97	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>78.54</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100412 - 2014/07**

**Outpatient Rate: 74.68**

## County Billing ONLY

**Hialeah Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 6/1/2012-5/31/2013  
 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	39,736,613	19,168,299	10,703,787	3,710,188	Total Bed Days 124,830
2. Routine	30,506,344		5,837,766		Total Inpatient Days 55,230
3. Special Care	14,607,691		3,553,380		Total Newborn Days 2,683
4. Newborn Routine	975,767		746,656		Medicaid Inpatient Days 11,463
5. Intern-Resident	0		0		Medicaid Newborn IP Days 131
6. Home Health					Medicare Inpatient Days 17,336
7. Malpractice					Prospective Inflation factor 1.0451644575
8. Adjustments	-1,170,744	-261,472	-284,297	-50,610	Medicaid Paid Claims 36,951
9. Total Cost	84,655,671	18,906,827	20,557,292	3,659,578	Property Rate Allowance 0.80
10. Charges	\$625,189,194	\$207,264,511	\$127,999,891	37,224,348	First Semester in effect: 2014/07
11. Fixed Costs	7,414,414.00		1,518,011.18		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,424.69	85.92	County Ceiling Base	1,035.10	223.05	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	788.19	92.83	Cost Report DRI Index 2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI 1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,659,577.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,659,577.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,824,860.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,951
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		96.02
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		96.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	96.02	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	96.02	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		37,224,348.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,007.40
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,052.90
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$96.02
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$21.34
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>74.68</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100421 - 2014/07**

**Outpatient Rate: 204.60**

## Jackson Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2012-9/30/2013

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	417,433,883	328,191,259	137,878,823	59,818,593	Total Bed Days 632,180
2. Routine	288,052,433		91,297,345		Total Inpatient Days 378,006
3. Special Care	123,854,610		12,807,632		Total Newborn Days 30,154
4. Newborn Routine	34,383,056		15,478,374		Medicaid Inpatient Days 113,223
5. Intern-Resident	0		0		Medicaid Newborn IP Days 5,205
6. Home Health					Medicare Inpatient Days 60,460
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims 255,538
9. Total Cost	863,723,982	328,191,259	257,462,174	59,818,593	Property Rate Allowance 0.80
10. Charges	\$2,855,261,306	\$1,123,620,228	\$865,737,469	198,683,683	First Semester in effect: 2014/07
11. Fixed Costs	92,805,098.00		28,139,228.62		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,669.30		201.80	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	59,818,593.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		59,818,593.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		62,123,797.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		255,538
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		243.11
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)		243.11
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
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)	243.11	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	243.11	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	198,683,683.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	777.51	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	807.47	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$243.11	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 19.722	\$47.95	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70%)	3.82	
AW	Buy Back of Medicaid Trend Adjustment	13.26	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>204.60</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100421 - 2014/07**

**Outpatient Rate: 175.73**

## County Billing ONLY

### Jackson Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2012-9/30/2013

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	417,433,883	328,191,259	137,878,823	59,818,593	Total Bed Days	632,180
2. Routine	288,052,433		91,297,345		Total Inpatient Days	378,006
3. Special Care	123,854,610		12,807,632		Total Newborn Days	30,154
4. Newborn Routine	34,383,056		15,478,374		Medicaid Inpatient Days	113,223
5. Intern-Resident	0		0		Medicaid Newborn IP Days	5,205
6. Home Health					Medicare Inpatient Days	60,460
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	255,538
9. Total Cost	863,723,982	328,191,259	257,462,174	59,818,593	Property Rate Allowance	0.80
10. Charges	\$2,855,261,306	\$1,123,620,228	\$865,737,469	198,683,683	First Semester in effect:	2014/07
11. Fixed Costs	92,805,098.00		28,139,228.62		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,669.30	201.80	County Ceiling Base	Exempt	223.05	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,389.73	218.43	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	59,818,593.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		59,818,593.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		62,123,797.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		255,538
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		243.11
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		225.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		225.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	225.94	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	225.94	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		198,683,683.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		777.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		807.47
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$225.94
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$50.21
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>175.73</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100439 - 2014/07**

**Outpatient Rate: 139.59**

## 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 1.1246698362
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: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,269.96	164.49	County Ceiling Base	1,035.10	223.05	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	949.96	173.51	Cost Report DRI Index	1.893
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,656,179.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,656,179.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,987,324.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,075
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		198.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		179.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		179.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	179.47	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	179.47	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,318,285.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,016.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,142.82
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$179.47
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$39.88
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>139.59</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100463 - 2014/07**

**Outpatient Rate: 176.95**

## Mt. Sinai Medical Center

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

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

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	142,775,016	100,256,023	11,473,032	8,571,353	Total Bed Days	222,568
2. Routine	90,760,100		6,587,727		Total Inpatient Days	134,244
3. Special Care	21,670,268		1,928,654		Total Newborn Days	5,599
4. Newborn Routine	5,948,916		4,390,250		Medicaid Inpatient Days	10,773
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,224
6. Home Health					Medicare Inpatient Days	57,102
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims	38,945
9. Total Cost	261,154,300	100,256,023	24,379,663	8,571,353	Property Rate Allowance	0.80
10. Charges	\$1,295,826,049	\$757,022,465	\$107,174,560	54,475,380	First Semester in effect:	2014/07
11. Fixed Costs	30,536,494.00		2,525,597.72		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,596.85		192.93	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	8,571,353.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		8,571,353.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		9,051,790.94	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			38,945
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			232.42
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)			232.42
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
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)		232.42	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		232.42	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		54,475,380.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,398.78	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,477.18	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$232.42	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479		\$49.92	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70%)		8.49	
AW	Buy Back of Medicaid Trend Adjustment		2.94	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>176.95</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100463 - 2014/07**

**Outpatient Rate: 152.01**

## County Billing ONLY

**Mt. Sinai Medical Center**

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

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

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	142,775,016	100,256,023	11,473,032	8,571,353	Total Bed Days 222,568
2. Routine	90,760,100		6,587,727		Total Inpatient Days 134,244
3. Special Care	21,670,268		1,928,654		Total Newborn Days 5,599
4. Newborn Routine	5,948,916		4,390,250		Medicaid Inpatient Days 10,773
5. Intern-Resident	0		0		Medicaid Newborn IP Days 1,224
6. Home Health					Medicare Inpatient Days 57,102
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims 38,945
9. Total Cost	261,154,300	100,256,023	24,379,663	8,571,353	Property Rate Allowance 0.80
10. Charges	\$1,295,826,049	\$757,022,465	\$107,174,560	54,475,380	First Semester in effect: 2014/07
11. Fixed Costs	30,536,494.00		2,525,597.72		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,596.85	192.93	County Ceiling Base	Exempt	223.05	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,151.04	188.95	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI 1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	8,571,353.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		8,571,353.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		9,051,790.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		38,945
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		232.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		195.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		195.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	195.44	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	195.44	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	54,475,380.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,398.78	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,477.18	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$195.44	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$43.43	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>152.01</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100471 - 2014/07**

**Outpatient Rate: 219.82**

## University Of Miami Hospital and Clinics

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

Fiscal Year : 6/1/2012-5/31/2013

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	23,419,158	219,615,549	3,294,704	19,217,570	Total Bed Days	14,600
2. Routine	7,771,998		765,542		Total Inpatient Days	10,814
3. Special Care	8,206,913		1,326,759		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,297
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,831
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-440,225	-2,453,933	-60,193	-214,733	Medicaid Paid Claims	57,827
9. Total Cost	38,957,844	217,161,616	5,326,812	19,002,837	Property Rate Allowance	0.80
10. Charges	\$165,030,124	\$1,247,129,709	\$24,893,229	113,596,882	First Semester in effect:	2014/07
11. Fixed Costs	19,504,577.00		2,942,080.45		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,595.16	285.10	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	19,002,837.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		19,002,837.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		19,861,090.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		57,827
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		343.46
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)		343.46
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
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)	343.46	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	343.46	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		113,596,882.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,964.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,053.15
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$343.46
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$76.32
AV	Exemption Tier Adj $(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%$		47.32
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>219.82</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100471 - 2014/07**

**Outpatient Rate: 127.22**

## County Billing ONLY

**University Of Miami Hospital and Clinics**

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

Fiscal Year : 6/1/2012-5/31/2013

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Hospital Classification: Statutory Teaching Hospital

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,419,158	219,615,549	3,294,704	19,217,570	Total Bed Days	14,600
2. Routine	7,771,998		765,542		Total Inpatient Days	10,814
3. Special Care	8,206,913		1,326,759		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,297
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,831
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-440,225	-2,453,933	-60,193	-214,733	Medicaid Paid Claims	57,827
9. Total Cost	38,957,844	217,161,616	5,326,812	19,002,837	Property Rate Allowance	0.80
10. Charges	\$165,030,124	\$1,247,129,709	\$24,893,229	113,596,882	First Semester in effect:	2014/07
11. Fixed Costs	19,504,577.00		2,942,080.45		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,595.16	285.10	County Ceiling Base	Exempt	223.05	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	763.73	158.13	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	19,002,837.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		19,002,837.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		19,861,090.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		57,827
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		343.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		163.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		163.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	163.56	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	163.56	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		113,596,882.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,964.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,053.15
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$163.56
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$36.34
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>127.22</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100498 - 2014/07**

**Outpatient Rate: 71.16**

## Northshore Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2012-5/31/2013

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	85,731,011	65,958,232	15,471,991	6,373,194	Total Bed Days	282,875
2. Routine	66,577,486		10,864,487		Total Inpatient Days	121,944
3. Special Care	36,863,801		7,424,243		Total Newborn Days	4,222
4. Newborn Routine	1,393,985		862,734		Medicaid Inpatient Days	23,052
5. Intern-Resident	0		0		Medicaid Newborn IP Days	78
6. Home Health					Medicare Inpatient Days	39,651
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-2,040,015	-706,084	-370,645	-68,225	Medicaid Paid Claims	60,637
9. Total Cost	188,526,268	65,252,148	34,252,810	6,304,969	Property Rate Allowance	0.80
10. Charges	\$1,304,801,955	\$655,707,005	\$215,422,292	68,347,560	First Semester in effect:	2014/07
11. Fixed Costs	17,133,028.00		2,828,656.22		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,178.68	90.21	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	6,304,968.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,304,968.86
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,589,729.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		60,637
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.68
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)		108.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		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)	108.68	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	108.68	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		68,347,560.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,127.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,178.07
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$108.68
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$24.15
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		13.37
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>71.16</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100498 - 2014/07**

**Outpatient Rate: 45.01**

## County Billing ONLY

**Northshore Medical Center**

Type of Control: Proprietary(1)  
 Fiscal Year : 6/1/2012-5/31/2013  
 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	85,731,011	65,958,232	15,471,991	6,373,194	Total Bed Days	282,875
2. Routine	66,577,486		10,864,487		Total Inpatient Days	121,944
3. Special Care	36,863,801		7,424,243		Total Newborn Days	4,222
4. Newborn Routine	1,393,985		862,734		Medicaid Inpatient Days	23,052
5. Intern-Resident	0		0		Medicaid Newborn IP Days	78
6. Home Health					Medicare Inpatient Days	39,651
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-2,040,015	-706,084	-370,645	-68,225	Medicaid Paid Claims	60,637
9. Total Cost	188,526,268	65,252,148	34,252,810	6,304,969	Property Rate Allowance	0.80
10. Charges	\$1,304,801,955	\$655,707,005	\$215,422,292	68,347,560	First Semester in effect:	2014/07
11. Fixed Costs	17,133,028.00		2,828,656.22		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,178.68	90.21	County Ceiling Base	1,035.10	223.05	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	802.13	55.95	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	6,304,968.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,304,968.86
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,589,729.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		60,637
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		57.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		57.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	57.87	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	57.87	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		68,347,560.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,127.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,178.07
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$57.87
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$12.86
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>45.01</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100536 - 2014/07**

**Outpatient Rate: 40.52**

## Palm Springs General Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	14,542,944	13,025,044	971,495	730,249	Total Bed Days 90,402
2. Routine	17,999,774		1,105,911		Total Inpatient Days 29,992
3. Special Care	4,122,422		184,741		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,900
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 16,663
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-975,447	-346,521	-60,183	-19,428	Medicaid Paid Claims 11,685
9. Total Cost	35,689,693	12,678,523	2,201,964	710,821	Property Rate Allowance 0.80
10. Charges	\$145,001,329	\$91,555,616	\$9,520,382	4,707,687	First Semester in effect: 2014/07
11. Fixed Costs	2,125,934.00		139,582.88		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	951.53	53.32	County Ceiling Base	1,035.10	223.05	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	753.82	50.37	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI 1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	710,821.30	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		710,821.30	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		750,663.96	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			11,685
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			64.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			52.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			52.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		52.10	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		52.10	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,707,687.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		402.88	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		425.46	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$52.10	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$11.58	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>40.52</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100544 - 2014/07**

**Outpatient Rate: 71.24**

## Metropolitan Hospital Miami

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	14,285,521	11,707,869	1,154,823	964,025	Total Bed Days	53,436
2. Routine	8,598,104		837,700		Total Inpatient Days	22,255
3. Special Care	3,161,196		321,949		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,324
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,743
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-371,369	-166,941	-33,002	-13,746	Medicaid Paid Claims	10,957
9. Total Cost	25,673,452	11,540,928	2,281,470	950,279	Property Rate Allowance	0.80
10. Charges	\$141,840,462	\$70,395,882	\$14,093,275	8,238,698	First Semester in effect:	2014/07
11. Fixed Costs	2,291,434.00		227,676.99		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	774.69	76.03	County Ceiling Base	1,035.10	223.05	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	909.16	127.55	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	950,279.11
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		950,279.11
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,003,543.76
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		10,957
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		91.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		131.93
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		230.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		91.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		91.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,238,698.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	751.91	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	794.06	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$91.59	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$20.35	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>71.24</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100587 - 2014/07**

**Outpatient Rate: 112.68**

## South Miami Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	127,677,817	166,193,425	21,195,244	15,294,514	Total Bed Days	167,176
2. Routine	68,690,763		9,531,291		Total Inpatient Days	76,593
3. Special Care	43,080,832		13,877,822		Total Newborn Days	8,953
4. Newborn Routine	5,280,165		775,534		Medicaid Inpatient Days	18,421
5. Intern-Resident	2,642,338		357,571		Medicaid Newborn IP Days	532
6. Home Health					Medicare Inpatient Days	15,722
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-3,641,958	-2,446,799	-673,374	-225,175	Medicaid Paid Claims	29,996
9. Total Cost	243,729,957	163,746,626	45,064,088	15,069,339	Property Rate Allowance	0.80
10. Charges	\$944,095,502	\$737,891,124	\$154,724,784	60,642,336	First Semester in effect:	2014/07
11. Fixed Costs	32,737,393.00		5,365,226.35		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,805.69		433.09	County Ceiling Base	1,035.10	223.05
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,028.23	140.06	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	15,069,338.99	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		15,069,338.99	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		15,650,059.86	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			29,996
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			521.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			144.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			144.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		144.87	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		144.87	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		60,642,336.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,021.68	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,099.59	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$144.87	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$32.19	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>112.68</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100609 - 2014/07**

**Outpatient Rate: 217.91**

## Miami Childrens Hospital

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

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

Hospital Classification: Specialized: Children's

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	101,120,750	113,537,736	46,396,880	51,708,404	Total Bed Days 105,774
2. Routine	58,056,969		25,629,483		Total Inpatient Days 65,618
3. Special Care	57,673,855		28,990,803		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 31,841
5. Intern-Resident	579,791		222,945		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 427
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-3,465,470	-1,809,590	-1,613,588	-824,140	Medicaid Paid Claims 233,151
9. Total Cost	213,965,895	111,728,146	99,626,523	50,884,264	Property Rate Allowance 0.80
10. Charges	\$905,709,600	\$656,936,235	\$453,822,625	194,318,843	First Semester in effect: 2014/07
11. Fixed Costs	33,296,554.00		16,683,857.10		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,283.48	191.32	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	50,884,263.82	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			50,884,263.82
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			53,736,407.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			233,151
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			230.48
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)			230.48
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
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)			230.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			230.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			194,318,843.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		833.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		880.17	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$230.48	
AU	Medicaid Trend Adjustment IP% : 10.389 OP% : 6.640		\$15.30	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 88%)		6.87	
AW	Buy Back of Medicaid Trend Adjustment		9.60	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>217.91</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100609 - 2014/07**

**Outpatient Rate: 143.42**

## County Billing ONLY

**Miami Childrens Hospital**

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

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

Hospital Classification: Specialized: Children's

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	101,120,750	113,537,736	46,396,880	51,708,404	Total Bed Days 105,774
2. Routine	58,056,969		25,629,483		Total Inpatient Days 65,618
3. Special Care	57,673,855		28,990,803		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 31,841
5. Intern-Resident	579,791		222,945		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 427
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-3,465,470	-1,809,590	-1,613,588	-824,140	Medicaid Paid Claims 233,151
9. Total Cost	213,965,895	111,728,146	99,626,523	50,884,264	Property Rate Allowance 0.80
10. Charges	\$905,709,600	\$656,936,235	\$453,822,625	194,318,843	First Semester in effect: 2014/07
11. Fixed Costs	33,296,554.00		16,683,857.10		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	2,283.48	191.32	County Ceiling Base	Exempt	223.05	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,660.52	149.93	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI 1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	50,884,263.82
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		50,884,263.82
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		53,736,407.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		233,151
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		230.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		155.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		155.08
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	155.08	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	155.08	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	194,318,843.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	833.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	880.17	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$155.08	
AU	Medicaid Trend Adjustment IP% : 11.746 OP% : 7.522	\$11.66	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>143.42</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100625 - 2014/07**

**Outpatient Rate: 125.36**

## Westchester General Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2011-12/31/2011  
 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	17,422,119	6,670,963	2,394,667	589,065	Total Bed Days 71,905
2. Routine	30,318,075		2,879,933		Total Inpatient Days 54,545
3. Special Care	2,325,967		169,903		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 5,024
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 29,472
7. Malpractice					Prospective Inflation factor 1.0650325163
8. Adjustments	0	0	0	0	Medicaid Paid Claims 3,754
9. Total Cost	50,066,161	6,670,963	5,444,503	589,065	Property Rate Allowance 0.80
10. Charges	\$138,027,974	\$25,121,079	\$16,084,406	2,041,298	First Semester in effect: 2013/07
11. Fixed Costs	3,447,997.00		401,795.25		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	887.36		138.72	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.999
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	589,065.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		589,065.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		627,373.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,754
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		167.12
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)		167.12
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
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)	167.12	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	167.12	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,041,298.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	543.77	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	579.13	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$167.12	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$37.14	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)	4.62	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>125.36</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100625 - 2014/07**

**Outpatient Rate: 116.33**

## County Billing ONLY

**Westchester General Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2011-12/31/2011  
 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	17,422,119	6,670,963	2,394,667	589,065	Total Bed Days	71,905
2. Routine	30,318,075		2,879,933		Total Inpatient Days	54,545
3. Special Care	2,325,967		169,903		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	5,024
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	29,472
7. Malpractice					Prospective Inflation factor	1.0650325163
8. Adjustments	0	0	0	0	Medicaid Paid Claims	3,754
9. Total Cost	50,066,161	6,670,963	5,444,503	589,065	Property Rate Allowance	0.80
10. Charges	\$138,027,974	\$25,121,079	\$16,084,406	2,041,298	First Semester in effect:	2013/07
11. Fixed Costs	3,447,997.00		401,795.25		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	887.36	138.72	County Ceiling Base	1,035.10	223.05	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	417.88	144.59	Cost Report DRI Index	1.999
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	589,065.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		589,065.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		627,373.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,754
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		167.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		149.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		149.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	149.56	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	149.56	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,041,298.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	543.77	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	579.13	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$149.56	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$33.23	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>116.33</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100641 - 2014/07**

**Outpatient Rate: 91.64**

## Baptist Medical Center

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

Fiscal Year : 10/1/2012-9/30/2013

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	224,185,952	221,392,179	24,632,424	23,466,685	Total Bed Days 315,360
2. Routine	153,092,560		15,414,247		Total Inpatient Days 187,428
3. Special Care	28,610,259		3,802,287		Total Newborn Days 26,364
4. Newborn Routine	25,348,882		10,177,929		Medicaid Inpatient Days 22,535
5. Intern-Resident	0		0		Medicaid Newborn IP Days 7,616
6. Home Health					Medicare Inpatient Days 62,449
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-6,286,005	-3,227,159	-787,532	-342,066	Medicaid Paid Claims 203,832
9. Total Cost	424,951,648	218,165,020	53,239,355	23,124,619	Property Rate Allowance 0.80
10. Charges	\$1,692,754,638	\$1,381,717,367	\$218,828,009	129,993,663	First Semester in effect: 2014/07
11. Fixed Costs	55,382,879.00		7,159,528.54		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,601.61	118.89	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	FPLI 0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	23,124,619.08	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			23,124,619.08
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			24,015,762.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			203,832
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			117.82
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)			117.82
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
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)			117.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			117.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			129,993,663.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		637.75	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		662.33	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$117.82	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$26.18	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>91.64</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100641 - 2014/07**

**Outpatient Rate: 91.64**

## County Billing ONLY

**Baptist Medical Center**

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

Fiscal Year : 10/1/2012-9/30/2013

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	224,185,952	221,392,179	24,632,424	23,466,685	Total Bed Days 315,360
2. Routine	153,092,560		15,414,247		Total Inpatient Days 187,428
3. Special Care	28,610,259		3,802,287		Total Newborn Days 26,364
4. Newborn Routine	25,348,882		10,177,929		Medicaid Inpatient Days 22,535
5. Intern-Resident	0		0		Medicaid Newborn IP Days 7,616
6. Home Health					Medicare Inpatient Days 62,449
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-6,286,005	-3,227,159	-787,532	-342,066	Medicaid Paid Claims 203,832
9. Total Cost	424,951,648	218,165,020	53,239,355	23,124,619	Property Rate Allowance 0.80
10. Charges	\$1,692,754,638	\$1,381,717,367	\$218,828,009	129,993,663	First Semester in effect: 2014/07
11. Fixed Costs	55,382,879.00		7,159,528.54		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,601.61	118.89	County Ceiling Base	905.09	184.39	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	870.11	119.92	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	FPLI 0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	23,124,619.08
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		23,124,619.08
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		24,015,762.94
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		203,832
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.82
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		124.04
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		117.82
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.73
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	190.73	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	117.82	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	117.82	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		129,993,663.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		637.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		662.33
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$117.82
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$26.18
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>91.64</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100676 - 2014/07**

**Outpatient Rate: 141.68**

## Shands Jacksonville

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

Fiscal Year : 7/1/2012-6/30/2013

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	124,413,375	135,782,429	36,138,863	29,575,794	Total Bed Days 177,025
2. Routine	75,913,050		22,743,883		Total Inpatient Days 115,365
3. Special Care	40,432,250		8,849,537		Total Newborn Days 16,209
4. Newborn Routine	14,880,970		11,824,245		Medicaid Inpatient Days 35,797
5. Intern-Resident	0		0		Medicaid Newborn IP Days 8,403
6. Home Health					Medicare Inpatient Days 33,229
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims 165,648
9. Total Cost	255,639,645	135,782,429	79,556,528	29,575,794	Property Rate Allowance 0.80
10. Charges	\$1,202,946,248	\$904,125,303	\$314,729,859	188,244,711	First Semester in effect: 2014/07
11. Fixed Costs	32,774,261.00		8,574,812.52		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,690.37	187.93	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	FPLI 0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	29,575,794.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		29,575,794.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		30,850,987.47
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		165,648
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		186.24
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)		186.24
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
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)	186.24	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	186.24	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	188,244,711.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,136.41	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,185.41	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$186.24	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479	\$40.00	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 70%]	10.65	
AW	Buy Back of Medicaid Trend Adjustment	6.09	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>141.68</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100676 - 2014/07**

**Outpatient Rate: 106.81**

## County Billing ONLY

**Shands Jacksonville**

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

Fiscal Year : 7/1/2012-6/30/2013

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	124,413,375	135,782,429	36,138,863	29,575,794	Total Bed Days 177,025
2. Routine	75,913,050		22,743,883		Total Inpatient Days 115,365
3. Special Care	40,432,250		8,849,537		Total Newborn Days 16,209
4. Newborn Routine	14,880,970		11,824,245		Medicaid Inpatient Days 35,797
5. Intern-Resident	0		0		Medicaid Newborn IP Days 8,403
6. Home Health					Medicare Inpatient Days 33,229
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims 165,648
9. Total Cost	255,639,645	135,782,429	79,556,528	29,575,794	Property Rate Allowance 0.80
10. Charges	\$1,202,946,248	\$904,125,303	\$314,729,859	188,244,711	First Semester in effect: 2014/07
11. Fixed Costs	32,774,261.00		8,574,812.52		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,690.37	187.93	County Ceiling Base	Exempt	184.39	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,208.93	132.77	Cost Report DRI Index 2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	FPLI 0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	29,575,794.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		29,575,794.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		30,850,987.47
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		165,648
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		186.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		137.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		137.33
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.73
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	190.73	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	137.33	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	137.33	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	188,244,711.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,136.41	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,185.41	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$137.33	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$30.52	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>106.81</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100722 - 2014/07**

**Outpatient Rate: 112.28**

## Mayo Clinic

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

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

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	132,174,207	89,899,622	924,761	386,804	Total Bed Days	78,324
2. Routine	79,050,343		712,195		Total Inpatient Days	64,338
3. Special Care	71,417,544		175,597		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	540
5. Intern-Resident	0				Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	31,229
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-4,209,477	-1,338,903	-26,995	-5,761	Medicaid Paid Claims	2,810
9. Total Cost	278,432,617	88,560,719	1,785,558	381,043	Property Rate Allowance	0.80
10. Charges	\$632,225,066	\$385,729,610	\$4,910,094	1,530,012	First Semester in effect:	2014/07
11. Fixed Costs	20,495,176.00		159,173.13		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	3,209.53	144.50	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	FPLI	0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	381,043.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		381,043.21
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		402,401.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,810
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		143.20
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)		143.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		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)	143.20	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	143.20	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,530,012.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	544.49	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	575.01	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$143.20	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479	\$30.76	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 70%]	2.72	
AW	Buy Back of Medicaid Trend Adjustment	2.56	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>112.28</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100722 - 2014/07**

**Outpatient Rate: 102.16**

## County Billing ONLY

**Mayo Clinic**

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

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

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	132,174,207	89,899,622	924,761	386,804	Total Bed Days	78,324
2. Routine	79,050,343		712,195		Total Inpatient Days	64,338
3. Special Care	71,417,544		175,597		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	540
5. Intern-Resident	0				Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	31,229
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-4,209,477	-1,338,903	-26,995	-5,761	Medicaid Paid Claims	2,810
9. Total Cost	278,432,617	88,560,719	1,785,558	381,043	Property Rate Allowance	0.80
10. Charges	\$632,225,066	\$385,729,610	\$4,910,094	1,530,012	First Semester in effect:	2014/07
11. Fixed Costs	20,495,176.00		159,173.13		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	3,209.53	144.50	County Ceiling Base	Exempt	184.39	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,234.01	126.99	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	FPLI	0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	381,043.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		381,043.21
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		402,401.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,810
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		143.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		131.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		131.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.73
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	190.73	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	131.35	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	131.35	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,530,012.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	544.49	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	575.01	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$131.35	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$29.19	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>102.16</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100731 - 2014/07**

**Outpatient Rate: 86.14**

## St. Vincent's Hospital

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

Fiscal Year : 7/1/2012-6/30/2013

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	134,750,982	122,152,550	7,579,000	4,402,189	Total Bed Days	187,731
2. Routine	95,565,181		5,705,376		Total Inpatient Days	125,768
3. Special Care	23,713,809		2,779,539		Total Newborn Days	3,864
4. Newborn Routine	1,900,590		748,134		Medicaid Inpatient Days	9,985
5. Intern-Resident	0		0		Medicaid Newborn IP Days	31
6. Home Health					Medicare Inpatient Days	56,170
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	-3,743,956	-1,786,945	-245,940	-64,399	Medicaid Paid Claims	35,752
9. Total Cost	252,186,607	120,365,606	16,566,109	4,337,790	Property Rate Allowance	0.80
10. Charges	\$1,152,374,851	\$863,914,989	\$62,605,542	31,760,498	First Semester in effect:	2014/07
11. Fixed Costs	26,353,178.00		1,431,699.93		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,590.48		127.71	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	FPLI	0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,337,790.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,337,790.28
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,524,818.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		35,752
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.56
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)		126.56
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
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)	126.56	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	126.56	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		31,760,498.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		888.36
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		926.66
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$126.56
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$28.12
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		12.30
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>86.14</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100731 - 2014/07**

**Outpatient Rate: 62.08**

## County Billing ONLY

**St. Vincent's Hospital**

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

Fiscal Year : 7/1/2012-6/30/2013

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	134,750,982	122,152,550	7,579,000	4,402,189	Total Bed Days	187,731
2. Routine	95,565,181		5,705,376		Total Inpatient Days	125,768
3. Special Care	23,713,809		2,779,539		Total Newborn Days	3,864
4. Newborn Routine	1,900,590		748,134		Medicaid Inpatient Days	9,985
5. Intern-Resident	0		0		Medicaid Newborn IP Days	31
6. Home Health					Medicare Inpatient Days	56,170
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	-3,743,956	-1,786,945	-245,940	-64,399	Medicaid Paid Claims	35,752
9. Total Cost	252,186,607	120,365,606	16,566,109	4,337,790	Property Rate Allowance	0.80
10. Charges	\$1,152,374,851	\$863,914,989	\$62,605,542	31,760,498	First Semester in effect:	2014/07
11. Fixed Costs	26,353,178.00		1,431,699.93		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,590.48	127.71	County Ceiling Base	905.09	184.39	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	879.59	77.16	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	FPLI	0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,337,790.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,337,790.28
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,524,818.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		35,752
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.56
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		79.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		79.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.73
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	190.73	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	79.81	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	79.81	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	31,760,498.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	888.36	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	926.66	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$79.81	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$17.73	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>62.08</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100749 - 2014/07**

**Outpatient Rate: 68.73**

## Baptist Hospital (Pensacola)

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

Fiscal Year : 10/1/2012-9/30/2013

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	93,834,187	109,695,182	5,507,648	4,680,699	Total Bed Days 189,070
2. Routine	60,661,891		7,318,740		Total Inpatient Days 109,854
3. Special Care	25,063,731		405,546		Total Newborn Days 2,220
4. Newborn Routine	1,057,342		90,493		Medicaid Inpatient Days 12,505
5. Intern-Resident	0		0		Medicaid Newborn IP Days 190
6. Home Health					Medicare Inpatient Days 0
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-2,152,190	-1,307,101	-158,747	-55,774	Medicaid Paid Claims 58,479
9. Total Cost	178,464,961	108,388,081	13,163,680	4,624,925	Property Rate Allowance 0.80
10. Charges	\$677,314,505	\$647,809,128	\$48,773,141	31,089,171	First Semester in effect: 2014/07
11. Fixed Costs	28,246,261.00		2,034,001.72		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	967.98		87.32	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,622.41	185.82	FPLI	0.9406

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,624,924.93	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			4,624,924.93
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			4,803,153.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			58,479
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			82.13
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)			82.13
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
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)			82.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			82.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			31,089,171.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		531.63	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		552.12	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$82.13	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479		\$17.64	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		4.24	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>68.73</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100749 - 2014/07**

**Outpatient Rate: 63.88**

## County Billing ONLY

**Baptist Hospital (Pensacola)**

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

Fiscal Year : 10/1/2012-9/30/2013

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	93,834,187	109,695,182	5,507,648	4,680,699	Total Bed Days	189,070
2. Routine	60,661,891		7,318,740		Total Inpatient Days	109,854
3. Special Care	25,063,731		405,546		Total Newborn Days	2,220
4. Newborn Routine	1,057,342		90,493		Medicaid Inpatient Days	12,505
5. Intern-Resident	0		0		Medicaid Newborn IP Days	190
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-2,152,190	-1,307,101	-158,747	-55,774	Medicaid Paid Claims	58,479
9. Total Cost	178,464,961	108,388,081	13,163,680	4,624,925	Property Rate Allowance	0.80
10. Charges	\$677,314,505	\$647,809,128	\$48,773,141	31,089,171	First Semester in effect:	2014/07
11. Fixed Costs	28,246,261.00		2,034,001.72		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	967.98	87.32	County Ceiling Base	947.61	178.95	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	721.04	97.13	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,622.41	185.82	FPLI	0.9406

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,624,924.93
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,624,924.93
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,803,153.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		58,479
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		82.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		100.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		82.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county		185.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.10
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		185.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		82.13
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		82.13
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		31,089,171.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	531.63	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	552.12	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$82.13	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$18.25	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>63.88</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100765 - 2014/07**

**Outpatient Rate: 116.44**

## Sacred Heart Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: CHEP

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	107,316,290	206,655,098	25,391,321	14,692,326	Total Bed Days 169,458
2. Routine	34,886,094		7,511,208		Total Inpatient Days 100,439
3. Special Care	18,836,169		3,409,908		Total Newborn Days 23,586
4. Newborn Routine	14,758,735		8,366,595		Medicaid Inpatient Days 21,209
5. Intern-Resident	0		0		Medicaid Newborn IP Days 9,332
6. Home Health					Medicare Inpatient Days 35,273
7. Malpractice					Prospective Inflation factor 1.0586772750
8. Adjustments	0	0	0	0	Medicaid Paid Claims 108,000
9. Total Cost	175,797,288	206,655,098	44,679,032	14,692,326	Property Rate Allowance 0.80
10. Charges	\$692,608,564	\$707,468,065	\$130,256,574	74,097,056	First Semester in effect: 2013/07
11. Fixed Costs	25,436,954.00		4,783,842.78		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,470.26		153.12	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.011
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,622.41	185.82	FPLI	0.9406

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	14,692,326.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		14,692,326.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		15,554,431.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		108,000
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		144.02
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)		144.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county		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)	144.02	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	144.02	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	74,097,056.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	686.08	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	726.34	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$144.02	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479	\$30.93	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	3.35	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>116.44</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100765 - 2014/07**

**Outpatient Rate: 112.02**

## County Billing ONLY

### Sacred Heart Hospital

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: CHEP

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	107,316,290	206,655,098	25,391,321	14,692,326	Total Bed Days 169,458
2. Routine	34,886,094		7,511,208		Total Inpatient Days 100,439
3. Special Care	18,836,169		3,409,908		Total Newborn Days 23,586
4. Newborn Routine	14,758,735		8,366,595		Medicaid Inpatient Days 21,209
5. Intern-Resident	0		0		Medicaid Newborn IP Days 9,332
6. Home Health					Medicare Inpatient Days 35,273
7. Malpractice					Prospective Inflation factor 1.0586772750
8. Adjustments	0	0	0	0	Medicaid Paid Claims 108,000
9. Total Cost	175,797,288	206,655,098	44,679,032	14,692,326	Property Rate Allowance 0.80
10. Charges	\$692,608,564	\$707,468,065	\$130,256,574	74,097,056	First Semester in effect: 2013/07
11. Fixed Costs	25,436,954.00		4,783,842.78		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,470.26	153.12	County Ceiling Base	947.61	178.95	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	933.22	140.57	Cost Report DRI Index 2.011
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,622.41	185.82	FPLI 0.9406

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	14,692,326.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		14,692,326.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		15,554,431.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		108,000
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		144.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		145.40
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		144.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county		185.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.10
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.10	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	144.02	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	144.02	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	74,097,056.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	686.08	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	726.34	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$144.02	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$32.00	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>112.02</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100803 - 2014/07**

**Outpatient Rate: 101.40**

## George E. Weems Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2012-9/30/2013

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	346,688	3,292,294	79,992	464,648	Total Bed Days	9,125
2. Routine	1,658,820		161,836		Total Inpatient Days	699
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	100
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	406
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	4,759
9. Total Cost	2,005,508	3,292,294	241,828	464,648	Property Rate Allowance	1.00
10. Charges	\$2,309,236	\$11,917,710	\$302,756	1,040,417	First Semester in effect:	2014/07
11. Fixed Costs	318,223.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,433.16		98.42	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,777.13	203.55	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)	<b>Reimbursed by Diagnosis Related Groups</b>	464,648.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		464,648.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		482,553.95
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		4,759
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		101.40
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)		101.40
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
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)	101.40	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	101.40	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,040,417.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		218.62
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		227.04
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$101.40
AU	Medicaid Trend Adjustment IP% : 10.681 OP% : 9.598		\$9.73
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		9.73
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>101.40</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100862 - 2014/07**

**Outpatient Rate: 144.84**

## Hendry Regional Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2012-9/30/2013

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	1,577,494	12,582,948	472,731	2,028,303	Total Bed Days 9,125
2. Routine	2,573,267		284,261		Total Inpatient Days 2,410
3. Special Care	864,047		115,206		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 356
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 1,070
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-44,603	-111,916	-7,758	-18,040	Medicaid Paid Claims 13,813
9. Total Cost	4,970,205	12,471,032	864,440	2,010,263	Property Rate Allowance 1.00
10. Charges	\$8,644,972	\$48,103,852	\$1,831,397	7,013,744	First Semester in effect: 2014/07
11. Fixed Costs	2,598,824.00		550,548.74		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,017.33		167.91	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,552.56	177.82	FPLI	0.9001

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,010,262.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,010,262.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,087,731.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,813
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		151.14
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)		151.14
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
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)	151.14	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	151.14	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,013,744.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	507.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	527.33	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$151.14	
AU	Medicaid Trend Adjustment IP% : 14.387 OP% : 9.688	\$14.64	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	8.34	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>144.84</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100871 - 2014/07**

**Outpatient Rate: 66.60**

## Brooksville Regional Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 Hospital Classification: Special

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	36,828,076	35,588,768	5,087,183	3,723,615	Total Bed Days 89,060
2. Routine	24,720,965		3,227,153		Total Inpatient Days 43,404
3. Special Care	8,310,604		611,111		Total Newborn Days 4,850
4. Newborn Routine	2,877,898		2,077,870		Medicaid Inpatient Days 5,668
5. Intern-Resident	0		0		Medicaid Newborn IP Days 1,553
6. Home Health					Medicare Inpatient Days 15,781
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-1,390,453	-680,316	-210,340	-71,181	Medicaid Paid Claims 43,980
9. Total Cost	71,347,090	34,908,452	10,792,977	3,652,434	Property Rate Allowance 0.80
10. Charges	\$770,262,391	\$540,100,746	\$98,667,603	63,081,890	First Semester in effect: 2014/07
11. Fixed Costs	11,228,521.00		1,438,329.67		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,483.52	95.10	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,564.28	179.17	FPLI 0.9069

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,652,434.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,652,434.26
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,793,186.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		43,980
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		86.25
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)		86.25
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
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)	86.25	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	86.25	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		63,081,890.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,434.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,489.60
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$86.25
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$19.17
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		0.48
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>66.60</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100871 - 2014/07**

**Outpatient Rate: 65.67**

## County Billing ONLY

### Brooksville Regional Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 Hospital Classification: Special

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	36,828,076	35,588,768	5,087,183	3,723,615	Total Bed Days 89,060
2. Routine	24,720,965		3,227,153		Total Inpatient Days 43,404
3. Special Care	8,310,604		611,111		Total Newborn Days 4,850
4. Newborn Routine	2,877,898		2,077,870		Medicaid Inpatient Days 5,668
5. Intern-Resident	0		0		Medicaid Newborn IP Days 1,553
6. Home Health					Medicare Inpatient Days 15,781
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-1,390,453	-680,316	-210,340	-71,181	Medicaid Paid Claims 43,980
9. Total Cost	71,347,090	34,908,452	10,792,977	3,652,434	Property Rate Allowance 0.80
10. Charges	\$770,262,391	\$540,100,746	\$98,667,603	63,081,890	First Semester in effect: 2014/07
11. Fixed Costs	11,228,521.00		1,438,329.67		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,483.52	95.10	County Ceiling Base	902.47	178.82	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	841.12	81.63	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,564.28	179.17	FPLI 0.9069

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient      Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by</b> <b>Diagnosis</b> <b>Related Groups</b>
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	3,652,434.26
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,652,434.26
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,793,186.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	43,980
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	86.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	84.43
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	84.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	179.17
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	184.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	179.17
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	84.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	84.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	63,081,890.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,434.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,489.60
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$84.43
AU	Medicaid Trend Adjustment    IP% : 31.458    OP% : 22.221	\$18.76
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	<b>Final Prospective Rates</b>	<b>65.67</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100897 - 2014/07**

**Outpatient Rate: 69.31**

## Highlands Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Highlands (28)  
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,823,541	22,587,397	2,472,612	1,808,417	Total Bed Days	45,990
2. Routine	11,899,060		1,332,507		Total Inpatient Days	17,727
3. Special Care	4,635,738		217,551		Total Newborn Days	768
4. Newborn Routine	152,741		114,754		Medicaid Inpatient Days	1,925
5. Intern-Resident	0		0		Medicaid Newborn IP Days	27
6. Home Health					Medicare Inpatient Days	10,140
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-419,294	-274,426	-50,268	-21,971	Medicaid Paid Claims	18,480
9. Total Cost	34,091,786	22,312,971	4,087,156	1,786,446	Property Rate Allowance	0.80
10. Charges	\$184,102,072	\$182,678,691	\$20,042,008	17,431,885	First Semester in effect:	2014/07
11. Fixed Costs	6,930,312.00		754,458.48		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,966.20	111.32	County Ceiling Base	1,529.17	177.80	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	658.35	86.15	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,555.49	178.16	FPLI	0.9018

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,786,445.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,786,445.57
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,855,289.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,480
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		89.11
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.11
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county		178.16
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.91
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	178.16	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	89.11	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	89.11	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,431,885.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		943.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		979.63
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$89.11
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$19.80
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>69.31</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100901 - 2014/07**

**Outpatient Rate: 90.49**

## Florida Hospital Heartland Medical Center

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Highlands (28)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	41,841,684	46,831,530	3,885,211	3,037,967	Total Bed Days 58,194
2. Routine	28,314,119		2,184,216		Total Inpatient Days 48,860
3. Special Care	7,816,663		561,910		Total Newborn Days 1,450
4. Newborn Routine	574,082		396,712		Medicaid Inpatient Days 4,132
5. Intern-Resident	0		0		Medicaid Newborn IP Days 36
6. Home Health					Medicare Inpatient Days 30,475
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-1,204,565	-718,194	-107,780	-46,589	Medicaid Paid Claims 27,154
9. Total Cost	77,341,983	46,113,336	6,920,269	2,991,378	Property Rate Allowance 0.80
10. Charges	\$392,311,724	\$287,957,692	\$30,051,934	20,222,715	First Semester in effect: 2014/07
11. Fixed Costs	10,740,093.00		822,714.56		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,713.18		129.01	County Ceiling Base	907.03	170.57
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	851.80	124.07	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,555.49	178.16	FPLI	0.9018

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,991,377.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,991,377.69
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,159,049.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,154
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		116.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		128.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.34
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county		178.16
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		176.43
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	176.43	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	116.34	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	116.34	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,222,715.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		744.74
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		786.48
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$116.34
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$25.85
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>90.49</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100943 - 2014/07**

**Outpatient Rate: 85.46**

## University Community Hospital Carrollwood

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

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

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	35,865,731	34,280,647	1,280,467	2,043,715	Total Bed Days	39,894
2. Routine	15,183,332		750,415		Total Inpatient Days	17,417
3. Special Care	2,236,037		338,885		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,090
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,244
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-734,797	-472,727	-32,679	-28,183	Medicaid Paid Claims	14,581
9. Total Cost	52,550,303	33,807,920	2,337,088	2,015,532	Property Rate Allowance	0.80
10. Charges	\$262,661,015	\$188,497,092	\$9,902,283	15,254,774	First Semester in effect:	2014/07
11. Fixed Costs	10,048,616.00		378,831.40		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,029.38		156.15	County Ceiling Base	957.90	181.96
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,190.95	106.22	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,015,532.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,015,532.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,128,506.14
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,581
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		145.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		109.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		109.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.70	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	109.87	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	109.87	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,254,774.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,046.21
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,104.85
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$109.87
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$24.41
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>85.46</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100978 - 2014/07**

**Outpatient Rate: 136.64**

## St. Joseph's Hospital

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

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

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	218,063,893	177,238,841	55,009,617	17,933,338	Total Bed Days 368,196
2. Routine	146,826,650		31,477,046		Total Inpatient Days 215,897
3. Special Care	66,282,903		20,022,373		Total Newborn Days 14,985
4. Newborn Routine	7,062,893		3,297,896		Medicaid Inpatient Days 55,222
5. Intern-Resident	0		0		Medicaid Newborn IP Days 91
6. Home Health					Medicare Inpatient Days 49,792
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-6,950,272	-2,810,945	-1,741,499	-284,416	Medicaid Paid Claims 105,258
9. Total Cost	431,286,067	174,427,896	108,065,433	17,648,922	Property Rate Allowance 0.80
10. Charges	\$1,747,675,280	\$1,017,421,924	\$393,399,942	97,565,263	First Semester in effect: 2014/07
11. Fixed Costs	72,202,314.00		16,252,668.02		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,874.98	189.40	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI 0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	17,648,921.65	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			17,648,921.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			18,638,171.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			105,258
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			177.07
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)			177.07
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
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)			177.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			177.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			97,565,263.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		926.92	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		978.88	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$177.07	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479		\$38.03	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		4.11	
AW	Buy Back of Medicaid Trend Adjustment		1.71	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>136.64</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100978 - 2014/07**

**Outpatient Rate: 125.12**

## County Billing ONLY

**St. Joseph's Hospital**

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

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

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	218,063,893	177,238,841	55,009,617	17,933,338	Total Bed Days	368,196
2. Routine	146,826,650		31,477,046		Total Inpatient Days	215,897
3. Special Care	66,282,903		20,022,373		Total Newborn Days	14,985
4. Newborn Routine	7,062,893		3,297,896		Medicaid Inpatient Days	55,222
5. Intern-Resident	0		0		Medicaid Newborn IP Days	91
6. Home Health					Medicare Inpatient Days	49,792
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-6,950,272	-2,810,945	-1,741,499	-284,416	Medicaid Paid Claims	105,258
9. Total Cost	431,286,067	174,427,896	108,065,433	17,648,922	Property Rate Allowance	0.80
10. Charges	\$1,747,675,280	\$1,017,421,924	\$393,399,942	97,565,263	First Semester in effect:	2014/07
11. Fixed Costs	72,202,314.00		16,252,668.02		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,874.98	189.40	County Ceiling Base	957.90	181.96	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,104.85	155.52	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	17,648,921.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		17,648,921.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		18,638,171.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		105,258
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		177.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		160.86
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		160.86
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.70	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	160.86	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	160.86	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		97,565,263.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		926.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		978.88
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$160.86
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$35.74
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>125.12</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100986 - 2014/07**

**Outpatient Rate: 90.48**

## South Florida Baptist

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

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

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	23,056,126	29,162,092	4,723,431	2,591,843	Total Bed Days	53,802
2. Routine	15,969,427		1,848,415		Total Inpatient Days	22,201
3. Special Care	4,899,626		586,144		Total Newborn Days	716
4. Newborn Routine	671,111		552,076		Medicaid Inpatient Days	2,955
5. Intern-Resident	0		0		Medicaid Newborn IP Days	20
6. Home Health					Medicare Inpatient Days	7,538
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-622,636	-407,149	-107,645	-36,186	Medicaid Paid Claims	20,753
9. Total Cost	43,973,654	28,754,943	7,602,421	2,555,657	Property Rate Allowance	0.80
10. Charges	\$198,434,633	\$184,643,335	\$30,289,392	16,926,555	First Semester in effect:	2013/07
11. Fixed Costs	6,287,025.00		959,661.94		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,522.22	139.11	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI	0.9349

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,555,656.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,555,656.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,698,905.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,753
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		130.05
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)		130.05
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
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)		130.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		130.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,926,555.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	815.62	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	861.34	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$130.05	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$28.90	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]	10.67	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>90.48</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100986 - 2014/07**

**Outpatient Rate: 69.61**

## County Billing ONLY

**South Florida Baptist**

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

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

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	23,056,126	29,162,092	4,723,431	2,591,843	Total Bed Days 53,802
2. Routine	15,969,427		1,848,415		Total Inpatient Days 22,201
3. Special Care	4,899,626		586,144		Total Newborn Days 716
4. Newborn Routine	671,111		552,076		Medicaid Inpatient Days 2,955
5. Intern-Resident	0		0		Medicaid Newborn IP Days 20
6. Home Health					Medicare Inpatient Days 7,538
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-622,636	-407,149	-107,645	-36,186	Medicaid Paid Claims 20,753
9. Total Cost	43,973,654	28,754,943	7,602,421	2,555,657	Property Rate Allowance 0.80
10. Charges	\$198,434,633	\$184,643,335	\$30,289,392	16,926,555	First Semester in effect: 2013/07
11. Fixed Costs	6,287,025.00		959,661.94		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	2,522.22	139.11	County Ceiling Base	957.90	181.96	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	864.16	86.53	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI 0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,555,656.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,555,656.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,698,905.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,753
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		130.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		89.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.70	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	89.50	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	89.50	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,926,555.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		815.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		861.34
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$89.50
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$19.89
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>69.61</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**100994 - 2014/07**

**Outpatient Rate: 196.21**

## Tampa General Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	351,299,052	198,454,251	55,882,996	19,700,980	Total Bed Days 353,320
2. Routine	204,256,092		37,967,108		Total Inpatient Days 244,129
3. Special Care	110,648,620		12,312,654		Total Newborn Days 29,350
4. Newborn Routine	31,121,969		22,361,913		Medicaid Inpatient Days 44,119
5. Intern-Resident	0		0		Medicaid Newborn IP Days 14,312
6. Home Health					Medicare Inpatient Days 74,419
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-9,767,424	-2,779,744	-1,800,242	-275,951	Medicaid Paid Claims 77,244
9. Total Cost	687,558,309	195,674,507	126,724,429	19,425,029	Property Rate Allowance 0.80
10. Charges	\$3,562,478,691	\$1,412,066,558	\$546,111,295	108,530,730	First Semester in effect: 2014/07
11. Fixed Costs	43,804,937.00		6,715,091.64		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,281.54	279.36	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	19,425,028.86	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			19,425,028.86
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			20,173,603.14
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			77,244
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			261.17
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)			261.17
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
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)			261.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			261.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			108,530,730.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,405.04	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,459.19	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$261.17	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 19.722		\$51.51	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 70%]		17.02	
AW	Buy Back of Medicaid Trend Adjustment		3.57	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>196.21</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**100994 - 2014/07**

**Outpatient Rate: 143.66**

## County Billing ONLY

### Tampa General Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	351,299,052	198,454,251	55,882,996	19,700,980	Total Bed Days 353,320
2. Routine	204,256,092		37,967,108		Total Inpatient Days 244,129
3. Special Care	110,648,620		12,312,654		Total Newborn Days 29,350
4. Newborn Routine	31,121,969		22,361,913		Medicaid Inpatient Days 44,119
5. Intern-Resident	0		0		Medicaid Newborn IP Days 14,312
6. Home Health					Medicare Inpatient Days 74,419
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-9,767,424	-2,779,744	-1,800,242	-275,951	Medicaid Paid Claims 77,244
9. Total Cost	687,558,309	195,674,507	126,724,429	19,425,029	Property Rate Allowance 0.80
10. Charges	\$3,562,478,691	\$1,412,066,558	\$546,111,295	108,530,730	First Semester in effect: 2014/07
11. Fixed Costs	43,804,937.00		6,715,091.64		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	2,281.54	279.36	County Ceiling Base	Exempt	181.96	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,139.80	180.51	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI 0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	19,425,028.86	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			19,425,028.86
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			20,173,603.14
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			77,244
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			261.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			186.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			186.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county			184.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			188.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			184.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			184.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			184.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			108,530,730.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,405.04	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,459.19	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$184.70	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$41.04	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>143.66</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101028 - 2014/07**

**Outpatient Rate: 73.83**

## University Community Hospital-Tampa

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

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

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	115,813,683	82,207,230	6,879,115	4,042,368	Total Bed Days 173,850
2. Routine	78,335,494		4,575,570		Total Inpatient Days 104,156
3. Special Care	17,251,246		2,572,684		Total Newborn Days 9,074
4. Newborn Routine	6,025,494		672,091		Medicaid Inpatient Days 6,572
5. Intern-Resident	0		0		Medicaid Newborn IP Days 822
6. Home Health					Medicare Inpatient Days 39,324
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-2,995,888	-1,132,724	-202,542	-55,699	Medicaid Paid Claims 30,337
9. Total Cost	214,430,029	81,074,506	14,496,918	3,986,669	Property Rate Allowance 0.80
10. Charges	\$1,050,708,753	\$582,460,402	\$67,232,619	31,395,445	First Semester in effect: 2014/07
11. Fixed Costs	34,595,490.00		2,213,691.85		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,876.52		148.44	County Ceiling Base	946.71	177.33
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	974.07	91.77	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,986,668.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,986,668.66
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,210,127.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		30,337
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		138.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.92
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		94.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	183.42	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	94.92	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	94.92	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		31,395,445.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,034.89
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,092.90
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$94.92
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$21.09
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>73.83</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101036 - 2014/07**

**Outpatient Rate: 150.92**

## Doctors Memorial Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	2,187,532	6,334,715	485,576	1,277,940	Total Bed Days	7,300
2. Routine	2,593,753		298,388		Total Inpatient Days	3,745
3. Special Care	853,234		90,536		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	466
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,490
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	8,794
9. Total Cost	5,634,519	6,334,715	874,500	1,277,940	Property Rate Allowance	1.00
10. Charges	\$8,777,440	\$16,757,962	\$1,764,472	2,541,846	First Semester in effect:	2014/07
11. Fixed Costs	2,198,985.00		442,047.73		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,144.76		179.26	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,452.17	166.33	FPLI	0.8419

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,277,940.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,277,940.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,327,187.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,794
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		150.92
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)		150.92
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
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)		150.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		150.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		2,541,846.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	289.04	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	300.18	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$150.92	
AU	Medicaid Trend Adjustment IP% : 14.387 OP% : 9.552	\$14.42	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	14.42	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>150.92</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101044 - 2014/07**

**Outpatient Rate: 96.50**

## Indian River Memorial Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	52,379,060	58,357,010	4,507,486	4,167,890	Total Bed Days	122,640
2. Routine	42,869,582		3,796,278		Total Inpatient Days	62,006
3. Special Care	7,491,457		358,608		Total Newborn Days	2,170
4. Newborn Routine	1,050,011		598,560		Medicaid Inpatient Days	5,581
5. Intern-Resident	0		0		Medicaid Newborn IP Days	31
6. Home Health					Medicare Inpatient Days	34,159
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-1,323,711	-744,269	-118,111	-53,156	Medicaid Paid Claims	32,961
9. Total Cost	102,466,399	57,612,741	9,142,821	4,114,734	Property Rate Allowance	0.80
10. Charges	\$281,895,170	\$224,969,561	\$21,968,301	13,527,164	First Semester in effect:	2014/07
11. Fixed Costs	14,473,905.00		1,127,962.22		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,563.24		136.65	County Ceiling Base	940.82	166.38
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,014.54	119.95	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,636.56	187.44	FPLI	0.9488

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,114,733.87
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,114,733.87
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,273,301.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,961
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		129.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		124.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		124.07
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		187.44
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		172.10
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	172.10	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	124.07	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	124.07	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		13,527,164.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		410.40
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		426.22
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$124.07
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$27.57
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>96.50</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101061 - 2014/07**

**Outpatient Rate: 89.77**

## Jackson Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2012-9/30/2013

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	7,003,802	18,342,567	1,583,778	2,170,425	Total Bed Days	25,915
2. Routine	7,850,620		1,011,836		Total Inpatient Days	13,305
3. Special Care	1,794,878		794,623		Total Newborn Days	1,058
4. Newborn Routine	439,730		374,889		Medicaid Inpatient Days	2,462
5. Intern-Resident	0		0		Medicaid Newborn IP Days	36
6. Home Health					Medicare Inpatient Days	7,089
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	25,110
9. Total Cost	17,089,030	18,342,567	3,765,126	2,170,425	Property Rate Allowance	1.00
10. Charges	\$38,632,400	\$83,568,022	\$12,954,206	9,066,386	First Semester in effect:	2014/07
11. Fixed Costs	2,943,023.00		986,853.68		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,350.63		104.97	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,475.11	168.95	FPLI	0.8552

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,170,425.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,170,425.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,254,065.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,110
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		89.77
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)		89.77
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
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)		89.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		89.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,066,386.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	361.07	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	374.98	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$89.77	
AU	Medicaid Trend Adjustment IP% : 10.877 OP% : 7.668	\$6.88	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	6.88	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>89.77</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101079 - 2014/07**

**Outpatient Rate: 84.79**

## Leesburg Regional Medical Center

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

Fiscal Year : 7/1/2012-6/30/2013

Hospital Classification: General

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	79,725,866	49,425,538	5,527,909	3,553,395	Total Bed Days 115,340
2. Routine	49,195,082		3,561,501		Total Inpatient Days 78,508
3. Special Care	13,284,890		1,179,508		Total Newborn Days 4,025
4. Newborn Routine	1,143,100		704,036		Medicaid Inpatient Days 6,674
5. Intern-Resident	0		0		Medicaid Newborn IP Days 96
6. Home Health					Medicare Inpatient Days 44,444
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	-2,257,747	-778,452	-172,824	-55,966	Medicaid Paid Claims 33,466
9. Total Cost	141,091,191	48,647,086	10,800,130	3,497,429	Property Rate Allowance 0.80
10. Charges	\$571,148,167	\$285,312,950	\$33,738,649	20,276,874	First Semester in effect: 2014/07
11. Fixed Costs	13,748,317.00		812,135.39		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,660.49	117.62	County Ceiling Base	924.64	174.93	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	881.38	107.31	Cost Report DRI Index 2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,598.61	183.10	FPLI 0.9268

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,497,429.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,497,429.01
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,648,224.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,466
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		109.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		111.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		109.01
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county		183.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		180.94
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		180.94
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		109.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		109.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,276,874.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	605.89	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	632.01	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$109.01	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$24.22	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>84.79</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101087 - 2014/07**

**Outpatient Rate: 80.49**

## South Lake Memorial Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

Hospital Classification: General

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	31,317,892	42,688,462	3,538,263	2,920,439	Total Bed Days	44,530
2. Routine	25,384,859		1,590,586		Total Inpatient Days	29,172
3. Special Care	4,319,293		390,748		Total Newborn Days	944
4. Newborn Routine	851,155		370,578		Medicaid Inpatient Days	2,216
5. Intern-Resident	0		0		Medicaid Newborn IP Days	22
6. Home Health					Medicare Inpatient Days	12,012
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	22,916
9. Total Cost	61,873,199	42,688,462	5,890,175	2,920,439	Property Rate Allowance	0.80
10. Charges	\$310,108,720	\$325,135,974	\$20,470,251	21,148,640	First Semester in effect:	2014/07
11. Fixed Costs	15,832,692.00		1,045,114.69		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,425.91	142.80	County Ceiling Base	935.57	179.49	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,823.92	100.04	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,598.61	183.10	FPLI	0.9268

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,920,439.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,920,439.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,032,982.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,916
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		103.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		103.48
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county		183.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	183.10	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	103.48	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	103.48	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		21,148,640.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		922.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		958.44
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$103.48
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$22.99
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>80.49</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101095 - 2014/07**

**Outpatient Rate: 86.96**

## Florida Hospital Waterman

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

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

Hospital Classification: General

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	55,920,597	58,276,274	5,688,438	3,734,143	Total Bed Days 75,604
2. Routine	37,195,950		3,486,095		Total Inpatient Days 60,292
3. Special Care	10,206,259		1,003,105		Total Newborn Days 2,020
4. Newborn Routine	1,003,122		641,607		Medicaid Inpatient Days 6,073
5. Intern-Resident	0		0		Medicaid Newborn IP Days 220
6. Home Health					Medicare Inpatient Days 32,823
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-1,483,406	-828,628	-153,838	-53,096	Medicaid Paid Claims 28,277
9. Total Cost	102,842,522	57,447,646	10,665,407	3,681,047	Property Rate Allowance 0.80
10. Charges	\$448,226,459	\$384,034,037	\$38,725,387	29,178,478	First Semester in effect: 2014/07
11. Fixed Costs	16,308,613.00		1,409,013.99		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,676.04		148.33	County Ceiling Base	935.57	179.49
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	809.31	108.09	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,598.61	183.10	FPLI	0.9268

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,681,047.37	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,681,047.37	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,887,375.92	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			28,277
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			137.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			111.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			111.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county			183.10
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			185.66
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		183.10	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		111.80	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		111.80	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		29,178,478.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,031.88	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,089.72	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$111.80	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$24.84	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>86.96</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101109 - 2014/07**

**Outpatient Rate: 112.45**

## Lee Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2012-9/30/2013

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: 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	189,511,468	145,375,229	25,454,399	14,938,564	Total Bed Days	263,895
2. Routine	127,617,197		14,689,043		Total Inpatient Days	172,346
3. Special Care	45,924,691		15,229,112		Total Newborn Days	16,287
4. Newborn Routine	11,907,164		5,040,797		Medicaid Inpatient Days	28,556
5. Intern-Resident	0		0		Medicaid Newborn IP Days	6,082
6. Home Health					Medicare Inpatient Days	65,939
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-6,003,110	-2,327,455	-967,217	-239,166	Medicaid Paid Claims	106,108
9. Total Cost	368,957,410	143,047,774	59,446,134	14,699,398	Property Rate Allowance	0.80
10. Charges	\$1,601,320,911	\$953,379,477	\$234,147,584	95,701,046	First Semester in effect:	2014/07
11. Fixed Costs	33,648,440.00		4,920,126.18		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,724.87	151.79	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,634.83	187.25	FPLI	0.9478

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	14,699,397.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		14,699,397.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		15,265,862.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		106,108
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		143.87
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)		143.87
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
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)	143.87	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	143.87	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	95,701,046.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	901.92	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	936.68	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$143.87	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 19.722	\$28.37	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70%)	5.27	
AW	Buy Back of Medicaid Trend Adjustment	2.22	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>112.45</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101109 - 2014/07**

**Outpatient Rate: 93.51**

## County Billing ONLY

**Lee Memorial Hospital**

Type of Control: Government (4)  
 Fiscal Year : 10/1/2012-9/30/2013  
 Hospital Classification: Special

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	189,511,468	145,375,229	25,454,399	14,938,564	Total Bed Days 263,895
2. Routine	127,617,197		14,689,043		Total Inpatient Days 172,346
3. Special Care	45,924,691		15,229,112		Total Newborn Days 16,287
4. Newborn Routine	11,907,164		5,040,797		Medicaid Inpatient Days 28,556
5. Intern-Resident	0		0		Medicaid Newborn IP Days 6,082
6. Home Health					Medicare Inpatient Days 65,939
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-6,003,110	-2,327,455	-967,217	-239,166	Medicaid Paid Claims 106,108
9. Total Cost	368,957,410	143,047,774	59,446,134	14,699,398	Property Rate Allowance 0.80
10. Charges	\$1,601,320,911	\$953,379,477	\$234,147,584	95,701,046	First Semester in effect: 2014/07
11. Fixed Costs	33,648,440.00		4,920,126.18		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,724.87	151.79	County Ceiling Base	1,001.15	186.87	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,092.45	116.23	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,634.83	187.25	FPLI 0.9478

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	14,699,397.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		14,699,397.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		15,265,862.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		106,108
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		143.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.22
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		120.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county		187.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	187.25	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	120.22	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	120.22	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	95,701,046.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	901.92	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	936.68	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$120.22	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$26.71	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>93.51</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101117 - 2014/07**

**Outpatient Rate: 36.90**

## Lehigh Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	9,020,989	14,321,302	1,044,411	1,561,178	Total Bed Days	32,208
2. Routine	8,417,749		604,828		Total Inpatient Days	13,122
3. Special Care	2,468,807		481,535		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	6,313
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-308,912	-222,228	-33,064	-24,225	Medicaid Paid Claims	34,211
9. Total Cost	19,598,633	14,099,074	2,097,710	1,536,953	Property Rate Allowance	0.80
10. Charges	\$155,179,626	\$174,487,795	\$16,697,319	24,333,342	First Semester in effect:	2014/07
11. Fixed Costs	3,941,861.00		424,144.02		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,395.74	50.05	County Ceiling Base	1,001.15	186.87	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	921.22	70.60	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,634.83	187.25	FPLI	0.9478

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,536,952.70
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,536,952.70
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,623,101.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		34,211
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		47.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		73.03
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		47.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county		187.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	187.25	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	47.44	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	47.44	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		24,333,342.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		711.27
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		751.14
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$47.44
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$10.54
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>36.90</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101133 - 2014/07**

**Outpatient Rate: 129.16**

## Tallahassee Memorial Regional M.C.

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

Fiscal Year : 10/1/2012-9/30/2013

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	120,660,996	194,808,218	14,802,598	7,263,441	Total Bed Days	178,850
2. Routine	88,538,886		10,014,664		Total Inpatient Days	106,437
3. Special Care	16,960,831		2,639,171		Total Newborn Days	17,511
4. Newborn Routine	10,825,340		5,196,102		Medicaid Inpatient Days	14,246
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,509
6. Home Health					Medicare Inpatient Days	29,082
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-2,812,971	-2,312,329	-387,578	-86,215	Medicaid Paid Claims	43,520
9. Total Cost	234,173,082	192,495,889	32,264,957	7,177,226	Property Rate Allowance	0.80
10. Charges	\$938,220,255	\$805,706,822	\$107,739,300	33,569,899	First Semester in effect:	2014/07
11. Fixed Costs	32,072,565.00		3,683,011.19		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,648.12		178.35	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,656.39	189.72	FPLI	0.9603

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	7,177,225.60	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,177,225.60	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		7,453,811.37	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			43,520
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			171.27
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)			171.27
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
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)		171.27	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		171.27	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		33,569,899.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		771.37	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		801.10	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$171.27	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479		\$36.79	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		7.92	
AW	Buy Back of Medicaid Trend Adjustment		2.60	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>129.16</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101133 - 2014/07**

**Outpatient Rate: 108.95**

## County Billing ONLY

**Tallahassee Memorial Regional M.C.**

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

Fiscal Year : 10/1/2012-9/30/2013

Hospital Classification: CHEP

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	120,660,996	194,808,218	14,802,598	7,263,441	Total Bed Days 178,850
2. Routine	88,538,886		10,014,664		Total Inpatient Days 106,437
3. Special Care	16,960,831		2,639,171		Total Newborn Days 17,511
4. Newborn Routine	10,825,340		5,196,102		Medicaid Inpatient Days 14,246
5. Intern-Resident	0		0		Medicaid Newborn IP Days 4,509
6. Home Health					Medicare Inpatient Days 29,082
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-2,812,971	-2,312,329	-387,578	-86,215	Medicaid Paid Claims 43,520
9. Total Cost	234,173,082	192,495,889	32,264,957	7,177,226	Property Rate Allowance 0.80
10. Charges	\$938,220,255	\$805,706,822	\$107,739,300	33,569,899	First Semester in effect: 2014/07
11. Fixed Costs	32,072,565.00		3,683,011.19		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,648.12	178.35	County Ceiling Base	972.10	180.21	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	866.12	135.42	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,656.39	189.72	FPLI 0.9603

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	7,177,225.60
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,177,225.60
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		7,453,811.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		43,520
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		171.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		140.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		140.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county		189.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.40	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	140.07	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	140.07	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		33,569,899.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		771.37
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		801.10
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$140.07
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$31.12
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>108.95</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101141 - 2014/07**

**Outpatient Rate: 38.23**

## 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	1.1330494944
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:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,508.88		45.61	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.879
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,488.22	170.45	FPLI	0.8628

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	238,438.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		238,438.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		270,162.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,865
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		39.35
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)		39.35
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
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)	39.35	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	39.35	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		881,602.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		128.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		145.51
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$39.35
AU	Medicaid Trend Adjustment IP% : 12.805 OP% : 9.688		\$3.81
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		2.69
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>38.23</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101150 - 2014/07**

**Outpatient Rate: 66.54**

## Madison County Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2012-9/30/2013

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	1,377,656	2,975,412	31,764	314,603	Total Bed Days 9,125
2. Routine	774,503		30,644		Total Inpatient Days 1,263
3. Special Care	0		0		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 817
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-42,271	-58,441	-1,226	-6,179	Medicaid Paid Claims 4,794
9. Total Cost	2,109,888	2,916,971	61,182	308,424	Property Rate Allowance 1.00
10. Charges	\$8,339,136	\$11,272,396	\$181,334	979,927	First Semester in effect: 2014/07
11. Fixed Costs	402,776.00		0.00		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,611.43		76.70	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,502.53	172.09	FPLI	0.8711

### 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)	<b>Reimbursed by Diagnosis Related Groups</b>	308,423.80
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		308,423.80
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		320,309.40
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		4,794
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		66.81
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)		66.81
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
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)		66.81
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		66.81
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		204.41
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		212.29
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$66.81
AU	Medicaid Trend Adjustment IP% : 14.387 OP% : 9.688		\$6.47
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		6.20
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>66.54</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101168 - 2014/07**

**Outpatient Rate: 92.41**

## Manatee Memorial Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	71,084,491	44,338,533	10,433,244	3,700,136	Total Bed Days 116,754
2. Routine	57,332,795		7,885,936		Total Inpatient Days 78,584
3. Special Care	9,022,502		1,518,794		Total Newborn Days 5,396
4. Newborn Routine	3,572,802		3,253,403		Medicaid Inpatient Days 10,516
5. Intern-Resident	0		0		Medicaid Newborn IP Days 2,219
6. Home Health					Medicare Inpatient Days 30,635
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims 32,022
9. Total Cost	141,012,590	44,338,533	23,091,377	3,700,136	Property Rate Allowance 0.80
10. Charges	\$738,473,813	\$355,212,053	\$88,890,785	34,893,036	First Semester in effect: 2014/07
11. Fixed Costs	19,381,879.00		2,333,014.94		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,772.44	125.65	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,675.19	191.87	FPLI 0.9712

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,700,136.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,700,136.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,907,534.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,022
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		122.03
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)		122.03
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
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)	122.03	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	122.03	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		34,893,036.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,089.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,150.74
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$122.03
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$27.12
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		2.50
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>92.41</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101168 - 2014/07**

**Outpatient Rate: 87.52**

## County Billing ONLY

### Manatee Memorial Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	71,084,491	44,338,533	10,433,244	3,700,136	Total Bed Days 116,754
2. Routine	57,332,795		7,885,936		Total Inpatient Days 78,584
3. Special Care	9,022,502		1,518,794		Total Newborn Days 5,396
4. Newborn Routine	3,572,802		3,253,403		Medicaid Inpatient Days 10,516
5. Intern-Resident	0		0		Medicaid Newborn IP Days 2,219
6. Home Health					Medicare Inpatient Days 30,635
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims 32,022
9. Total Cost	141,012,590	44,338,533	23,091,377	3,700,136	Property Rate Allowance 0.80
10. Charges	\$738,473,813	\$355,212,053	\$88,890,785	34,893,036	First Semester in effect: 2014/07
11. Fixed Costs	19,381,879.00		2,333,014.94		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,772.44	125.65	County Ceiling Base	978.57	179.36	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	814.73	108.78	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,675.19	191.87	FPLI 0.9712

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,700,136.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,700,136.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,907,534.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,022
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		122.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		112.52
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.52
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county		191.87
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	112.52	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	112.52	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		34,893,036.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,089.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,150.74
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$112.52
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$25.00
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>87.52</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101176 - 2014/07**

**Outpatient Rate: 68.67**

## Munroe Regional Medical Center

Type of Control: Government (4)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	101,082,565	88,618,125	10,651,994	6,326,644	Total Bed Days 146,365
2. Routine	80,521,714		7,981,515		Total Inpatient Days 101,558
3. Special Care	15,395,673		2,762,406		Total Newborn Days 6,784
4. Newborn Routine	4,046,487		2,219,502		Medicaid Inpatient Days 11,868
5. Intern-Resident	0		0		Medicaid Newborn IP Days 3,721
6. Home Health					Medicare Inpatient Days 45,724
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims 74,423
9. Total Cost	201,046,439	88,618,125	23,615,417	6,326,644	Property Rate Allowance 0.80
10. Charges	\$938,577,658	\$633,323,853	\$102,403,430	36,367,362	First Semester in effect: 2014/07
11. Fixed Costs	26,376,105.00		2,877,762.54		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,464.27	93.58	County Ceiling Base	912.11	159.18	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	909.04	100.07	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,627.41	186.40	FPLI 0.9435

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	6,326,644.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,326,644.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,570,451.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		74,423
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		88.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		103.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		88.29
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county		186.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		164.65
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	164.65	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	88.29	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	88.29	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,367,362.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		488.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		507.49
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$88.29
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$19.62
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>68.67</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101184 - 2014/07**

**Outpatient Rate: 66.28**

## Martin Memorial Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Martin (43)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	99,504,563	107,822,272	6,228,423	4,366,956	Total Bed Days	125,560
2. Routine	42,844,085		3,738,571		Total Inpatient Days	73,693
3. Special Care	19,492,695		1,447,985		Total Newborn Days	4,316
4. Newborn Routine	1,653,229		576,107		Medicaid Inpatient Days	6,906
5. Intern-Resident	0		0		Medicaid Newborn IP Days	190
6. Home Health					Medicare Inpatient Days	39,587
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-2,405,493	-1,586,388	-176,425	-64,251	Medicaid Paid Claims	52,432
9. Total Cost	161,089,079	106,235,884	11,814,661	4,302,705	Property Rate Allowance	0.80
10. Charges	\$882,661,169	\$771,511,277	\$53,777,126	34,133,513	First Semester in effect:	2014/07
11. Fixed Costs	27,207,141.00		1,657,625.71		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,557.24		89.27	County Ceiling Base	884.52	167.96
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	949.79	124.83	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,646.56	188.59	FPLI	0.9546

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,302,705.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,302,705.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,468,516.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		52,432
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		85.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		129.12
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		85.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9546) for Martin county		188.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		173.73
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	173.73	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	85.22	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	85.22	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		34,133,513.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		651.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		676.10
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$85.22
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$18.94
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>66.28</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101192 - 2014/07**

**Outpatient Rate: 68.59**

## Lower Florida Keys Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 Hospital Classification: Special-IP

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	18,263,058	20,708,611	2,898,257	1,517,441	Total Bed Days 55,480
2. Routine	15,367,422		2,093,819		Total Inpatient Days 18,523
3. Special Care	3,305,611		493,624		Total Newborn Days 866
4. Newborn Routine	556,748		305,378		Medicaid Inpatient Days 2,900
5. Intern-Resident	0		0		Medicaid Newborn IP Days 475
6. Home Health					Medicare Inpatient Days 6,622
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-745,860	-411,965	-115,204	-30,187	Medicaid Paid Claims 14,026
9. Total Cost	36,746,979	20,296,646	5,675,874	1,487,254	Property Rate Allowance 0.80
10. Charges	\$183,813,673	\$157,937,257	\$27,981,332	12,879,774	First Semester in effect: 2014/07
11. Fixed Costs	6,475,046.00		985,674.29		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,429.66	109.08	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	85.25	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,741.26	199.44	FPLI 1.0095

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,487,253.93	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,487,253.93	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,544,567.62	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			14,026
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			110.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			88.18
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			88.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county			199.44
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		199.44	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		88.18	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		88.18	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,879,774.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		918.28	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		953.67	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$88.18	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$19.59	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>68.59</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101192 - 2014/07**

**Outpatient Rate: 68.59**

## Target History - Internal Information Only

### Lower Florida Keys Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 Hospital Classification: Special-IP

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	18,263,058	20,708,611	2,898,257	1,517,441	Total Bed Days	55,480
2. Routine	15,367,422		2,093,819		Total Inpatient Days	18,523
3. Special Care	3,305,611		493,624		Total Newborn Days	866
4. Newborn Routine	556,748		305,378		Medicaid Inpatient Days	2,900
5. Intern-Resident	0		0		Medicaid Newborn IP Days	475
6. Home Health					Medicare Inpatient Days	6,622
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-745,860	-411,965	-115,204	-30,187	Medicaid Paid Claims	14,026
9. Total Cost	36,746,979	20,296,646	5,675,874	1,487,254	Property Rate Allowance	0.80
10. Charges	\$183,813,673	\$157,937,257	\$27,981,332	12,879,774	First Semester in effect:	2014/07
11. Fixed Costs	6,475,046.00		985,674.29		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,429.66	109.08	County Ceiling Base	982.94	195.92	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	703.80	85.25	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,741.26	199.44	FPLI	1.0095

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,487,253.93
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,487,253.93
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,544,567.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,026
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		88.18
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		88.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county		199.44
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		202.65
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	199.44	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	88.18	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	88.18	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,879,774.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		918.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		953.67
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$88.18
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$19.59
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>68.59</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101206 - 2014/07**

**Outpatient Rate: 142.96**

## Fishermen's Hospital

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

Fiscal Year : 7/1/2012-6/30/2013

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	2,471,122	11,093,958	142,795	562,211	Total Bed Days	9,125
2. Routine	3,883,099		150,446		Total Inpatient Days	1,821
3. Special Care	738,405		21,403		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	84
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,019
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	-91,863	-143,687	-4,075	-7,282	Medicaid Paid Claims	3,975
9. Total Cost	7,000,763	10,950,271	310,569	554,929	Property Rate Allowance	1.00
10. Charges	\$13,366,537	\$49,937,771	\$642,985	2,363,139	First Semester in effect:	2014/07
11. Fixed Costs	2,563,682.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,517.76		144.25	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,741.26	199.44	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)	<b>Reimbursed by Diagnosis Related Groups</b>	554,929.32
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		554,929.32
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		578,855.72
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,975
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		145.62
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)		145.62
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
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)		145.62
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		145.62
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		2,363,139.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	594.50	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	620.13	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$145.62	
AU	Medicaid Trend Adjustment IP% : 14.387 OP% : 8.968	\$13.06	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	10.40	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>142.96</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101214 - 2014/07**

**Outpatient Rate: 366.92**

## Mariners Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	4,533,656	28,602,569	218,753	1,473,532	Total Bed Days	9,125
2. Routine	7,036,709		172,378		Total Inpatient Days	2,125
3. Special Care	2,796,471		94,033		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	79
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,238
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	3,908
9. Total Cost	14,366,836	28,602,569	485,164	1,473,532	Property Rate Allowance	1.00
10. Charges	\$23,047,926	\$113,381,477	\$1,000,364	5,001,020	First Semester in effect:	2014/07
11. Fixed Costs	3,274,149.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	5,370.23		387.90	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,741.26	199.44	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)	<b>Reimbursed by Diagnosis Related Groups</b>	1,473,532.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,473,532.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,530,316.89
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		3,908
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		391.59
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)		391.59
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
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)		391.59
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		391.59
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		5,001,020.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,279.69	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	1,329.00	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$391.59	
AU	Medicaid Trend Adjustment IP% : 10.477 OP% : 9.688	\$37.94	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	13.27	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>366.92</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101231 - 2014/07**

**Outpatient Rate: 98.41**

## Baptist Medical Center - Nassau

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

Fiscal Year : 10/1/2012-9/30/2013

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	9,167,166	23,305,979	1,714,333	1,789,722	Total Bed Days	19,764
2. Routine	10,767,975		989,662		Total Inpatient Days	10,632
3. Special Care	0		0		Total Newborn Days	998
4. Newborn Routine	574,652		335,116		Medicaid Inpatient Days	1,138
5. Intern-Resident	0		0		Medicaid Newborn IP Days	29
6. Home Health					Medicare Inpatient Days	4,771
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-310,511	-352,844	-46,011	-27,096	Medicaid Paid Claims	17,730
9. Total Cost	20,199,282	22,953,135	2,993,100	1,762,626	Property Rate Allowance	1.00
10. Charges	\$73,798,557	\$142,725,574	\$8,868,175	9,928,736	First Semester in effect:	2014/07
11. Fixed Costs	2,969,705.00		356,861.50		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,389.04		105.14	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,693.82	194.00	FPLI	0.9820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,762,626.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,762,626.25
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,830,551.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,730
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.25
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)		103.25
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
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)		103.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		103.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		9,928,736.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	560.00	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	581.58	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$103.25	
AU	Medicaid Trend Adjustment IP% : 12.204 OP% : 9.125	\$9.42	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	4.58	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>98.41</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101257 - 2014/07**

**Outpatient Rate: 76.26**

## Twin Cities Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 6/1/2012-5/31/2013  
 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	9,856,544	15,593,392	472,845	1,013,243	Total Bed Days 21,535
2. Routine	4,641,305		253,532		Total Inpatient Days 6,744
3. Special Care	2,558,295		142,127		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 415
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 4,208
7. Malpractice					Prospective Inflation factor 1.0451644575
8. Adjustments	-261,567	-239,135	-13,319	-15,539	Medicaid Paid Claims 9,426
9. Total Cost	16,794,577	15,354,257	855,185	997,704	Property Rate Allowance 0.80
10. Charges	\$135,798,507	\$171,315,655	\$7,222,127	12,346,449	First Semester in effect: 2014/07
11. Fixed Costs	3,237,111.00		172,158.20		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,944.37	125.05	County Ceiling Base	945.95	168.41	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	860.45	94.79	Cost Report DRI Index 2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,525.99	174.78	FPLI 0.8847

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	997,704.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		997,704.26
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,042,765.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,426
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		98.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		98.05
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county		174.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		174.20
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		174.20
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		98.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		98.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,346,449.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,309.83	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,368.99	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$98.05	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$21.79	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>76.26</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101265 - 2014/07**

**Outpatient Rate: 97.02**

## North Okaloosa Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 4/1/2012-3/31/2013  
 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	19,125,433	26,526,219	2,295,729	3,605,062	Total Bed Days 40,150
2. Routine	13,570,107		1,808,950		Total Inpatient Days 20,735
3. Special Care	3,192,761		70,379		Total Newborn Days 918
4. Newborn Routine	293,058		212,933		Medicaid Inpatient Days 2,804
5. Intern-Resident	0		0		Medicaid Newborn IP Days 210
6. Home Health					Medicare Inpatient Days 12,291
7. Malpractice					Prospective Inflation factor 1.0498027613
8. Adjustments	-584,153	-428,270	-70,845	-58,204	Medicaid Paid Claims 28,954
9. Total Cost	35,597,206	26,097,949	4,317,146	3,546,858	Property Rate Allowance 0.80
10. Charges	\$380,613,844	\$428,733,135	\$43,504,616	64,415,114	First Semester in effect: 2014/07
11. Fixed Costs	8,063,310.00		921,645.94		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,336.81	145.36	County Ceiling Base	945.95	168.41	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	856.86	120.60	Cost Report DRI Index 2.028
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,525.99	174.78	FPLI 0.8847

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient      Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by</b> <b>Diagnosis</b> <b>Related Groups</b> 3,546,857.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,546,857.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,723,501.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	28,954
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	128.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	124.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	124.74
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county	174.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	174.20
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	174.20
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	124.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	124.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	64,415,114.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,224.74
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,335.54
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$124.74
AU	Medicaid Trend Adjustment      IP% : 31.458      OP% : 22.221	\$27.72
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	<b>Final Prospective Rates</b>	<b>97.02</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101290 - 2014/07**

**Outpatient Rate: 112.32**

## Florida Hospital

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

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

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	760,867,400	531,757,364	69,090,220	39,144,063	Total Bed Days 865,780
2. Routine	495,189,113		52,312,945		Total Inpatient Days 620,008
3. Special Care	150,914,899		15,623,106		Total Newborn Days 42,435
4. Newborn Routine	34,717,035		8,144,263		Medicaid Inpatient Days 70,193
5. Intern-Resident	0		0		Medicaid Newborn IP Days 4,781
6. Home Health					Medicare Inpatient Days 215,734
7. Malpractice					Prospective Inflation factor 1.0339970860
8. Adjustments	-22,564,630	-8,322,817	-2,272,141	-612,664	Medicaid Paid Claims 272,478
9. Total Cost	1,419,123,817	523,434,547	142,898,393	38,531,399	Property Rate Allowance 0.80
10. Charges	\$7,498,369,371	\$3,848,786,583	\$698,633,866	293,038,590	First Semester in effect: 2014/07
11. Fixed Costs	135,969,157.00		12,668,442.05		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,833.64		149.28	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.059
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,689.51	193.51	FPLI	0.9795

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	38,531,398.51	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			38,531,398.51
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			39,841,353.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			272,478
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			146.22
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)			146.22
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
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)			146.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			146.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			293,038,590.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,075.46	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,112.02	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$146.22	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$32.49	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70%)		3.29	
AW	Buy Back of Medicaid Trend Adjustment		1.88	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>112.32</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101290 - 2014/07**

**Outpatient Rate: 102.47**

## County Billing ONLY

### Florida Hospital

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

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

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	760,867,400	531,757,364	69,090,220	39,144,063	Total Bed Days	865,780
2. Routine	495,189,113		52,312,945		Total Inpatient Days	620,008
3. Special Care	150,914,899		15,623,106		Total Newborn Days	42,435
4. Newborn Routine	34,717,035		8,144,263		Medicaid Inpatient Days	70,193
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,781
6. Home Health					Medicare Inpatient Days	215,734
7. Malpractice					Prospective Inflation factor	1.0339970860
8. Adjustments	-22,564,630	-8,322,817	-2,272,141	-612,664	Medicaid Paid Claims	272,478
9. Total Cost	1,419,123,817	523,434,547	142,898,393	38,531,399	Property Rate Allowance	0.80
10. Charges	\$7,498,369,371	\$3,848,786,583	\$698,633,866	293,038,590	First Semester in effect:	2014/07
11. Fixed Costs	135,969,157.00		12,668,442.05		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,833.64	149.28	County Ceiling Base	956.10	184.28	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	992.19	127.37	Cost Report DRI Index	2.059
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,689.51	193.51	FPLI	0.9795

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	38,531,398.51
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		38,531,398.51
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		39,841,353.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		272,478
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		146.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		131.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		131.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county		193.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.61
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	190.61	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	131.75	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	131.75	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		293,038,590.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,075.46
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,112.02
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$131.75
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$29.28
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>102.47</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101338 - 2014/07**

**Outpatient Rate: 148.12**

## Orlando Health

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

Fiscal Year : 10/1/2012-9/30/2013

Hospital Classification: Statutory Teaching Hospital

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	469,266,720	395,425,254	73,806,299	32,423,957	Total Bed Days	550,968
2. Routine	315,107,381		46,554,220		Total Inpatient Days	340,854
3. Special Care	57,802,111		14,108,599		Total Newborn Days	64,774
4. Newborn Routine	57,514,043		34,096,975		Medicaid Inpatient Days	56,616
5. Intern-Resident	0		0		Medicaid Newborn IP Days	26,339
6. Home Health					Medicare Inpatient Days	74,576
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	174,015
9. Total Cost	899,690,255	395,425,254	168,566,093	32,423,957	Property Rate Allowance	0.80
10. Charges	\$4,183,843,735	\$2,666,763,999	\$718,832,578	212,932,641	First Semester in effect:	2014/07
11. Fixed Costs	121,656,979.00		20,902,071.25		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,887.34		197.56	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,689.51	193.51	FPLI	0.9795

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	32,423,957.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			32,423,957.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			33,673,465.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			174,015
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			193.51
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)			193.51
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
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)			193.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			193.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			212,932,641.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,223.65	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,270.81	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$193.51	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479		\$41.56	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70%)		7.00	
AW	Buy Back of Medicaid Trend Adjustment		3.17	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>148.12</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101338 - 2014/07**

**Outpatient Rate: 125.52**

## County Billing ONLY

### Orlando Health

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

Fiscal Year : 10/1/2012-9/30/2013

Type of Action: Unaudited Cost Report [1]

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	469,266,720	395,425,254	73,806,299	32,423,957	Total Bed Days	550,968
2. Routine	315,107,381		46,554,220		Total Inpatient Days	340,854
3. Special Care	57,802,111		14,108,599		Total Newborn Days	64,774
4. Newborn Routine	57,514,043		34,096,975		Medicaid Inpatient Days	56,616
5. Intern-Resident	0		0		Medicaid Newborn IP Days	26,339
6. Home Health					Medicare Inpatient Days	74,576
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	174,015
9. Total Cost	899,690,255	395,425,254	168,566,093	32,423,957	Property Rate Allowance	0.80
10. Charges	\$4,183,843,735	\$2,666,763,999	\$718,832,578	212,932,641	First Semester in effect:	2014/07
11. Fixed Costs	121,656,979.00		20,902,071.25		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,887.34	197.56	County Ceiling Base	Exempt	184.28	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,213.38	156.02	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,689.51	193.51	FPLI	0.9795

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	32,423,957.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		32,423,957.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		33,673,465.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		174,015
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		193.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		161.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		161.38
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county		193.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.61
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	190.61	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	161.38	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	161.38	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		212,932,641.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,223.65
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,270.81
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$161.38
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$35.86
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>125.52</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101354 - 2014/07**

**Outpatient Rate: 99.06**

## Health Central

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

Fiscal Year : 10/1/2012-9/30/2013

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	44,976,968	44,724,787	4,675,939	4,205,775	Total Bed Days	62,415
2. Routine	32,856,188		3,273,148		Total Inpatient Days	49,986
3. Special Care	8,367,947		931,598		Total Newborn Days	2,228
4. Newborn Routine	1,250,614		692,669		Medicaid Inpatient Days	5,715
5. Intern-Resident	0		0		Medicaid Newborn IP Days	243
6. Home Health					Medicare Inpatient Days	15,537
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	31,970
9. Total Cost	87,451,717	44,724,787	9,573,354	4,205,775	Property Rate Allowance	0.80
10. Charges	\$466,284,685	\$299,129,811	\$42,728,652	25,501,275	First Semester in effect:	2014/07
11. Fixed Costs	11,677,176.00		1,070,054.42		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,513.23		139.48	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,689.51	193.51	FPLI	0.9795

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,205,775.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,205,775.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,367,851.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,970
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		136.62
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)		136.62
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
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)	136.62	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	136.62	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		25,501,275.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		797.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		828.40
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$136.62
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$30.36
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		7.20
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>99.06</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101354 - 2014/07**

**Outpatient Rate: 84.98**

## County Billing ONLY

### Health Central

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

Fiscal Year : 10/1/2012-9/30/2013

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	44,976,968	44,724,787	4,675,939	4,205,775	Total Bed Days	62,415
2. Routine	32,856,188		3,273,148		Total Inpatient Days	49,986
3. Special Care	8,367,947		931,598		Total Newborn Days	2,228
4. Newborn Routine	1,250,614		692,669		Medicaid Inpatient Days	5,715
5. Intern-Resident	0		0		Medicaid Newborn IP Days	243
6. Home Health					Medicare Inpatient Days	15,537
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	31,970
9. Total Cost	87,451,717	44,724,787	9,573,354	4,205,775	Property Rate Allowance	0.80
10. Charges	\$466,284,685	\$299,129,811	\$42,728,652	25,501,275	First Semester in effect:	2014/07
11. Fixed Costs	11,677,176.00		1,070,054.42		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,513.23	139.48	County Ceiling Base	956.10	184.28	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,153.10	105.63	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,689.51	193.51	FPLI	0.9795

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,205,775.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,205,775.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,367,851.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		31,970
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		136.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		109.26
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		109.26
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county		193.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.61
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	190.61	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	109.26	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	109.26	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		25,501,275.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		797.66
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		828.40
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$109.26
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$24.28
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>84.98</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101389 - 2014/07**

**Outpatient Rate: 96.79**

## Osceola Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	59,450,415	60,458,117	9,041,888	5,784,344	Total Bed Days 93,805
2. Routine	54,989,065		5,710,280		Total Inpatient Days 75,952
3. Special Care	16,373,251		2,691,901		Total Newborn Days 2,973
4. Newborn Routine	1,132,905		795,272		Medicaid Inpatient Days 9,726
5. Intern-Resident	0		0		Medicaid Newborn IP Days 57
6. Home Health					Medicare Inpatient Days 24,623
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-2,216,912	-1,015,800	-306,452	-97,187	Medicaid Paid Claims 47,076
9. Total Cost	129,728,724	59,442,317	17,932,889	5,687,157	Property Rate Allowance 0.80
10. Charges	\$1,097,227,396	\$786,126,315	\$116,981,590	92,572,407	First Semester in effect: 2014/07
11. Fixed Costs	15,932,219.00		1,698,623.56		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,840.04	133.96	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,642.77	188.16	FPLI 0.9524

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	5,687,157.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,687,157.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,005,931.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		47,076
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		127.58
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)		127.58
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
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)	127.58	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	127.58	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		92,572,407.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,966.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,076.67
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$127.58
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$28.35
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		2.44
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>96.79</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101389 - 2014/07**

**Outpatient Rate: 92.03**

## County Billing ONLY

**Osceola Regional Medical Center**

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	59,450,415	60,458,117	9,041,888	5,784,344	Total Bed Days 93,805
2. Routine	54,989,065		5,710,280		Total Inpatient Days 75,952
3. Special Care	16,373,251		2,691,901		Total Newborn Days 2,973
4. Newborn Routine	1,132,905		795,272		Medicaid Inpatient Days 9,726
5. Intern-Resident	0		0		Medicaid Newborn IP Days 57
6. Home Health					Medicare Inpatient Days 24,623
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-2,216,912	-1,015,800	-306,452	-97,187	Medicaid Paid Claims 47,076
9. Total Cost	129,728,724	59,442,317	17,932,889	5,687,157	Property Rate Allowance 0.80
10. Charges	\$1,097,227,396	\$786,126,315	\$116,981,590	92,572,407	First Semester in effect: 2014/07
11. Fixed Costs	15,932,219.00		1,698,623.56		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,840.04	133.96	County Ceiling Base	921.93	181.33	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,017.34	114.39	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,642.77	188.16	FPLI 0.9524

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	5,687,157.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,687,157.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,005,931.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		47,076
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		127.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.32
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.32
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county		188.16
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.56
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	187.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	118.32	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	118.32	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		92,572,407.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,966.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,076.67
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$118.32
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$26.29
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>92.03</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101401 - 2014/07**

**Outpatient Rate: 92.34**

## Bethesda Mem. Hosp.

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

Fiscal Year : 10/1/2012-9/30/2013

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	93,044,693	70,762,053	14,516,678	6,883,805	Total Bed Days	169,725
2. Routine	60,565,113		7,166,443		Total Inpatient Days	95,444
3. Special Care	15,791,517		1,312,847		Total Newborn Days	14,064
4. Newborn Routine	8,660,231		6,271,446		Medicaid Inpatient Days	13,896
5. Intern-Resident	0		0		Medicaid Newborn IP Days	4,953
6. Home Health					Medicare Inpatient Days	42,454
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-2,478,505	-984,964	-407,384	-95,818	Medicaid Paid Claims	59,381
9. Total Cost	175,583,049	69,777,089	28,860,030	6,787,987	Property Rate Allowance	0.80
10. Charges	\$933,234,674	\$565,885,918	\$136,099,659	52,697,823	First Semester in effect:	2014/07
11. Fixed Costs	26,384,895.00		3,847,880.19		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,344.37		115.81	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	6,787,986.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,787,986.74
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		7,049,572.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		59,381
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.72
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)		118.72
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)	118.72	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	118.72	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		52,697,823.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		887.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		921.65
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$118.72
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$26.38
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>92.34</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101401 - 2014/07**

**Outpatient Rate: 92.34**

## County Billing ONLY

**Bethesda Mem. Hosp.**

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

Fiscal Year : 10/1/2012-9/30/2013

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	93,044,693	70,762,053	14,516,678	6,883,805	Total Bed Days 169,725
2. Routine	60,565,113		7,166,443		Total Inpatient Days 95,444
3. Special Care	15,791,517		1,312,847		Total Newborn Days 14,064
4. Newborn Routine	8,660,231		6,271,446		Medicaid Inpatient Days 13,896
5. Intern-Resident	0		0		Medicaid Newborn IP Days 4,953
6. Home Health					Medicare Inpatient Days 42,454
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-2,478,505	-984,964	-407,384	-95,818	Medicaid Paid Claims 59,381
9. Total Cost	175,583,049	69,777,089	28,860,030	6,787,987	Property Rate Allowance 0.80
10. Charges	\$933,234,674	\$565,885,918	\$136,099,659	52,697,823	First Semester in effect: 2014/07
11. Fixed Costs	26,384,895.00		3,847,880.19		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,344.37	115.81	County Ceiling Base	1,038.20	196.82	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,020.80	118.27	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI 1.0251

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient      Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by</b> <b>Diagnosis</b> <b>Related Groups</b>
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	6,787,986.74
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,787,986.74
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,049,572.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	59,381
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	118.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	122.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	118.72
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	202.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	203.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	202.52
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	118.72
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	118.72
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	52,697,823.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	887.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	921.65
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$118.72
AU	Medicaid Trend Adjustment      IP% : 31.458      OP% : 22.221	\$26.38
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	<b>Final Prospective Rates</b>	<b>92.34</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101419 - 2014/07**

**Outpatient Rate: 90.55**

## Boca Raton Community Hospital

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

Fiscal Year : 7/1/2012-6/30/2013

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	89,529,877	148,943,903	2,245,950	899,791	Total Bed Days	133,590
2. Routine	49,484,487		1,499,038		Total Inpatient Days	67,036
3. Special Care	14,419,162		414,021		Total Newborn Days	5,077
4. Newborn Routine	1,156,575		87,251		Medicaid Inpatient Days	2,392
5. Intern-Resident	0		0		Medicaid Newborn IP Days	86
6. Home Health					Medicare Inpatient Days	42,407
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims	8,062
9. Total Cost	154,590,101	148,943,903	4,246,260	899,791	Property Rate Allowance	0.80
10. Charges	\$588,230,282	\$893,546,804	\$13,770,892	4,438,260	First Semester in effect:	2014/07
11. Fixed Costs	32,043,005.00		750,149.69		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,435.66		113.57	County Ceiling Base	1,038.20	196.82
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	850.98	114.67	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	899,791.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		899,791.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		938,586.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,062
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		116.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.42
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		202.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		203.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	202.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	116.42	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	116.42	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,438,260.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		550.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		574.26
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$116.42
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$25.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>90.55</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101443 - 2014/07**

**Outpatient Rate: 66.88**

## Lakeside Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2012-9/30/2013

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	8,964,653	10,813,958	2,121,250	1,808,628	Total Bed Days	25,550
2. Routine	10,142,508		2,741,575		Total Inpatient Days	10,592
3. Special Care	2,308,605		408,182		Total Newborn Days	1,128
4. Newborn Routine	571,350		203,621		Medicaid Inpatient Days	2,954
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,031
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-149,673	-73,614	-37,267	-12,312	Medicaid Paid Claims	27,893
9. Total Cost	21,837,443	10,740,344	5,437,361	1,796,316	Property Rate Allowance	1.00
10. Charges	\$67,665,243	\$50,157,566	\$13,506,366	7,874,441	First Semester in effect:	2014/07
11. Fixed Costs	3,675,929.00		733,736.26		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,613.16		65.24	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,796,316.11
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,796,316.11
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,865,540.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,893
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		66.88
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)		66.88
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)	66.88	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	66.88	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,874,441.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		282.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		293.19
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$66.88
AU	Medicaid Trend Adjustment IP% : 10.477 OP% : 7.668		\$5.13
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		5.13
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>66.88</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101460 - 2014/07**

**Outpatient Rate: 114.89**

## JFK Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2012-6/30/2013

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	128,941,660	79,304,601	12,430,755	5,003,913	Total Bed Days 163,347
2. Routine	83,305,927		5,715,853		Total Inpatient Days 122,626
3. Special Care	22,980,824		2,687,166		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 13,017
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 40,915
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	-3,719,600	-1,254,021	-329,439	-79,125	Medicaid Paid Claims 34,058
9. Total Cost	231,508,811	78,050,580	20,504,335	4,924,788	Property Rate Allowance 0.80
10. Charges	\$1,872,139,606	\$861,437,821	\$177,349,482	57,387,253	First Semester in effect: 2014/07
11. Fixed Costs	26,623,780.00		2,522,094.81		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,405.73		147.14	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,924,787.55	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,924,787.55	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,137,125.28	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			34,058
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			150.83
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)			150.83
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)		150.83	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		150.83	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		57,387,253.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,684.99	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,757.64	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$150.83	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$33.52	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		2.42	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>114.89</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101460 - 2014/07**

**Outpatient Rate: 110.16**

## County Billing ONLY

**JFK Medical Center**

Type of Control: Proprietary(1)  
 Fiscal Year : 7/1/2012-6/30/2013  
 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	128,941,660	79,304,601	12,430,755	5,003,913	Total Bed Days	163,347
2. Routine	83,305,927		5,715,853		Total Inpatient Days	122,626
3. Special Care	22,980,824		2,687,166		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	13,017
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	40,915
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	-3,719,600	-1,254,021	-329,439	-79,125	Medicaid Paid Claims	34,058
9. Total Cost	231,508,811	78,050,580	20,504,335	4,924,788	Property Rate Allowance	0.80
10. Charges	\$1,872,139,606	\$861,437,821	\$177,349,482	57,387,253	First Semester in effect:	2014/07
11. Fixed Costs	26,623,780.00		2,522,094.81		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,405.73	147.14	County Ceiling Base	1,038.20	196.82	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	785.55	136.93	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,924,787.55
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,924,787.55
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,137,125.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		34,058
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		150.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		141.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		141.63
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		202.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		203.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	202.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	141.63	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	141.63	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		57,387,253.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,684.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,757.64
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$141.63
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$31.47
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>110.16</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101486 - 2014/07**

**Outpatient Rate: 95.37**

## St. Mary's Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2012-5/31/2013

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	90,019,885	48,096,620	27,113,685	7,915,997	Total Bed Days 169,360
2. Routine	58,787,161		17,682,364		Total Inpatient Days 106,679
3. Special Care	24,832,053		9,915,454		Total Newborn Days 7,402
4. Newborn Routine	953,026		688,426		Medicaid Inpatient Days 35,452
5. Intern-Resident	0		0		Medicaid Newborn IP Days 127
6. Home Health					Medicare Inpatient Days 14,698
7. Malpractice					Prospective Inflation factor 1.0451644575
8. Adjustments	-2,840,167	-782,409	-901,215	-128,773	Medicaid Paid Claims 67,782
9. Total Cost	171,751,958	47,314,211	54,498,714	7,787,224	Property Rate Allowance 0.80
10. Charges	\$970,075,788	\$312,617,276	\$309,045,835	58,311,218	First Semester in effect: 2014/07
11. Fixed Costs	13,689,441.00		4,361,169.28		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,436.77	117.14	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI 1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	7,787,223.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,787,223.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		8,138,929.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		67,782
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		120.08
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)		120.08
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)	120.08	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	120.08	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		58,311,218.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		860.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		899.13
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$120.08
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 19.722		\$23.68
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		2.86
AW	Buy Back of Medicaid Trend Adjustment		1.83
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>95.37</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101486 - 2014/07**

**Outpatient Rate: 84.83**

## County Billing ONLY

**St. Mary's Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 6/1/2012-5/31/2013  
 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	90,019,885	48,096,620	27,113,685	7,915,997	Total Bed Days 169,360
2. Routine	58,787,161		17,682,364		Total Inpatient Days 106,679
3. Special Care	24,832,053		9,915,454		Total Newborn Days 7,402
4. Newborn Routine	953,026		688,426		Medicaid Inpatient Days 35,452
5. Intern-Resident	0		0		Medicaid Newborn IP Days 127
6. Home Health					Medicare Inpatient Days 14,698
7. Malpractice					Prospective Inflation factor 1.0451644575
8. Adjustments	-2,840,167	-782,409	-901,215	-128,773	Medicaid Paid Claims 67,782
9. Total Cost	171,751,958	47,314,211	54,498,714	7,787,224	Property Rate Allowance 0.80
10. Charges	\$970,075,788	\$312,617,276	\$309,045,835	58,311,218	First Semester in effect: 2014/07
11. Fixed Costs	13,689,441.00		4,361,169.28		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,436.77	117.14	County Ceiling Base	1,038.20	196.82	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,097.64	105.44	Cost Report DRI Index 2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI 1.0251

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	7,787,223.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,787,223.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		8,138,929.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		67,782
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		120.08
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		109.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		109.06
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		202.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		203.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	202.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	109.06	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	109.06	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		58,311,218.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		860.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		899.13
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$109.06
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$24.23
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>84.83</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101494 - 2014/07**

**Outpatient Rate: 77.94**

## Florida Hospital Zephyrhills

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

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

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	42,440,169	41,928,075	3,313,208	2,172,731	Total Bed Days 50,874
2. Routine	27,290,106		1,909,475		Total Inpatient Days 36,695
3. Special Care	5,312,134		735,956		Total Newborn Days 1,039
4. Newborn Routine	711,605		462,301		Medicaid Inpatient Days 3,047
5. Intern-Resident	0		0		Medicaid Newborn IP Days 9
6. Home Health					Medicare Inpatient Days 15,944
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-1,180,929	-653,616	-100,096	-33,871	Medicaid Paid Claims 17,841
9. Total Cost	74,573,085	41,274,459	6,320,844	2,138,860	Property Rate Allowance 0.80
10. Charges	\$452,557,875	\$272,276,308	\$31,717,059	16,120,028	First Semester in effect: 2014/07
11. Fixed Costs	8,747,030.00		613,026.71		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	2,051.20	131.66	County Ceiling Base	866.44	178.10	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	863.33	96.88	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,658.64	189.97	FPLI 0.9616

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,138,860.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,138,860.32
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,258,746.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,841
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		100.21
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		100.21
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		189.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.22	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	100.21	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	100.21	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,120,028.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		903.54
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		954.18
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$100.21
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$22.27
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>77.94</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101508 - 2014/07**

**Outpatient Rate: 86.40**

## North Bay Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2013-12/31/2013  
 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	23,881,692	22,659,475	3,160,615	1,960,762	Total Bed Days	82,490
2. Routine	38,976,194		3,773,225		Total Inpatient Days	52,569
3. Special Care	5,303,599		224,266		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	5,416
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,477
7. Malpractice					Prospective Inflation factor	1.0339970860
8. Adjustments	-968,933	-322,110	-101,754	-27,873	Medicaid Paid Claims	13,834
9. Total Cost	67,192,552	22,337,365	7,056,352	1,932,889	Property Rate Allowance	0.80
10. Charges	\$302,377,217	\$174,493,033	\$37,457,044	14,903,447	First Semester in effect:	2014/07
11. Fixed Costs	7,911,471.00		980,035.20		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,206.39	150.24	County Ceiling Base	856.32	173.57	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	823.74	107.39	Cost Report DRI Index	2.059
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,658.64	189.97	FPLI	0.9616

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,932,889.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,932,889.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,998,601.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13,834
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		144.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		111.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.08
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		189.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		179.53
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	179.53	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	111.08	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	111.08	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	14,903,447.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,077.31	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,113.94	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$111.08	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$24.68	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>86.40</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101516 - 2014/07**

**Outpatient Rate: 242.68**

## All Children's Hospital

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

Fiscal Year : 7/1/2012-6/30/2013

Hospital Classification: Specialized: Children's

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	130,499,206	94,358,445	59,528,954	35,044,832	Total Bed Days 94,535
2. Routine	38,168,211		19,227,297		Total Inpatient Days 70,196
3. Special Care	75,485,240		44,274,557		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 41,172
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 151
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	-3,464,780	-1,339,045	-1,745,935	-497,323	Medicaid Paid Claims 144,503
9. Total Cost	240,687,877	93,019,400	121,284,873	34,547,509	Property Rate Allowance 0.80
10. Charges	\$730,458,521	\$379,298,682	\$419,933,570	107,608,240	First Semester in effect: 2014/07
11. Fixed Costs	41,070,200.00		23,610,862.51		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,615.33		263.57	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	34,547,509.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		34,547,509.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		36,037,063.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		144,503
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		249.39
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)		249.39
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
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)	249.39	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	249.39	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	107,608,240.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	744.68	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	776.79	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$249.39	
AU	Medicaid Trend Adjustment IP% : 10.389 OP% : 4.551	\$11.35	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 88%)	6.71	
AW	Buy Back of Medicaid Trend Adjustment	11.35	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>242.68</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101516 - 2014/07**

**Outpatient Rate: 172.87**

## County Billing ONLY

### All Children's Hospital

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

Fiscal Year : 7/1/2012-6/30/2013

Hospital Classification: Specialized: Children's

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	130,499,206	94,358,445	59,528,954	35,044,832	Total Bed Days	94,535
2. Routine	38,168,211		19,227,297		Total Inpatient Days	70,196
3. Special Care	75,485,240		44,274,557		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	41,172
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	151
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	-3,464,780	-1,339,045	-1,745,935	-497,323	Medicaid Paid Claims	144,503
9. Total Cost	240,687,877	93,019,400	121,284,873	34,547,509	Property Rate Allowance	0.80
10. Charges	\$730,458,521	\$379,298,682	\$419,933,570	107,608,240	First Semester in effect:	2014/07
11. Fixed Costs	41,070,200.00		23,610,862.51		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,615.33	263.57	County Ceiling Base	Exempt	181.57	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,631.65	207.86	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	34,547,509.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		34,547,509.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		36,037,063.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		144,503
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		249.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		215.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		215.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	186.93	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	186.93	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		107,608,240.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		744.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		776.79
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$186.93
AU	Medicaid Trend Adjustment IP% : 11.746 OP% : 7.522		\$14.06
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>172.87</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101524 - 2014/07**

**Outpatient Rate: 97.80**

## Good Samaritan Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2012-5/31/2013

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	38,664,839	56,826,747	3,863,953	3,088,987	Total Bed Days	121,545
2. Routine	29,480,032		2,706,540		Total Inpatient Days	38,701
3. Special Care	5,427,400		449,712		Total Newborn Days	1,588
4. Newborn Routine	414,506		212,731		Medicaid Inpatient Days	3,948
5. Intern-Resident	0		0		Medicaid Newborn IP Days	33
6. Home Health					Medicare Inpatient Days	16,648
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-1,079,918	-829,448	-105,573	-45,087	Medicaid Paid Claims	23,988
9. Total Cost	72,906,859	55,997,299	7,127,363	3,043,900	Property Rate Allowance	0.80
10. Charges	\$430,490,795	\$386,087,337	\$38,650,839	22,196,930	First Semester in effect:	2014/07
11. Fixed Costs	13,031,360.00		1,169,997.14		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,525.74	129.37	County Ceiling Base	1,038.20	196.82	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	942.44	121.56	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,043,899.87
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,043,899.87
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,181,375.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,988
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		132.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		125.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		125.74
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		202.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		203.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	202.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	125.74	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	125.74	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	22,196,930.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	925.33	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	967.12	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$125.74	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$27.94	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>97.80</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101541 - 2014/07**

**Outpatient Rate: 91.10**

## Mease Hospital Clinic

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

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

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	18,400,775	21,945,714	1,572,114	844,053	Total Bed Days 45,384
2. Routine	15,554,211		697,392		Total Inpatient Days 21,828
3. Special Care	4,158,734		305,897		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,208
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 9,658
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-820,537	-472,462	-55,445	-18,171	Medicaid Paid Claims 7,447
9. Total Cost	37,293,183	21,473,252	2,519,958	825,882	Property Rate Allowance 0.80
10. Charges	\$160,522,165	\$150,847,174	\$13,028,918	6,345,508	First Semester in effect: 2013/07
11. Fixed Costs	4,543,034.00		368,739.22		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,987.56		123.78	944.75	176.95	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	988.93	114.47	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	825,881.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		825,881.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		872,173.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,447
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.40
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		117.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	183.03	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	117.12	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	117.12	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	6,345,508.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	852.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	899.85	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$117.12	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$26.02	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>91.10</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101567 - 2014/07**

**Outpatient Rate: 93.18**

## Bayfront Medical Center

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

Fiscal Year : 1/1/2013-3/31/2013

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	21,837,895	13,882,412	2,197,322	738,822	Total Bed Days 31,590
2. Routine	10,963,366		1,171,306		Total Inpatient Days 20,453
3. Special Care	7,056,191		420,852		Total Newborn Days 1,814
4. Newborn Routine	860,565		361,493		Medicaid Inpatient Days 2,398
5. Intern-Resident	0		0		Medicaid Newborn IP Days 63
6. Home Health					Medicare Inpatient Days 5,494
7. Malpractice					Prospective Inflation factor 1.0410757946
8. Adjustments	-637,460	-217,336	-64,985	-11,567	Medicaid Paid Claims 5,990
9. Total Cost	40,080,557	13,665,076	4,085,988	727,255	Property Rate Allowance 0.80
10. Charges	\$227,749,465	\$99,847,117	\$22,197,579	5,811,419	First Semester in effect: 2014/07
11. Fixed Costs	3,703,214.00		360,933.38		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,665.41	133.59	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.045
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	727,255.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		727,255.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		757,127.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,990
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.40
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)		126.40
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)	126.40	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	126.40	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,811,419.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		970.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,010.04
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$126.40
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479		\$27.15
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		8.12
AW	Buy Back of Medicaid Trend Adjustment		2.05
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>93.18</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101567 - 2014/07**

**Outpatient Rate: 73.42**

## County Billing ONLY

**Bayfront Medical Center**

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

Fiscal Year : 1/1/2013-3/31/2013

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	21,837,895	13,882,412	2,197,322	738,822	Total Bed Days 31,590
2. Routine	10,963,366		1,171,306		Total Inpatient Days 20,453
3. Special Care	7,056,191		420,852		Total Newborn Days 1,814
4. Newborn Routine	860,565		361,493		Medicaid Inpatient Days 2,398
5. Intern-Resident	0		0		Medicaid Newborn IP Days 63
6. Home Health					Medicare Inpatient Days 5,494
7. Malpractice					Prospective Inflation factor 1.0410757946
8. Adjustments	-637,460	-217,336	-64,985	-11,567	Medicaid Paid Claims 5,990
9. Total Cost	40,080,557	13,665,076	4,085,988	727,255	Property Rate Allowance 0.80
10. Charges	\$227,749,465	\$99,847,117	\$22,197,579	5,811,419	First Semester in effect: 2014/07
11. Fixed Costs	3,703,214.00		360,933.38		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,665.41	133.59	County Ceiling Base	955.91	181.57	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	951.95	91.25	Cost Report DRI Index 2.045
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI 0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	727,255.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		727,255.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		757,127.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,990
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		126.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		94.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	94.39	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	94.39	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,811,419.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		970.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,010.04
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$94.39
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$20.97
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>73.42</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101583 - 2014/07**

**Outpatient Rate: 125.34**

## Morton F. Plant Hospital

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

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

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	118,149,995	107,764,107	12,764,027	5,350,179	Total Bed Days 193,248
2. Routine	78,436,056		6,863,469		Total Inpatient Days 109,770
3. Special Care	23,032,437		3,025,104		Total Newborn Days 4,999
4. Newborn Routine	2,019,889		1,009,342		Medicaid Inpatient Days 12,198
5. Intern-Resident	0		0		Medicaid Newborn IP Days 83
6. Home Health					Medicare Inpatient Days 42,329
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-3,620,923	-1,760,551	-386,567	-87,406	Medicaid Paid Claims 30,758
9. Total Cost	218,017,454	106,003,556	23,275,375	5,262,773	Property Rate Allowance 0.80
10. Charges	\$972,803,292	\$734,520,486	\$97,103,759	32,940,039	First Semester in effect: 2014/07
11. Fixed Costs	27,056,681.00		2,700,757.13		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,869.83	190.96	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI 0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	5,262,772.71	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,262,772.71	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,557,759.47	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			30,758
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			180.69
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)			180.69
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)		180.69	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		180.69	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		32,940,039.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,070.94	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,130.97	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$180.69	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$40.15	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		15.20	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>125.34</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101583 - 2014/07**

**Outpatient Rate: 95.60**

## County Billing ONLY

**Morton F. Plant Hospital**

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

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

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	118,149,995	107,764,107	12,764,027	5,350,179	Total Bed Days 193,248
2. Routine	78,436,056		6,863,469		Total Inpatient Days 109,770
3. Special Care	23,032,437		3,025,104		Total Newborn Days 4,999
4. Newborn Routine	2,019,889		1,009,342		Medicaid Inpatient Days 12,198
5. Intern-Resident	0		0		Medicaid Newborn IP Days 83
6. Home Health					Medicare Inpatient Days 42,329
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-3,620,923	-1,760,551	-386,567	-87,406	Medicaid Paid Claims 30,758
9. Total Cost	218,017,454	106,003,556	23,275,375	5,262,773	Property Rate Allowance 0.80
10. Charges	\$972,803,292	\$734,520,486	\$97,103,759	32,940,039	First Semester in effect: 2014/07
11. Fixed Costs	27,056,681.00		2,700,757.13		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,869.83	190.96	County Ceiling Base	955.91	181.57	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	530.64	118.83	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI 0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	5,262,772.71	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,262,772.71	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,557,759.47	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			30,758
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			180.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			122.91
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			122.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county			186.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			187.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		186.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		122.91	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		122.91	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		32,940,039.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,070.94	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,130.97	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$122.91	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$27.31	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>95.60</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101613 - 2014/07**

**Outpatient Rate: 105.70**

## Helen Ellis Memorial Hospital

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

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

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	22,495,437	26,569,698	2,386,894	1,104,577	Total Bed Days 54,900
2. Routine	12,669,751		823,179		Total Inpatient Days 15,241
3. Special Care	2,636,408		511,170		Total Newborn Days 385
4. Newborn Routine	392,324		283,288		Medicaid Inpatient Days 1,387
5. Intern-Resident	0		0		Medicaid Newborn IP Days 15
6. Home Health					Medicare Inpatient Days 6,610
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-442,490	-307,820	-46,394	-12,797	Medicaid Paid Claims 8,041
9. Total Cost	37,751,430	26,261,878	3,958,137	1,091,780	Property Rate Allowance 0.80
10. Charges	\$154,380,556	\$119,130,316	\$11,335,168	6,593,520	First Semester in effect: 2014/07
11. Fixed Costs	4,898,970.00		359,699.75		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,864.63		151.54	955.91	181.57	131.39
2. Base Rate Semester	2013/07	2013/07	1,259.69	197.56	186.93	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	1,724.87			FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	1,632.07			FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,091,780.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,091,780.07
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,152,976.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,041
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		143.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		135.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		135.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	135.90	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	135.90	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,593,520.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		819.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		865.95
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$135.90
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$30.20
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>105.70</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101648 - 2014/07**

**Outpatient Rate: 81.41**

## Lakeland Regional Medical Center

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

Fiscal Year : 10/1/2012-9/30/2013

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	148,721,647	159,993,513	15,153,149	9,863,670	Total Bed Days 310,615
2. Routine	132,636,625		12,195,744		Total Inpatient Days 179,367
3. Special Care	34,010,787		4,650,868		Total Newborn Days 6,197
4. Newborn Routine	1,964,089		732,765		Medicaid Inpatient Days 19,086
5. Intern-Resident	0		0		Medicaid Newborn IP Days 156
6. Home Health					Medicare Inpatient Days 62,586
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-4,945,572	-2,493,466	-510,130	-153,723	Medicaid Paid Claims 100,074
9. Total Cost	312,387,576	157,500,047	32,222,396	9,709,947	Property Rate Allowance 0.80
10. Charges	\$1,548,604,628	\$1,170,944,838	\$138,993,407	72,696,039	First Semester in effect: 2014/07
11. Fixed Costs	41,951,188.00		3,765,285.50		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,629.08		106.88	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,626.21	186.26	FPLI	0.9428

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	9,709,946.73	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			9,709,946.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			10,084,134.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			100,074
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			100.77
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)			100.77
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
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)			100.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			100.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			72,696,039.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		726.42	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		754.41	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$100.77	
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479		\$21.64	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		2.28	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>81.41</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101648 - 2014/07**

**Outpatient Rate: 78.38**

## County Billing ONLY

**Lakeland Regional Medical Center**

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

Fiscal Year : 10/1/2012-9/30/2013

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	148,721,647	159,993,513	15,153,149	9,863,670	Total Bed Days 310,615
2. Routine	132,636,625		12,195,744		Total Inpatient Days 179,367
3. Special Care	34,010,787		4,650,868		Total Newborn Days 6,197
4. Newborn Routine	1,964,089		732,765		Medicaid Inpatient Days 19,086
5. Intern-Resident	0		0		Medicaid Newborn IP Days 156
6. Home Health					Medicare Inpatient Days 62,586
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-4,945,572	-2,493,466	-510,130	-153,723	Medicaid Paid Claims 100,074
9. Total Cost	312,387,576	157,500,047	32,222,396	9,709,947	Property Rate Allowance 0.80
10. Charges	\$1,548,604,628	\$1,170,944,838	\$138,993,407	72,696,039	First Semester in effect: 2014/07
11. Fixed Costs	41,951,188.00		3,765,285.50		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,629.08	106.88	County Ceiling Base	902.00	180.23	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	860.38	115.91	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,626.21	186.26	FPLI 0.9428

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	9,709,946.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,709,946.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		10,084,134.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		100,074
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		119.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		100.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county		186.26
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		186.26
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		100.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		100.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		72,696,039.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	726.42	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	754.41	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$100.77	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$22.39	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>78.38</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101664 - 2014/07**

**Outpatient Rate: 64.75**

## Lake Wales Hospital Association

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 Hospital Classification: General

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	17,174,150	15,906,556	1,072,738	1,369,007	Total Bed Days 47,946
2. Routine	14,195,738		621,117		Total Inpatient Days 21,711
3. Special Care	3,282,836		136,535		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,042
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 9,634
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-508,891	-233,595	-26,880	-20,104	Medicaid Paid Claims 13,893
9. Total Cost	34,143,833	15,672,961	1,803,510	1,348,903	Property Rate Allowance 0.80
10. Charges	\$253,538,883	\$173,134,695	\$15,408,199	14,423,025	First Semester in effect: 2014/07
11. Fixed Costs	5,539,625.00		336,657.02		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,576.82	108.75	County Ceiling Base	902.00	180.23	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	801.74	80.48	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,626.21	186.26	FPLI 0.9428

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,348,902.51	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,348,902.51	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,424,510.64	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			13,893
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			102.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			83.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			83.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county			186.26
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			186.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		186.26	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		83.25	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		83.25	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,423,025.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,038.15	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,096.34	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$83.25	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$18.50	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>64.75</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101699 - 2014/07**

**Outpatient Rate: 87.68**

## Winter Haven Hospital

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

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

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	91,373,539	113,069,496	8,805,046	4,869,613	Total Bed Days	240,839
2. Routine	75,065,250		6,309,470		Total Inpatient Days	94,413
3. Special Care	19,716,128		2,296,886		Total Newborn Days	5,390
4. Newborn Routine	2,681,268		1,590,348		Medicaid Inpatient Days	9,468
5. Intern-Resident	0		0		Medicaid Newborn IP Days	542
6. Home Health					Medicare Inpatient Days	39,510
7. Malpractice					Prospective Inflation factor	1.0365141188
8. Adjustments	0	0	0	0	Medicaid Paid Claims	40,495
9. Total Cost	188,836,185	113,069,496	19,001,750	4,869,613	Property Rate Allowance	0.80
10. Charges	\$869,984,257	\$783,899,085	\$78,646,295	35,638,715	First Semester in effect:	2014/07
11. Fixed Costs	22,596,062.00		2,042,676.68		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,862.62		132.20	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.054
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,626.21	186.26	FPLI	0.9428

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,869,613.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			4,869,613.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			5,047,422.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			40,495
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			124.64
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)			124.64
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
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)			124.64
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			124.64
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			35,638,715.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		880.08	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		912.22	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$124.64	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$27.70	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		9.26	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>87.68</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101699 - 2014/07**

**Outpatient Rate: 69.57**

## County Billing ONLY

### Winter Haven Hospital

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

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

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	91,373,539	113,069,496	8,805,046	4,869,613	Total Bed Days	240,839
2. Routine	75,065,250		6,309,470		Total Inpatient Days	94,413
3. Special Care	19,716,128		2,296,886		Total Newborn Days	5,390
4. Newborn Routine	2,681,268		1,590,348		Medicaid Inpatient Days	9,468
5. Intern-Resident	0		0		Medicaid Newborn IP Days	542
6. Home Health					Medicare Inpatient Days	39,510
7. Malpractice					Prospective Inflation factor	1.0365141188
8. Adjustments	0	0	0	0	Medicaid Paid Claims	40,495
9. Total Cost	188,836,185	113,069,496	19,001,750	4,869,613	Property Rate Allowance	0.80
10. Charges	\$869,984,257	\$783,899,085	\$78,646,295	35,638,715	First Semester in effect:	2014/07
11. Fixed Costs	22,596,062.00		2,042,676.68		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,862.62	132.20	County Ceiling Base	902.00	180.23	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	674.60	86.47	Cost Report DRI Index	2.054
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,626.21	186.26	FPLI	0.9428

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,869,613.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,869,613.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,047,422.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,495
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		89.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county		186.26
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.26	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	89.44	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	89.44	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		35,638,715.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		880.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		912.22
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$89.44
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$19.87
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>69.57</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101702 - 2014/07**

**Outpatient Rate: 9.15**

## West Gables Rehabilitation

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	8,875,424	0	133,974	0	Total Bed Days	21,960
2. Routine	9,059,258		169,158		Total Inpatient Days	18,905
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	353
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,414
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-298,520	0	-5,046	0	Medicaid Paid Claims	0
9. Total Cost	17,636,162	0	298,086	0	Property Rate Allowance	0.80
10. Charges	\$38,483,019	\$0	\$655,596	0	First Semester in effect:	2014/07
11. Fixed Costs	1,867,702.00		31,818.14		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	661.23		0.00	County Ceiling Base	1,035.10	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	465.12	NA	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101711 - 2014/07**

**Outpatient Rate: 81.12**

## Flagler Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: St Johns (55)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	65,591,982	51,654,627	3,131,833	4,047,083	Total Bed Days	122,275
2. Routine	56,588,548		2,936,138		Total Inpatient Days	62,097
3. Special Care	15,425,779		1,326,762		Total Newborn Days	2,160
4. Newborn Routine	1,114,474		642,886		Medicaid Inpatient Days	4,084
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,560
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-1,900,999	-707,863	-110,146	-55,460	Medicaid Paid Claims	39,746
9. Total Cost	136,819,784	50,946,764	7,927,473	3,991,623	Property Rate Allowance	0.80
10. Charges	\$543,549,299	\$305,432,337	\$31,750,234	22,621,906	First Semester in effect:	2014/07
11. Fixed Costs	16,735,223.00		977,551.16		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,877.13		110.78	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,623.97	186.00	FPLI	0.9415

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,991,622.68	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			3,991,622.68
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			4,145,446.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			39,746
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			104.30
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)			104.30
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			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)			104.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			104.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			22,621,906.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		569.16	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		591.09	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$104.30	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$23.18	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>81.12</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101711 - 2014/07**

**Outpatient Rate: 71.42**

## County Billing ONLY

### Flagler Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: St Johns (55)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	65,591,982	51,654,627	3,131,833	4,047,083	Total Bed Days	122,275
2. Routine	56,588,548		2,936,138		Total Inpatient Days	62,097
3. Special Care	15,425,779		1,326,762		Total Newborn Days	2,160
4. Newborn Routine	1,114,474		642,886		Medicaid Inpatient Days	4,084
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,560
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-1,900,999	-707,863	-110,146	-55,460	Medicaid Paid Claims	39,746
9. Total Cost	136,819,784	50,946,764	7,927,473	3,991,623	Property Rate Allowance	0.80
10. Charges	\$543,549,299	\$305,432,337	\$31,750,234	22,621,906	First Semester in effect:	2014/07
11. Fixed Costs	16,735,223.00		977,551.16		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,877.13	110.78	County Ceiling Base	1,596.49	185.97	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	958.14	88.77	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,623.97	186.00	FPLI	0.9415

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,991,622.68
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,991,622.68
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,145,446.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		39,746
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		91.82
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.82
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		186.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.36
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.00	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	91.82	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	91.82	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	22,621,906.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	569.16	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	591.09	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$91.82	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$20.40	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>71.42</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101737 - 2014/07**

**Outpatient Rate: 11.76**

## Jay Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	1,244,422	4,991,621	16,966	64,113	Total Bed Days 17,885
2. Routine	3,312,451		188,577		Total Inpatient Days 2,143
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 122
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 1,253
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-64,686	-70,857	-2,918	-910	Medicaid Paid Claims 5,580
9. Total Cost	4,492,187	4,920,764	202,625	63,203	Property Rate Allowance 1.00
10. Charges	\$10,911,243	\$31,254,925	\$139,514	449,327	First Semester in effect: 2014/07
11. Fixed Costs	756,409.00		0.00		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,903.31		12.36	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,640.70	187.92	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)	<b>Reimbursed by Diagnosis Related Groups</b>	63,202.90
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		63,202.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		65,638.52
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		5,580
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		11.76
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)		11.76
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)		11.76
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		11.76
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		80.52
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		83.62
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$11.76
AU	Medicaid Trend Adjustment IP% : 14.387 OP% : 7.668		\$0.90
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.90
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>11.76</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101745 - 2014/07**

**Outpatient Rate: 72.29**

## Santa Rosa Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 6/1/2012-5/31/2013  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Santa Rosa (57)  
 District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	11,784,321	21,828,655	2,319,883	2,861,678	Total Bed Days 47,085
2. Routine	10,106,178		1,251,117		Total Inpatient Days 14,868
3. Special Care	2,347,589		195,633		Total Newborn Days 798
4. Newborn Routine	622,907		387,173		Medicaid Inpatient Days 2,017
5. Intern-Resident	0		0		Medicaid Newborn IP Days 104
6. Home Health					Medicare Inpatient Days 6,444
7. Malpractice					Prospective Inflation factor 1.0451644575
8. Adjustments	-364,161	-319,744	-60,845	-41,918	Medicaid Paid Claims 31,710
9. Total Cost	24,496,834	21,508,911	4,092,961	2,819,760	Property Rate Allowance 0.80
10. Charges	\$157,508,880	\$238,944,489	\$21,177,736	33,441,485	First Semester in effect: 2014/07
11. Fixed Costs	7,582,192.00		1,019,457.83		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,592.23	97.71	County Ceiling Base	1,612.94	187.54	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	927.08	92.58	Cost Report DRI Index 2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,640.70	187.92	FPLI 0.9512

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,819,760.45	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,819,760.45	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,947,113.40	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			31,710
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			92.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			95.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			92.94
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			187.92
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			193.98
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			187.92
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			92.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			92.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			33,441,485.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,054.60	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,102.23	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$92.94	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$20.65	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>72.29</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101753 - 2014/07**

**Outpatient Rate: 9.15**

## HealthSouth Rehabilitation Hospital-Largo

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	7,575,074	2,273	78,611	0	Total Bed Days	25,620
2. Routine	8,911,387		99,127		Total Inpatient Days	15,912
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	177
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,617
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-324,793	-45	-3,502	0	Medicaid Paid Claims	0
9. Total Cost	16,161,668	2,228	174,236	0	Property Rate Allowance	0.80
10. Charges	\$24,250,369	\$6,674	\$259,002	0	First Semester in effect:	2014/07
11. Fixed Costs	1,404,557.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,035.09		0.00	County Ceiling Base	955.91	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	541.66	NA	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101761 - 2014/07**

**Outpatient Rate: 102.93**

## Memorial Hospital

Type of Control: Government (4)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	134,750,017	154,589,226	10,980,984	6,440,804	Total Bed Days 223,380
2. Routine	99,397,018		7,019,048		Total Inpatient Days 112,464
3. Special Care	14,648,896		1,266,099		Total Newborn Days 11,305
4. Newborn Routine	8,270,204		4,855,285		Medicaid Inpatient Days 10,211
5. Intern-Resident	0		0		Medicaid Newborn IP Days 4,153
6. Home Health					Medicare Inpatient Days 62,021
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-3,700,444	-2,225,298	-347,226	-92,715	Medicaid Paid Claims 46,542
9. Total Cost	253,365,691	152,363,928	23,774,190	6,348,089	Property Rate Allowance 0.80
10. Charges	\$1,015,319,878	\$924,765,533	\$86,458,434	39,675,922	First Semester in effect: 2014/07
11. Fixed Costs	36,008,927.00		3,066,300.10		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,522.17	144.01	County Ceiling Base	970.52	185.63	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	785.35	127.94	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,696.58	194.32	FPLI 0.9836

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	6,348,089.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,348,089.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,592,722.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		46,542
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		141.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		132.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		132.34
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		194.32
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.01
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		192.01
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		132.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		132.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		39,675,922.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	852.48	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	885.33	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$132.34	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$29.41	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>102.93</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101788 - 2014/07**

**Outpatient Rate: 82.66**

## Central Florida Regional Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2012-5/31/2013

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	37,096,012	34,472,939	3,943,294	2,136,291	Total Bed Days	75,985
2. Routine	25,922,092		2,039,716		Total Inpatient Days	43,190
3. Special Care	8,749,716		566,517		Total Newborn Days	1,119
4. Newborn Routine	908,715		514,859		Medicaid Inpatient Days	3,634
5. Intern-Resident	0		0		Medicaid Newborn IP Days	32
6. Home Health					Medicare Inpatient Days	17,610
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-1,080,805	-512,662	-105,058	-31,770	Medicaid Paid Claims	20,698
9. Total Cost	71,595,730	33,960,277	6,959,328	2,104,521	Property Rate Allowance	0.80
10. Charges	\$465,705,597	\$329,915,989	\$32,872,186	30,653,862	First Semester in effect:	2014/07
11. Fixed Costs	8,174,205.00		576,982.52		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,893.83		110.61	County Ceiling Base	954.03	179.43
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	946.72	110.17	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,657.26	189.82	FPLI	0.9608

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,104,521.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,104,521.28
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,199,570.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,698
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		113.96
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9608) for Seminole county		189.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.60
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.60	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	106.27	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.27	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,653,862.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,481.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,547.90
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$106.27
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$23.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>82.66</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101796 - 2014/07**

**Outpatient Rate: 80.41**

### Shands at Live Oak

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2012-6/30/2013

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	1,885,433	10,348,796	325,862	2,138,845	Total Bed Days 5,475
2. Routine	3,163,366		305,791		Total Inpatient Days 4,103
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 432
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 2,642
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	-72,195	-147,983	-9,032	-30,584	Medicaid Paid Claims 27,351
9. Total Cost	4,976,604	10,200,813	622,621	2,108,261	Property Rate Allowance 1.00
10. Charges	\$18,889,287	\$66,150,290	\$2,623,300	14,394,090	First Semester in effect: 2014/07
11. Fixed Costs	1,049,454.00		145,745.72		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,298.31		90.66	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,529.79	175.22	FPLI	0.8869

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,108,260.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,108,260.57
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,199,160.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,351
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		80.41
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)		80.41
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
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)	80.41	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	80.41	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,394,090.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		526.27
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		548.96
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$80.41
AU	Medicaid Trend Adjustment IP% : 14.387 OP% : 7.668		\$6.17
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		6.17
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>80.41</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101800 - 2014/07**

**Outpatient Rate: 92.07**

## Doctor's Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 6/1/2012-5/31/2013

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	2,328,979	11,722,685	377,139	1,539,335	Total Bed Days 17,520
2. Routine	3,324,780		441,239		Total Inpatient Days 3,187
3. Special Care	2,334,148		150,080		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 575
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 1,636
7. Malpractice					Prospective Inflation factor 1.0451644575
8. Adjustments	-88,413	-129,750	-10,719	-17,038	Medicaid Paid Claims 17,281
9. Total Cost	7,899,494	11,592,935	957,739	1,522,297	Property Rate Allowance 1.00
10. Charges	\$11,120,039	\$40,751,948	\$1,683,637	4,917,698	First Semester in effect: 2014/07
11. Fixed Costs	2,593,434.00		392,660.62		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,041.29		93.34	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,701.41	194.87	FPLI	0.9864

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,522,297.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,522,297.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,591,050.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,281
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		92.07
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)		92.07
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
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)	92.07	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	92.07	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,917,698.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		284.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		297.42
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$92.07
AU	Medicaid Trend Adjustment IP% : 10.477 OP% : 7.668		\$7.06
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		7.06
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>92.07</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101826 - 2014/07**

**Outpatient Rate: 86.61**

## Florida Hospital - Fish Memorial

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

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

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	32,308,533	44,145,013	2,493,654	2,761,019	Total Bed Days	50,874
2. Routine	21,405,400		1,469,459		Total Inpatient Days	35,027
3. Special Care	6,595,381		500,266		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,660
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,806
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-956,569	-700,187	-70,794	-43,793	Medicaid Paid Claims	25,767
9. Total Cost	59,352,745	43,444,826	4,392,585	2,717,226	Property Rate Allowance	0.80
10. Charges	\$242,487,862	\$234,616,324	\$17,063,050	17,066,524	First Semester in effect:	2014/07
11. Fixed Costs	10,595,244.00		745,551.45		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,572.29		120.93	County Ceiling Base	892.69	177.85
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,012.72	110.37	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,588.43	181.93	FPLI	0.9209

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,717,226.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,717,226.32
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,869,531.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,767
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.36
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		114.16
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		111.36
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		181.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	111.36	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	111.36	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,066,524.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		662.34
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		699.47
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$111.36
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$24.75
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>86.61</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101834 - 2014/07**

**Outpatient Rate: 84.51**

## Bert Fish Memorial Hospital

Type of Control: Government (4)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	21,774,100	35,795,077	1,723,932	3,212,738	Total Bed Days	40,880
2. Routine	11,087,371		448,034		Total Inpatient Days	15,940
3. Special Care	3,944,811		305,360		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	849
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,908
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	15,820
9. Total Cost	36,806,282	35,795,077	2,477,326	3,212,738	Property Rate Allowance	0.80
10. Charges	\$104,700,749	\$143,139,178	\$8,636,250	13,638,831	First Semester in effect:	2014/07
11. Fixed Costs	7,996,283.00		659,574.07		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,414.55	229.03	County Ceiling Base	892.69	177.85	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	939.64	105.05	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,588.43	181.93	FPLI	0.9209

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,212,738.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,212,738.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,336,545.95
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,820
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		210.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		108.66
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		108.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		181.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		181.93
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		108.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		108.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		13,638,831.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	862.13	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	895.35	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$108.66	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$24.15	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>84.51</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101842 - 2014/07**

**Outpatient Rate: 112.11**

## Halifax Medical Center

Type of Control: Government (4)  
 Fiscal Year : 10/1/2011-9/30/2012  
 Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]  
 : 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	129,498,821	121,461,180	11,234,301	7,320,105	Total Bed Days	213,012
2. Routine	63,094,377		7,822,596		Total Inpatient Days	115,013
3. Special Care	41,605,278		3,265,291		Total Newborn Days	6,391
4. Newborn Routine	3,811,786		2,126,273		Medicaid Inpatient Days	13,479
5. Intern-Resident	0		0		Medicaid Newborn IP Days	637
6. Home Health					Medicare Inpatient Days	40,271
7. Malpractice					Prospective Inflation factor	1.0576254347
8. Adjustments	-3,245,856	-1,656,422	-333,415	-99,828	Medicaid Paid Claims	53,749
9. Total Cost	234,764,406	119,804,758	24,115,046	7,220,277	Property Rate Allowance	0.80
10. Charges	\$738,185,882	\$495,624,665	\$66,327,727	26,335,113	First Semester in effect:	2013/07
11. Fixed Costs	27,796,083.00		2,497,543.03		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,758.79	154.27	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.013
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,588.43	181.93	FPLI	0.9209

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	7,220,277.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,220,277.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		7,636,348.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		53,749
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		142.07
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)		142.07
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
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)	142.07	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	142.07	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,335,113.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		489.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		518.19
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$142.07
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479		\$30.52
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 70%]		2.92
AW	Buy Back of Medicaid Trend Adjustment		3.48
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>112.11</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101842 - 2014/07**

**Outpatient Rate: 100.05**

## County Billing ONLY

**Halifax Medical Center**

Type of Control: Government (4)  
 Fiscal Year : 10/1/2011-9/30/2012  
 Hospital Classification: CHEP

Type of Action: Amended Cost Report [2]

County: Volusia (64)  
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	129,498,821	121,461,180	11,234,301	7,320,105	Total Bed Days	213,012
2. Routine	63,094,377		7,822,596		Total Inpatient Days	115,013
3. Special Care	41,605,278		3,265,291		Total Newborn Days	6,391
4. Newborn Routine	3,811,786		2,126,273		Medicaid Inpatient Days	13,479
5. Intern-Resident	0		0		Medicaid Newborn IP Days	637
6. Home Health					Medicare Inpatient Days	40,271
7. Malpractice					Prospective Inflation factor	1.0576254347
8. Adjustments	-3,245,856	-1,656,422	-333,415	-99,828	Medicaid Paid Claims	53,749
9. Total Cost	234,764,406	119,804,758	24,115,046	7,220,277	Property Rate Allowance	0.80
10. Charges	\$738,185,882	\$495,624,665	\$66,327,727	26,335,113	First Semester in effect:	2013/07
11. Fixed Costs	27,796,083.00		2,497,543.03		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,758.79	154.27	County Ceiling Base	1,088.79	177.85	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	861.49	124.36	Cost Report DRI Index	2.013
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,588.43	181.93	FPLI	0.9209

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	7,220,277.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,220,277.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		7,636,348.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		53,749
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		142.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		128.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		128.63
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		181.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	128.63	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	128.63	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,335,113.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		489.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		518.19
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$128.63
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$28.58
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>100.05</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101869 - 2014/07**

**Outpatient Rate: 88.12**

## Ormond Beach Memorial Hospital

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

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

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	62,456,911	65,290,063	5,309,337	2,686,250	Total Bed Days 144,936
2. Routine	41,694,613		3,508,379		Total Inpatient Days 67,686
3. Special Care	13,838,964		1,065,332		Total Newborn Days 3,360
4. Newborn Routine	1,756,143		836,779		Medicaid Inpatient Days 6,184
5. Intern-Resident	0		0		Medicaid Newborn IP Days 437
6. Home Health					Medicare Inpatient Days 31,956
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-1,831,813	-998,769	-163,986	-41,093	Medicaid Paid Claims 24,655
9. Total Cost	117,914,818	64,291,294	10,555,841	2,645,157	Property Rate Allowance 0.80
10. Charges	\$455,788,776	\$356,872,103	\$36,020,395	15,518,134	First Semester in effect: 2014/07
11. Fixed Costs	24,453,335.00		1,932,515.31		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,493.56		123.03	County Ceiling Base	892.69	177.85
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,061.02	114.23	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,588.43	181.93	FPLI	0.9209

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,645,157.33
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,645,157.33
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,793,422.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		24,655
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		113.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.15
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		181.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	113.30	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	113.30	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,518,134.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		629.41
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		664.69
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$113.30
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$25.18
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>88.12</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101877 - 2014/07**

**Outpatient Rate: 73.99**

## Memorial Hospital - West Volusia

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

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

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	30,286,672	43,871,706	4,464,541	2,952,334	Total Bed Days	57,096
2. Routine	20,473,847		2,158,355		Total Inpatient Days	34,521
3. Special Care	7,120,495		671,080		Total Newborn Days	1,562
4. Newborn Routine	500,337		29,790		Medicaid Inpatient Days	3,990
5. Intern-Resident	0		0		Medicaid Newborn IP Days	93
6. Home Health					Medicare Inpatient Days	13,443
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-799,117	-600,511	-100,247	-40,411	Medicaid Paid Claims	30,581
9. Total Cost	57,582,234	43,271,195	7,223,519	2,911,923	Property Rate Allowance	0.80
10. Charges	\$245,422,278	\$249,553,349	\$27,408,038	20,047,551	First Semester in effect:	2014/07
11. Fixed Costs	7,737,094.00		864,055.90		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,786.13		109.20	County Ceiling Base	892.69	177.85
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,158.94	91.97	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,588.43	181.93	FPLI	0.9209

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,911,922.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,911,922.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,075,140.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		30,581
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.56
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		95.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		95.13
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county		181.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	181.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	95.13	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	95.13	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,047,551.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		655.56
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		692.31
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$95.13
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$21.14
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>73.99</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101885 - 2014/07**

**Outpatient Rate: 63.01**

## Healthmark Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2012-9/30/2013

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	1,789,218	4,095,310	241,778	762,849	Total Bed Days	18,300
2. Routine	1,640,407		217,618		Total Inpatient Days	3,528
3. Special Care	939,359		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	394
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,159
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	12,513
9. Total Cost	4,368,984	4,095,310	459,396	762,849	Property Rate Allowance	1.00
10. Charges	\$12,728,491	\$21,069,673	\$1,317,889	3,612,229	First Semester in effect:	2014/07
11. Fixed Costs	953,363.00		98,709.79		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,065.72		70.97	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,538.76	176.24	FPLI	0.8921

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	762,849.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		762,849.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		792,246.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,513
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		63.31
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)		63.31
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
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)	63.31	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	63.31	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,612,229.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	288.68	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	299.80	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$63.31	
AU	Medicaid Trend Adjustment IP% : 10.477 OP% : 9.688	\$6.13	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	5.83	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>63.01</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101893 - 2014/07**

**Outpatient Rate: 82.18**

## Florida Hospital - Flagler

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

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

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	20,469,168	40,789,452	1,311,665	2,292,082	Total Bed Days 30,378
2. Routine	15,763,181		952,931		Total Inpatient Days 27,975
3. Special Care	5,476,862		261,584		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,765
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 14,290
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-738,523	-722,237	-44,730	-40,585	Medicaid Paid Claims 28,932
9. Total Cost	40,970,688	40,067,215	2,481,450	2,251,497	Property Rate Allowance 1.00
10. Charges	\$198,906,518	\$256,809,037	\$10,892,903	17,820,919	First Semester in effect: 2014/07
11. Fixed Costs	9,298,477.00		509,221.16		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,261.13		87.83	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,613.96	184.86	FPLI	0.9357

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,251,497.32	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			2,251,497.32
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			2,377,697.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			28,932
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			82.18
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)			82.18
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
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)			82.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			82.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			17,820,919.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		615.96	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		650.49	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$82.18	
AU	Medicaid Trend Adjustment IP% : 10.477 OP% : 7.668		\$6.30	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		6.30	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>82.18</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101907 - 2014/07**

**Outpatient Rate: 128.10**

## Northwest Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2012-9/30/2013

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	1,580,856	10,868,953	160,529	1,872,381	Total Bed Days 9,125
2. Routine	2,175,848		182,845		Total Inpatient Days 2,401
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 260
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 1,550
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-65,273	-188,847	-5,966	-32,533	Medicaid Paid Claims 14,680
9. Total Cost	3,691,431	10,680,106	337,408	1,839,848	Property Rate Allowance 1.00
10. Charges	\$10,194,329	\$44,738,445	\$1,100,892	8,125,337	First Semester in effect: 2014/07
11. Fixed Costs	1,333,316.00		143,985.63		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	895.35		150.84	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,488.39	170.47	FPLI	0.8629

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,839,848.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,839,848.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,910,749.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,680
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		130.16
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)		130.16
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
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)	130.16	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	130.16	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	8,125,337.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	553.50	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	574.83	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$130.16	
AU	Medicaid Trend Adjustment IP% : 10.477 OP% : 9.688	\$12.61	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	10.55	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>128.10</b>	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

101915 - 2014/07

Outpatient Rate: 9.15

Kindred Hospital-Hollywood

Type of Control: Proprietary(1)  
 Fiscal Year : 9/1/2012-8/31/2013  
 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	14,474,149	0	50,203	0	Total Bed Days 43,070
2. Routine	16,106,446		80,124		Total Inpatient Days 23,782
3. Special Care	3,042,307		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 104
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 0
7. Malpractice					Prospective Inflation factor 1.0400586224
8. Adjustments	-721,930	0	-2,798	0	Medicaid Paid Claims 0
9. Total Cost	32,900,972	0	127,529	0	Property Rate Allowance 0.80
10. Charges	\$146,895,855	\$36	\$564,002	0	First Semester in effect: 2014/07
11. Fixed Costs	4,631,484.00		0.00		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,142.62	0.00	County Ceiling Base	998.52	NA	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	723.57	NA	Cost Report DRI Index 2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**101923 - 2014/07**

**Outpatient Rate: 114.32**

## Desoto Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2012-9/30/2013

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	5,039,498	13,484,371	1,566,540	1,970,682	Total Bed Days 17,885
2. Routine	4,521,368		951,931		Total Inpatient Days 6,661
3. Special Care	1,701,358		193,960		Total Newborn Days 1,040
4. Newborn Routine	427,471		406,098		Medicaid Inpatient Days 1,630
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 3,514
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-175,107	-201,990	-46,714	-29,520	Medicaid Paid Claims 17,635
9. Total Cost	11,514,588	13,282,381	3,071,815	1,941,162	Property Rate Allowance 1.00
10. Charges	\$35,919,096	\$65,676,603	\$6,237,494	7,216,136	First Semester in effect: 2014/07
11. Fixed Costs	3,433,815.00		596,295.64		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,493.04		108.22	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,822.15	208.70	FPLI	1.0564

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,941,162.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,941,162.01
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,015,967.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,635
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.32
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)		114.32
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
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)	114.32	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	114.32	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	7,216,136.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	409.19	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	424.96	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$114.32	
AU	Medicaid Trend Adjustment IP% : 10.477 OP% : 7.668	\$8.77	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	8.77	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>114.32</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101931 - 2014/07**

**Outpatient Rate: 77.18**

## Memorial Hospital of Jacksonville

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	113,350,148	74,127,271	8,915,851	5,845,838	Total Bed Days 152,900
2. Routine	80,421,161		6,324,086		Total Inpatient Days 112,024
3. Special Care	22,821,465		3,308,953		Total Newborn Days 3,693
4. Newborn Routine	1,376,984		794,565		Medicaid Inpatient Days 11,827
5. Intern-Resident	0		0		Medicaid Newborn IP Days 49
6. Home Health					Medicare Inpatient Days 42,180
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-2,874,571	-977,585	-255,100	-77,095	Medicaid Paid Claims 48,837
9. Total Cost	215,095,187	73,149,686	19,088,355	5,768,743	Property Rate Allowance 0.80
10. Charges	\$1,484,475,763	\$742,881,411	\$122,644,276	64,830,635	First Semester in effect: 2014/07
11. Fixed Costs	29,873,924.00		2,468,120.98		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,491.34	125.87	County Ceiling Base	905.09	184.39	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	866.13	95.93	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	FPLI 0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	5,768,743.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,768,743.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,092,090.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		48,837
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		99.23
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		99.23
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.73
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	190.73	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	99.23	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	99.23	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	64,830,635.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,327.49	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,401.90	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$99.23	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$22.05	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>77.18</b>	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

101940 - 2014/07

Outpatient Rate: 114.68

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 1.1907158837
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: 2014/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,871.11		134.10	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.788
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,475.11	168.95	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)	<b>Reimbursed by Diagnosis Related Groups</b>	263,992.58
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		263,992.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		314,340.16
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		2,741
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.68
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)		114.68
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
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)	114.68	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	114.68	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		591,050.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		215.63
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		256.75
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$114.68
AU	Medicaid Trend Adjustment IP% : 12.383 OP% : 9.688		\$11.11
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		11.11
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>114.68</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**101991 - 2014/07**

**Outpatient Rate: 93.03**

## Wiregrass Hospital

Type of Control: Government (4)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	2,859,523	5,522,203	48,142	105,330	Total Bed Days	32,485
2. Routine	4,463,237		42,670		Total Inpatient Days	9,153
3. Special Care	811,542		22,773		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	213
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,602
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims	565
9. Total Cost	8,134,302	5,522,203	113,585	105,330	Property Rate Allowance	0.80
10. Charges	\$13,564,113	\$17,349,210	\$182,751	291,991	First Semester in effect:	2014/07
11. Fixed Costs	1,247,688.00		16,810.26		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	471.85		193.61	County Ceiling Base	968.20	193.13
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	289.94	115.64	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	FPLI	1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	105,330.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		105,330.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		109,389.06
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		565
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		193.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		119.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		119.61
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	197.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	119.61	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	119.61	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	291,991.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	516.80	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	536.72	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$119.61	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$26.58	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>93.03</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102016 - 2014/07**

**Outpatient Rate: 13.77**

## Floral Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2012-6/30/2013

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	526,459	1,436,337	0	130,715	Total Bed Days	8,030
2. Routine	1,507,294		9,724		Total Inpatient Days	316
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	229
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims	870
9. Total Cost	2,033,753	1,436,337	9,724	130,715	Property Rate Allowance	0.80
10. Charges	\$1,622,884	\$1,860,343	\$0	139,094	First Semester in effect:	2014/07
11. Fixed Costs	30,881.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	6,611.48		156.73	County Ceiling Base	968.20	193.13
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	382.13	17.12	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	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)	<b>Reimbursed by Diagnosis Related Groups</b>	130,715.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		130,715.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		136,350.92
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		870
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		156.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		17.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		17.71
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	197.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	17.71	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	17.71	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		139,094.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		159.88
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		166.77
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$17.71
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$3.94
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>13.77</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102024 - 2014/07**

**Outpatient Rate: 153.66**

## 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	1.4652443221
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:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,239.57		208.03	County Ceiling Base	968.20	193.13
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	638.32	202.95	Cost Report DRI Index	1.453
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	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)	<b>Reimbursed by Diagnosis Related Groups</b>	25,698.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		25,698.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		37,653.85
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		181
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		208.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		209.92
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		208.03
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	197.56	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	197.56	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		85,741.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		473.71
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		694.10
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$197.56
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$43.90
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>153.66</b>



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

102041 - 2014/07

Outpatient Rate: 91.23

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	1.1907158837
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:	2014/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,583.43	117.29	County Ceiling Base	968.20	193.13	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	561.25	114.48	Cost Report DRI Index	1.788
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	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)	<b>Reimbursed by Diagnosis Related Groups</b>	8,865.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		8,865.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		10,555.70
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		90
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.41
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		117.29
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	117.29	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	117.29	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		35,406.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		393.40
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		468.43
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$117.29
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$26.06
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>91.23</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102067 - 2014/07**

**Outpatient Rate: 133.03**

## Southeast Alabama General

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

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	72,103,149	84,418,584	463,567	422,550	Total Bed Days	153,720
2. Routine	43,398,873		248,373		Total Inpatient Days	88,614
3. Special Care	9,927,390		0		Total Newborn Days	3,556
4. Newborn Routine	1,776,327		999		Medicaid Inpatient Days	483
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	45,042
7. Malpractice					Prospective Inflation factor	1.0576254347
8. Adjustments	0	0	0	0	Medicaid Paid Claims	2,613
9. Total Cost	127,205,739	84,418,584	712,939	422,550	Property Rate Allowance	0.80
10. Charges	\$615,948,183	\$647,107,599	\$3,684,762	2,906,860	First Semester in effect:	2013/07
11. Fixed Costs	21,039,949.00		125,866.44		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,285.51		171.03	968.20	193.13	193.13
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,254.74	166.93	Cost Report DRI Index	2.013
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	FPLI	1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	422,550.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		422,550.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		446,899.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,613
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		171.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		172.67
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		171.03
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	197.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	171.03	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	171.03	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,906,860.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,112.46	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,176.57	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$171.03	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$38.00	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>133.03</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102075 - 2014/07**

**Outpatient Rate: 81.31**

## South Georgia Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

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	85,778,937	109,143,070	6,402,670	100,323	Total Bed Days	139,080
2. Routine	46,434,941		7,647,167		Total Inpatient Days	81,149
3. Special Care	17,203,196		1,391,978		Total Newborn Days	5,411
4. Newborn Routine	3,510,103		330,188		Medicaid Inpatient Days	12,907
5. Intern-Resident	0		0		Medicaid Newborn IP Days	126
6. Home Health					Medicare Inpatient Days	34,589
7. Malpractice					Prospective Inflation factor	1.0576254347
8. Adjustments	0	0	0	0	Medicaid Paid Claims	1,015
9. Total Cost	152,927,177	109,143,070	15,772,003	100,323	Property Rate Allowance	0.80
10. Charges	\$390,376,641	\$381,727,078	\$28,782,061	284,806	First Semester in effect:	2013/07
11. Fixed Costs	23,325,972.00		1,719,799.49		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,140.33	104.54	County Ceiling Base	968.20	193.13	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	735.45	102.03	Cost Report DRI Index	2.013
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	FPLI	1.0000

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	100,323.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		100,323.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		106,104.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,015
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		105.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		104.54
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	197.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	104.54	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	104.54	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		284,806.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		280.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		296.77
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$104.54
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$23.23
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>81.31</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102091 - 2014/07**

**Outpatient Rate: 71.84**

## Flowers Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2012-6/30/2013

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	55,903,507	70,463,717	132,120	208,663	Total Bed Days 85,357
2. Routine	25,012,351		88,130		Total Inpatient Days 54,330
3. Special Care	9,260,969		31,373		Total Newborn Days 3,106
4. Newborn Routine	1,968,752		5,705		Medicaid Inpatient Days 192
5. Intern-Resident	0		0		Medicaid Newborn IP Days 9
6. Home Health					Medicare Inpatient Days 27,663
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims 1,817
9. Total Cost	92,145,579	70,463,717	257,328	208,663	Property Rate Allowance 0.80
10. Charges	\$561,866,966	\$641,398,226	\$1,402,594	1,720,725	First Semester in effect: 2014/07
11. Fixed Costs	11,914,097.00		29,741.28		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,181.09		119.79	968.20	193.13	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	661.07	89.30	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	FPLI	1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	208,663.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		208,663.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		217,659.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,817
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		119.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		92.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		92.37
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	197.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	92.37	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	92.37	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,720,725.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	947.01	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	987.84	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$92.37	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$20.53	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>71.84</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102105 - 2014/07**

**Outpatient Rate: 85.91**

## Palm Beach Gardens Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	73,695,304	37,855,415	2,126,642	877,623	Total Bed Days	72,834
2. Routine	29,367,045		826,066		Total Inpatient Days	48,105
3. Special Care	14,324,779		518,062		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,572
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	24,149
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-1,788,139	-576,645	-52,870	-13,369	Medicaid Paid Claims	7,738
9. Total Cost	115,598,989	37,278,770	3,417,900	864,254	Property Rate Allowance	0.80
10. Charges	\$647,744,928	\$273,431,041	\$20,580,877	6,541,259	First Semester in effect:	2014/07
11. Fixed Costs	9,371,173.00		297,751.40		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,044.76	115.06	County Ceiling Base	1,038.20	196.82	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,241.81	106.78	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	864,254.31	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			864,254.31
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			912,697.14
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			7,738
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			117.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			110.45
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			110.45
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			202.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			203.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			202.52
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			110.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			110.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			6,541,259.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		845.34	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		892.72	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$110.45	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$24.54	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>85.91</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102121 - 2014/07**

**Outpatient Rate: 54.38**

## 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	1.1907158837
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:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,709.58		69.91	County Ceiling Base	968.20	193.13
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	539.42	68.24	Cost Report DRI Index	1.788
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	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)	<b>Reimbursed by Diagnosis Related Groups</b>	1,644.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,644.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,957.54
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		28
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		69.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		70.58
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		69.91
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	197.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	69.91	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	69.91	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		5,145.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		183.75
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		218.79
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$69.91
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$15.53
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>54.38</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102130 - 2014/07**

**Outpatient Rate: 106.73**

## Wellington Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	47,405,578	35,344,440	6,239,606	2,879,870	Total Bed Days 64,203
2. Routine	26,200,971		4,322,838		Total Inpatient Days 45,500
3. Special Care	6,765,373		665,693		Total Newborn Days 4,391
4. Newborn Routine	3,040,102		1,332,081		Medicaid Inpatient Days 5,378
5. Intern-Resident	0		0		Medicaid Newborn IP Days 1,888
6. Home Health					Medicare Inpatient Days 9,883
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims 20,719
9. Total Cost	83,412,024	35,344,440	12,560,218	2,879,870	Property Rate Allowance 0.80
10. Charges	\$437,118,931	\$244,100,360	\$61,022,613	19,124,759	First Semester in effect: 2014/07
11. Fixed Costs	14,672,946.00		2,048,370.46		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,490.40	143.20	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI 1.0251

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient      Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by</b> <b>Diagnosis</b> <b>Related Groups</b> 2,879,870.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,879,870.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,041,291.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	20,719
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	146.79
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)	146.79
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)	146.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	146.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	19,124,759.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	923.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	974.79
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$146.79
AU	Medicaid Trend Adjustment    IP% : 31.458    OP% : 22.221	\$32.62
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]	7.44
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>106.73</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102130 - 2014/07**

**Outpatient Rate: 92.16**

## County Billing ONLY

**Wellington Regional Medical Center**

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	47,405,578	35,344,440	6,239,606	2,879,870	Total Bed Days	64,203
2. Routine	26,200,971		4,322,838		Total Inpatient Days	45,500
3. Special Care	6,765,373		665,693		Total Newborn Days	4,391
4. Newborn Routine	3,040,102		1,332,081		Medicaid Inpatient Days	5,378
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,888
6. Home Health					Medicare Inpatient Days	9,883
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims	20,719
9. Total Cost	83,412,024	35,344,440	12,560,218	2,879,870	Property Rate Allowance	0.80
10. Charges	\$437,118,931	\$244,100,360	\$61,022,613	19,124,759	First Semester in effect:	2014/07
11. Fixed Costs	14,672,946.00		2,048,370.46		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,490.40	143.20	County Ceiling Base	1,038.20	196.82	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	960.35	114.55	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,879,870.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,879,870.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,041,291.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20,719
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		146.79
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		118.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.49
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		202.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		203.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	202.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	118.49	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	118.49	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		19,124,759.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		923.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		974.79
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$118.49
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$26.33
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>92.16</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102164 - 2014/07**

**Outpatient Rate: 9.15**

## 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 2.15050505
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: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,334.22		0.00	County Ceiling Base	968.20	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	573.27	NA	Cost Report DRI Index	0.990
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	FPLI	1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
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		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>

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, 2014 through June 30, 2015

**102199 - 2014/07**

**Outpatient Rate: 68.15**

## Citrus Memorial Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	50,972,205	43,602,856	2,875,814	2,552,265	Total Bed Days	72,270
2. Routine	29,035,494		1,722,627		Total Inpatient Days	44,245
3. Special Care	8,556,755		679,128		Total Newborn Days	1,106
4. Newborn Routine	707,002		485,822		Medicaid Inpatient Days	3,586
5. Intern-Resident	0		0		Medicaid Newborn IP Days	19
6. Home Health					Medicare Inpatient Days	23,930
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-1,925,700	-940,570	-124,324	-55,056	Medicaid Paid Claims	29,598
9. Total Cost	87,345,756	42,662,286	5,639,067	2,497,209	Property Rate Allowance	0.80
10. Charges	\$432,697,171	\$295,695,519	\$26,027,092	14,091,691	First Semester in effect:	2014/07
11. Fixed Costs	12,167,714.00		731,898.04		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,590.72		98.59	County Ceiling Base	1,464.92	167.28
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	907.57	85.20	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,532.89	175.57	FPLI	0.8887

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,497,209.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,497,209.36
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,593,443.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		29,598
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		87.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		88.13
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		87.62
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8887) for Citrus county		175.57
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		173.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	173.03	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	87.62	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	87.62	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,091,691.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		476.10
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		494.45
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$87.62
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$19.47
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>68.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102202 - 2014/07**

**Outpatient Rate: 63.06**

## Cleveland Clinic Hospital-Weston

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

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

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	58,872,789	60,227,237	845,826	289,699	Total Bed Days 56,730
2. Routine	42,009,505		577,602		Total Inpatient Days 43,763
3. Special Care	10,742,160		523,769		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 934
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 14,813
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-1,674,808	-903,646	-29,216	-4,347	Medicaid Paid Claims 2,758
9. Total Cost	109,949,646	59,323,591	1,917,981	285,352	Property Rate Allowance 0.80
10. Charges	\$446,135,247	\$401,590,775	\$6,666,171	1,247,611	First Semester in effect: 2014/07
11. Fixed Costs	8,484,333.00		126,773.25		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,871.79		100.98	County Ceiling Base	998.52	208.14
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	2,024.30	78.38	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	285,352.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		285,352.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		301,346.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,758
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		109.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		81.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		81.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	213.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	81.07	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	81.07	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,247,611.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	452.36	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	477.72	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$81.07	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$18.01	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>63.06</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102229 - 2014/07**

**Outpatient Rate: 121.50**

## Pembroke Pines Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2012-4/30/2013

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	30,010,402	52,768,633	1,990,701	4,175,222	Total Bed Days	109,865
2. Routine	25,593,914		1,303,273		Total Inpatient Days	25,373
3. Special Care	9,433,008		626,468		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,698
5. Intern-Resident	565,965		28,826		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,774
7. Malpractice					Prospective Inflation factor	1.0477362205
8. Adjustments	0	0	0	0	Medicaid Paid Claims	25,643
9. Total Cost	65,603,289	52,768,633	3,949,268	4,175,222	Property Rate Allowance	0.80
10. Charges	\$335,147,547	\$363,490,247	\$24,407,864	20,968,629	First Semester in effect:	2014/07
11. Fixed Costs	16,886,082.00		1,229,766.40		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,550.87		157.66	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.032
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,175,222.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,175,222.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,374,531.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,643
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		170.59
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)		170.59
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
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)	170.59	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	170.59	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,968,629.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		817.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		856.74
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$170.59
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$37.91
AV	Exemption Tier Adj <sub>1</sub> ((AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 70%)		14.51
AW	Buy Back of Medicaid Trend Adjustment		3.33
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b> (AT - AU - AV + AW + AX)		<b>121.50</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102229 - 2014/07**

**Outpatient Rate: 83.03**

## County Billing ONLY

**Pembroke Pines Hospital**

Type of Control: Government (4)

Fiscal Year : 5/1/2012-4/30/2013

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	30,010,402	52,768,633	1,990,701	4,175,222	Total Bed Days	109,865
2. Routine	25,593,914		1,303,273		Total Inpatient Days	25,373
3. Special Care	9,433,008		626,468		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,698
5. Intern-Resident	565,965		28,826		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,774
7. Malpractice					Prospective Inflation factor	1.0477362205
8. Adjustments	0	0	0	0	Medicaid Paid Claims	25,643
9. Total Cost	65,603,289	52,768,633	3,949,268	4,175,222	Property Rate Allowance	0.80
10. Charges	\$335,147,547	\$363,490,247	\$24,407,864	20,968,629	First Semester in effect:	2014/07
11. Fixed Costs	16,886,082.00		1,229,766.40		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,550.87	157.66	County Ceiling Base	998.52	208.14	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	974.47	103.20	Cost Report DRI Index	2.032
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,175,222.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,175,222.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,374,531.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		25,643
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		170.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	213.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	106.75	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.75	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		20,968,629.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		817.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		856.74
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$106.75
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$23.72
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>83.03</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102261 - 2014/07**

**Outpatient Rate: 167.07**

## Homestead Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	46,635,239	80,446,728	14,965,575	12,630,296	Total Bed Days	51,830
2. Routine	47,264,365		15,665,713		Total Inpatient Days	33,011
3. Special Care	15,952,178		3,241,737		Total Newborn Days	4,519
4. Newborn Routine	2,860,505		957,729		Medicaid Inpatient Days	10,669
5. Intern-Resident	853,396		226,403		Medicaid Newborn IP Days	271
6. Home Health					Medicare Inpatient Days	5,733
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-1,211,388	-858,113	-373,949	-134,725	Medicaid Paid Claims	58,355
9. Total Cost	112,354,295	79,588,615	34,683,208	12,495,571	Property Rate Allowance	0.80
10. Charges	\$427,167,313	\$405,811,661	\$102,395,582	56,649,848	First Semester in effect:	2014/07
11. Fixed Costs	21,303,085.00		5,106,527.87		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,330.64		184.59	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	12,495,570.55	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			12,495,570.55
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			12,977,107.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			58,355
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			222.38
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)			222.38
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
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)			222.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			222.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			56,649,848.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		970.78	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,008.19	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$222.38	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$49.41	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		5.90	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>167.07</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102261 - 2014/07**

**Outpatient Rate: 155.52**

## County Billing ONLY

### Homestead Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	46,635,239	80,446,728	14,965,575	12,630,296	Total Bed Days	51,830
2. Routine	47,264,365		15,665,713		Total Inpatient Days	33,011
3. Special Care	15,952,178		3,241,737		Total Newborn Days	4,519
4. Newborn Routine	2,860,505		957,729		Medicaid Inpatient Days	10,669
5. Intern-Resident	853,396		226,403		Medicaid Newborn IP Days	271
6. Home Health					Medicare Inpatient Days	5,733
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-1,211,388	-858,113	-373,949	-134,725	Medicaid Paid Claims	58,355
9. Total Cost	112,354,295	79,588,615	34,683,208	12,495,571	Property Rate Allowance	0.80
10. Charges	\$427,167,313	\$405,811,661	\$102,395,582	56,649,848	First Semester in effect:	2014/07
11. Fixed Costs	21,303,085.00		5,106,527.87		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,330.64	184.59	County Ceiling Base	1,035.10	223.05	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	2,290.59	193.31	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	12,495,570.55
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		12,495,570.55
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		12,977,107.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		58,355
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		222.38
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		199.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		199.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	199.95	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	199.95	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		56,649,848.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		970.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,008.19
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$199.95
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$44.43
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>155.52</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102288 - 2014/07**

**Outpatient Rate: 78.03**

## Heart Of Florida Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2012-6/30/2013

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	37,796,847	31,006,403	4,174,973	3,164,943	Total Bed Days 70,810
2. Routine	22,627,783		1,617,298		Total Inpatient Days 38,451
3. Special Care	5,887,027		840,377		Total Newborn Days 2,131
4. Newborn Routine	833,869		490,299		Medicaid Inpatient Days 3,256
5. Intern-Resident	0		0		Medicaid Newborn IP Days 88
6. Home Health					Medicare Inpatient Days 13,922
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	-1,363,553	-629,661	-144,649	-64,272	Medicaid Paid Claims 28,976
9. Total Cost	65,781,973	30,376,742	6,978,298	3,100,671	Property Rate Allowance 0.80
10. Charges	\$687,379,894	\$438,292,653	\$68,614,242	40,357,811	First Semester in effect: 2014/07
11. Fixed Costs	9,482,716.00		946,564.45		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,995.67	118.39	County Ceiling Base	Exempt	Exempt	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,626.21	186.26	FPLI 0.9428

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,100,671.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,100,671.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,234,360.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,976
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.62
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)		111.62
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
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)	111.62	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	111.62	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		40,357,811.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,392.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,452.85
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$111.62
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$24.80
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		8.79
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>78.03</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102288 - 2014/07**

**Outpatient Rate: 60.82**

## County Billing ONLY

**Heart Of Florida Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 7/1/2012-6/30/2013  
 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	37,796,847	31,006,403	4,174,973	3,164,943	Total Bed Days 70,810
2. Routine	22,627,783		1,617,298		Total Inpatient Days 38,451
3. Special Care	5,887,027		840,377		Total Newborn Days 2,131
4. Newborn Routine	833,869		490,299		Medicaid Inpatient Days 3,256
5. Intern-Resident	0		0		Medicaid Newborn IP Days 88
6. Home Health					Medicare Inpatient Days 13,922
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	-1,363,553	-629,661	-144,649	-64,272	Medicaid Paid Claims 28,976
9. Total Cost	65,781,973	30,376,742	6,978,298	3,100,671	Property Rate Allowance 0.80
10. Charges	\$687,379,894	\$438,292,653	\$68,614,242	40,357,811	First Semester in effect: 2014/07
11. Fixed Costs	9,482,716.00		946,564.45		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,995.67	118.39	County Ceiling Base	902.00	180.23	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	685.23	75.60	Cost Report DRI Index 2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,626.21	186.26	FPLI 0.9428

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,100,671.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,100,671.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,234,360.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,976
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		111.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		78.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		78.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county		186.26
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.26	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	78.20	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	78.20	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		40,357,811.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,392.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,452.85
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$78.20
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$17.38
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>60.82</b>



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

102300 - 2014/07

Outpatient Rate: 9.15

Kindred Hospital Central Tampa

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2012-8/31/2013

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	14,341,155	1,434	0	0	Total Bed Days 37,230
2. Routine	14,816,269		0		Total Inpatient Days 20,678
3. Special Care	2,339,411		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 13,452
7. Malpractice					Prospective Inflation factor 1.0400586224
8. Adjustments	-596,032	-27	0	0	Medicaid Paid Claims 0
9. Total Cost	30,900,803	1,407	0	0	Property Rate Allowance 0.80
10. Charges	\$134,522,471	\$9,690	\$0	0	First Semester in effect: 2014/07
11. Fixed Costs	6,064,793.00		0.00		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,336.19	0.00	County Ceiling Base	957.90	NA	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	765.41	NA	Cost Report DRI Index 2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102326 - 2014/07**

**Outpatient Rate: 69.62**

## Baptist Hospital Of Beaches

Type of Control: Non-Profit (Church) (2)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	27,647,754	38,116,437	2,512,589	1,729,113	Total Bed Days	49,640
2. Routine	27,855,974		1,768,959		Total Inpatient Days	29,098
3. Special Care	0		0		Total Newborn Days	2,575
4. Newborn Routine	510,107		162,442		Medicaid Inpatient Days	2,103
5. Intern-Resident	0		0		Medicaid Newborn IP Days	6
6. Home Health					Medicare Inpatient Days	13,466
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-758,301	-516,011	-60,162	-23,408	Medicaid Paid Claims	17,061
9. Total Cost	55,255,534	37,600,426	4,383,828	1,705,705	Property Rate Allowance	0.80
10. Charges	\$234,997,885	\$258,655,316	\$17,284,036	11,913,564	First Semester in effect:	2014/07
11. Fixed Costs	7,222,177.00		531,189.32		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,914.39	104.77	County Ceiling Base	905.09	184.39	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,053.33	86.54	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	FPLI	0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,705,704.70
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,705,704.70
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,771,436.73
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,061
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		89.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.51
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.73
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	190.73	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	89.51	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	89.51	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		11,913,564.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		698.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		725.20
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$89.51
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$19.89
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>69.62</b>



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

102334 - 2014/07

Outpatient Rate: 42.37

Atmore Community Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	2,157,908	6,310,264	14,721	38,340	Total Bed Days 17,885
2. Routine	2,723,201		24,836		Total Inpatient Days 4,714
3. Special Care	1,335,953		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 34
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 0
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	0	0	0	0	Medicaid Paid Claims 731
9. Total Cost	6,217,062	6,310,264	39,557	38,340	Property Rate Allowance 0.80
10. Charges	\$26,998,370	\$57,690,333	\$193,468	325,192	First Semester in effect: 2014/07
11. Fixed Costs	844,866.00		0.00		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,183.54		54.47	County Ceiling Base	968.20	193.13
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	638.02	54.49	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	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)	<b>Reimbursed by Diagnosis Related Groups</b>	38,340.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		38,340.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		39,817.49
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		731
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		54.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		56.36
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		54.47
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	54.47	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	54.47	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		325,192.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		444.86
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		462.00
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$54.47
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$12.10
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>42.37</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102342 - 2014/07**

**Outpatient Rate: 9.15**

## Kindred Hospital (Tampa)

Type of Control: Proprietary(1)  
 Fiscal Year : 9/1/2012-8/31/2013  
 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	11,515,103	0	66,724	0	Total Bed Days	26,645
2. Routine	9,777,295		67,553		Total Inpatient Days	16,143
3. Special Care	2,090,453		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	101
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0400586224
8. Adjustments	-509,046	0	-2,923	0	Medicaid Paid Claims	0
9. Total Cost	22,873,805	0	131,354	0	Property Rate Allowance	0.80
10. Charges	\$109,146,523	\$0	\$749,228	0	First Semester in effect:	2014/07
11. Fixed Costs	2,977,998.00		0.00		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,371.10	0.00	County Ceiling Base	957.90	NA	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	696.66	NA	Cost Report DRI Index	2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102369 - 2014/07**

**Outpatient Rate: 91.83**

## 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 1.1246698362
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: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,158.30	118.07	County Ceiling Base	968.20	193.13	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	412.08	115.24	Cost Report DRI Index 1.893
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	FPLI 1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	9,553.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,553.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		10,743.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		91
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		119.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		118.07
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	197.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	118.07	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	118.07	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	27,503.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	302.23	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	339.91	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$118.07	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$26.24	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>91.83</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102407 - 2014/07**

**Outpatient Rate: 9.15**

## St. John'S Rehabilitation Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	4,969,150	295,329	162,737	0	Total Bed Days 9,490
2. Routine	6,379,265		366,969		Total Inpatient Days 6,797
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 391
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 4,507
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-145,251	-3,780	-6,780	0	Medicaid Paid Claims 0
9. Total Cost	11,203,164	291,549	522,926	0	Property Rate Allowance 0.80
10. Charges	\$21,653,201	\$691,407	\$927,770	0	First Semester in effect: 2014/07
11. Fixed Costs	1,051,506.00		45,053.65		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,173.09		0.00	County Ceiling Base	998.52	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	707.06	NA	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102474 - 2014/07**

**Outpatient Rate: 9.15**

## 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 1.9749536178
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: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,127.30	0.00	County Ceiling Base	968.20	NA	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	747.71	NA	Cost Report DRI Index 1.078
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	FPLI 1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		20
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
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		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$11.76	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$2.61	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>9.15</b>	

**(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, 2014 through June 30, 2015

**102521 - 2014/07**

**Outpatient Rate: 105.38**

## Memorial Hosp. - West

Type of Control: Government (4)

Fiscal Year : 5/1/2012-4/30/2013

Hospital Classification: General

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	97,346,271	105,320,934	10,590,911	9,112,675	Total Bed Days 140,160
2. Routine	73,639,890		7,137,872		Total Inpatient Days 85,965
3. Special Care	14,057,833		1,897,623		Total Newborn Days 13,256
4. Newborn Routine	5,513,689		977,402		Medicaid Inpatient Days 9,500
5. Intern-Resident	1,234,799		119,701		Medicaid Newborn IP Days 1,560
6. Home Health					Medicare Inpatient Days 21,357
7. Malpractice					Prospective Inflation factor 1.0477362205
8. Adjustments	0	0	0	0	Medicaid Paid Claims 62,576
9. Total Cost	191,792,482	105,320,934	20,723,509	9,112,675	Property Rate Allowance 0.80
10. Charges	\$1,137,669,758	\$967,221,355	\$119,199,627	77,428,235	First Semester in effect: 2014/07
11. Fixed Costs	32,986,204.00		3,456,137.59		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,511.80	141.02	County Ceiling Base	998.52	208.14	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,052.71	125.39	Cost Report DRI Index 2.032
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI 1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	9,112,675.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		9,112,675.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		9,547,679.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		62,576
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		152.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		129.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		129.70
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	213.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	129.70	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	129.70	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		77,428,235.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,237.35
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,296.42
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$129.70
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$28.82
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		4.50
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>105.38</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102539 - 2014/07**

**Outpatient Rate: 51.04**

## Englewood Community Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	9,019,500	13,068,387	343,164	617,742	Total Bed Days	36,600
2. Routine	9,160,873		164,184		Total Inpatient Days	9,424
3. Special Care	1,878,983		104,283		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	227
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,804
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-271,745	-177,038	-8,286	-8,369	Medicaid Paid Claims	4,907
9. Total Cost	19,787,611	12,891,349	603,345	609,373	Property Rate Allowance	0.80
10. Charges	\$134,754,997	\$134,966,680	\$3,616,261	6,676,516	First Semester in effect:	2014/07
11. Fixed Costs	2,689,484.00		72,174.51		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,512.32		133.34	970.52	185.63	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	829.26	63.44	Cost Report DRI Index	2.016	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,724.87	197.56	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,696.58	FPLI	0.9836	

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	609,373.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		609,373.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		643,529.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,907
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		131.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		65.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		65.62
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		194.32
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.01
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	192.01	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	65.62	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	65.62	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	6,676,516.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,360.61	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,436.87	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$65.62	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$14.58	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>51.04</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102555 - 2014/07**

**Outpatient Rate: 60.24**

## 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	1.1570652174
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:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,385.44		77.45	968.20	193.13	193.13
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	767.99	75.60	Cost Report DRI Index	1.840
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	FPLI	1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	7,564.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,564.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		8,752.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		113
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		77.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		78.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		77.45
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	197.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	77.45	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	77.45	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,511.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		234.61
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		271.46
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$77.45
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$17.21
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>60.24</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102598 - 2014/07**

**Outpatient Rate: 96.44**

## Edward White Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	18,120,137	14,343,174	747,064	466,726	Total Bed Days	33,708
2. Routine	8,787,565		458,519		Total Inpatient Days	12,203
3. Special Care	3,289,425		288,305		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	743
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,537
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-484,360	-230,063	-23,962	-7,486	Medicaid Paid Claims	3,294
9. Total Cost	29,712,767	14,113,111	1,469,926	459,240	Property Rate Allowance	0.80
10. Charges	\$206,657,295	\$126,217,678	\$8,917,143	6,216,759	First Semester in effect:	2014/07
11. Fixed Costs	4,275,526.00		184,486.48		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,930.92	155.60	County Ceiling Base	955.91	181.57	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,029.39	119.87	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	459,239.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		459,239.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		484,980.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,294
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		147.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		123.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		123.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	123.99	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	123.99	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,216,759.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,887.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,993.09
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$123.99
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$27.55
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>96.44</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102601 - 2014/07**

**Outpatient Rate: 107.84**

## Florida Hospital Wauchula

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

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

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	2,755,159	8,666,143	44,469	1,715,800	Total Bed Days 9,150
2. Routine	3,968,507		211,238		Total Inpatient Days 8,072
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 7,148
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-105,603	-136,112	-4,016	-26,949	Medicaid Paid Claims 16,539
9. Total Cost	6,618,063	8,530,031	251,691	1,688,851	Property Rate Allowance 1.00
10. Charges	\$25,024,661	\$53,037,073	\$359,693	11,651,656	First Semester in effect: 2014/07
11. Fixed Costs	666,965.00		0.00		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	795.52		110.19	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,688.13	193.35	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)	<b>Reimbursed by Diagnosis Related Groups</b>	1,688,851.35
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,688,851.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,783,514.15
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		16,539
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.84
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)		107.84
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
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)		107.84
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		107.84
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		704.50
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		743.99
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$107.84
AU	Medicaid Trend Adjustment IP% : 10.477 OP% : 7.668		\$8.27
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		8.27
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>107.84</b>





Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

102610 - 2014/07

Outpatient Rate: 9.15

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	1.1464728056
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:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	935.44	0.00	County Ceiling Base	Exempt	NA	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.857
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
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		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b> (AT - AU - AV + AW + <b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b> )		<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102610 - 2014/07**

**Outpatient Rate: 9.15**

## 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	1.1464728056
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:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	935.44	0.00	County Ceiling Base	Exempt	NA	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	597.91	NA	Cost Report DRI Index	1.857
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
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		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102679 - 2014/07**

**Outpatient Rate: 9.15**

## Kindred Hosp. - North Fla

Type of Control: Proprietary(1)  
 Fiscal Year : 9/1/2012-8/31/2013  
 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	15,657,451	18,548	29,327	8,052	Total Bed Days	29,200
2. Routine	13,330,193		32,083		Total Inpatient Days	20,824
3. Special Care	2,303,323		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	45
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,120
7. Malpractice					Prospective Inflation factor	1.0400586224
8. Adjustments	-641,503	-380	-1,259	-165	Medicaid Paid Claims	0
9. Total Cost	30,649,464	18,168	60,151	7,887	Property Rate Allowance	0.80
10. Charges	\$132,164,088	\$153,553	\$256,966	9,083	First Semester in effect:	2014/07
11. Fixed Costs	6,063,846.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,345.09		0.00	County Ceiling Base	897.06	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	612.98	NA	Cost Report DRI Index	2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,574.63	180.35	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)	<b>Reimbursed by Diagnosis Related Groups</b>	7,886.92
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		7,886.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		8,202.86
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9129) for Clay county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		9,083.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

102687 - 2014/07

Outpatient Rate: 9.15

HealthSouth Rehab - Dothan

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	4,595,804	131,417	0	0	Total Bed Days 14,274
2. Routine	5,530,760		0		Total Inpatient Days 13,485
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 119
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 11,355
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims 0
9. Total Cost	10,126,564	131,417	0	0	Property Rate Allowance 0.80
10. Charges	\$20,411,751	\$583,541	\$0	0	First Semester in effect: 2014/07
11. Fixed Costs	880,253.00		0.00		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	724.11	0.00	County Ceiling Base	968.20	NA	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	566.84	NA	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
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		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102709 - 2014/07**

**Outpatient Rate: 9.15**

## HealthSouth Rehabilitation Hospital - Miami

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	6,587,322	0	158,105	0	Total Bed Days	21,960
2. Routine	10,340,393		243,009		Total Inpatient Days	15,444
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	371
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,418
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-318,665	0	-7,551	0	Medicaid Paid Claims	0
9. Total Cost	16,609,050	0	393,563	0	Property Rate Allowance	0.80
10. Charges	\$27,887,670	\$0	\$671,881	0	First Semester in effect:	2014/07
11. Fixed Costs	1,948,765.00		46,950.43		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	818.98	0.00	County Ceiling Base	1,035.10	NA	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	473.71	NA	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**102717 - 2014/07**

**Outpatient Rate: 46.42**

## Brooks Rehabilitation Hospital

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

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

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	22,862,519	13,292,455	1,068,256	1,865,413	Total Bed Days	57,462
2. Routine	28,813,036		1,361,402		Total Inpatient Days	47,662
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,252
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	30,027
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-835,837	-215,002	-39,299	-30,173	Medicaid Paid Claims	32,475
9. Total Cost	50,839,718	13,077,453	2,390,359	1,835,240	Property Rate Allowance	0.80
10. Charges	\$141,853,644	\$36,491,589	\$6,651,597	4,815,534	First Semester in effect:	2014/07
11. Fixed Costs	6,139,085.00		287,865.14		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	994.89		60.22	County Ceiling Base	905.09	184.39
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	716.41	58.61	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	FPLI	0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,835,240.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,835,240.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,938,108.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		32,475
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		59.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		60.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		59.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		195.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.73
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		190.73
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		59.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		59.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,815,534.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	148.28	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	156.59	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$59.68	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$13.26	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>46.42</b>	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

102750 - 2014/07

Outpatient Rate: 47.48

Healthsouth Emerald Coast Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	7,916,681	677,198	132,253	85,817	Total Bed Days 27,450
2. Routine	8,907,227		164,468		Total Inpatient Days 19,207
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 355
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 14,758
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-319,985	-12,880	-5,644	-1,632	Medicaid Paid Claims 396
9. Total Cost	16,503,923	664,318	291,077	84,185	Property Rate Allowance 0.80
10. Charges	\$32,498,316	\$2,781,625	\$581,180	218,202	First Semester in effect: 2014/07
11. Fixed Costs	1,081,563.00		19,342.01		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	902.29	250.59	County Ceiling Base	943.78	166.42	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	511.32	59.02	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,545.31	176.99	FPLI 0.8959

Rate Calculations				
Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	84,184.79	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		84,184.79	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		88,903.48	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			396
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			224.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			61.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			61.05
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county			176.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			172.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		172.14	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		61.05	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		61.05	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		218,202.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		551.02	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		581.91	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$61.05	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$13.57	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>47.48</b>	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

102768 - 2014/07

Outpatient Rate: 9.15

Kindred Hospital-St. Petersburg

Type of Control: Proprietary(1)  
 Fiscal Year : 9/1/2012-8/31/2013  
 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	12,546,921	0	115,297	0	Total Bed Days 29,930
2. Routine	10,710,459		105,190		Total Inpatient Days 16,513
3. Special Care	2,766,435		1,156		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 153
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 0
7. Malpractice					Prospective Inflation factor 1.0400586224
8. Adjustments	-513,316	0	-4,372	0	Medicaid Paid Claims 0
9. Total Cost	25,510,499	0	217,271	0	Property Rate Allowance 0.80
10. Charges	\$128,348,739	\$0	\$1,088,572	0	First Semester in effect: 2014/07
11. Fixed Costs	5,058,967.00		0.00		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,361.36	0.00	County Ceiling Base	955.91	NA	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	631.38	NA	Cost Report DRI Index 2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102776 - 2014/07**

**Outpatient Rate: 9.15**

## Douglas Gardens Hospital

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

Fiscal Year : 7/1/2012-6/30/2013

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	5,446,621	5,131,124	0	0	Total Bed Days	11,680
2. Routine	3,872,610		0		Total Inpatient Days	2,767
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	502
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	-76,669	-42,214	0	0	Medicaid Paid Claims	0
9. Total Cost	9,242,562	5,088,910	0	0	Property Rate Allowance	0.80
10. Charges	\$27,309,721	\$5,553,681	\$0	0	First Semester in effect:	2014/07
11. Fixed Costs	2,414,110.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,136.81		0.00	County Ceiling Base	1,035.10	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,231.57	NA	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	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)		<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76	
AU	Medicaid Trend Adjustment	IP% : 31.458      OP% : 22.221		\$2.61
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	<b>Final Prospective Rates</b>		<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**103144 - 2014/07**

**Outpatient Rate: 79.98**

## Physicians Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Collier (11)  
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	57,798,730	53,586,541	3,205,059	2,799,470	Total Bed Days	73,566
2. Routine	35,660,684		8,757		Total Inpatient Days	40,138
3. Special Care	9,361,492		988,146		Total Newborn Days	1,014
4. Newborn Routine	53,798		23,718		Medicaid Inpatient Days	3,212
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	21,752
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-1,507,534	-785,262	-61,923	-41,024	Medicaid Paid Claims	28,328
9. Total Cost	101,367,170	52,801,279	4,163,757	2,758,446	Property Rate Allowance	0.80
10. Charges	\$691,200,247	\$527,341,243	\$44,740,151	31,485,017	First Semester in effect:	2014/07
11. Fixed Costs	26,891,678.00		1,740,650.04		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	796.12	102.76	County Ceiling Base	1,016.62	181.01	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,221.95	126.17	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,726.08	197.70	FPLI	1.0007

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,758,446.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,758,446.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,913,061.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		28,328
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		102.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		130.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county		197.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	187.23	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	102.83	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	102.83	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		31,485,017.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,111.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,173.75
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$102.83
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$22.85
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>79.98</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**103179 - 2014/07**

**Outpatient Rate: 56.46**

## The Villages Regional Hospital

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

Fiscal Year : 7/1/2012-6/30/2013

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	55,006,744	38,576,818	1,159,450	927,810	Total Bed Days 81,395
2. Routine	37,082,226		744,319		Total Inpatient Days 59,639
3. Special Care	6,260,956		155,952		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,375
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 37,924
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	-1,571,338	-616,342	-32,908	-14,824	Medicaid Paid Claims 13,119
9. Total Cost	96,778,588	37,960,476	2,026,813	912,986	Property Rate Allowance 0.80
10. Charges	\$453,011,553	\$225,615,762	\$9,826,607	6,833,625	First Semester in effect: 2014/07
11. Fixed Costs	14,202,897.00		308,085.49		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,505.64		83.82	County Ceiling Base	1,434.52	166.10
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,095.76	86.63	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,493.74	171.09	FPLI	0.8660

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	912,986.37	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		912,986.37	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		952,350.80	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			13,119
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			72.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			89.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			72.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8660) for Sumter county			171.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			171.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		171.09	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		72.59	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		72.59	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,833,625.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		520.90	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		543.36	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$72.59	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$16.13	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>56.46</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**103209 - 2014/07**

**Outpatient Rate: 78.36**

## Wuesthoff Medical Center Melbourne

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	22,350,690	26,583,407	2,083,633	1,507,153	Total Bed Days 43,435
2. Routine	15,596,299		2,615,684		Total Inpatient Days 23,223
3. Special Care	3,885,856		0		Total Newborn Days 790
4. Newborn Routine	179,361		0		Medicaid Inpatient Days 3,483
5. Intern-Resident	0		0		Medicaid Newborn IP Days 159
6. Home Health					Medicare Inpatient Days 8,911
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-589,945	-373,291	-65,989	-21,164	Medicaid Paid Claims 14,226
9. Total Cost	41,422,261	26,210,116	4,633,328	1,485,989	Property Rate Allowance 0.80
10. Charges	\$298,052,724	\$304,617,822	\$22,822,818	21,224,023	First Semester in effect: 2014/07
11. Fixed Costs	6,133,603.00		469,668.93		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,273.92		116.39	County Ceiling Base	983.29	183.76
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,352.07	97.40	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,607.58	184.13	FPLI	0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,485,989.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,485,989.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,543,254.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		14,226
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		100.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		100.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.13	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	100.75	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	100.75	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		21,224,023.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,491.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,549.41
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$100.75
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$22.39
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>78.36</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**103233 - 2014/07**

**Outpatient Rate: 106.64**

## Sacred Heart Hospital on the Emerald Coast

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

Fiscal Year : 7/1/2011-6/30/2012

Hospital Classification: Rural

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	14,000,959	42,590,179	1,660,727	1,799,997	Total Bed Days	21,228
2. Routine	9,517,455		1,287,795		Total Inpatient Days	12,981
3. Special Care	4,354,373		215,731		Total Newborn Days	1,785
4. Newborn Routine	578,699		252,876		Medicaid Inpatient Days	1,518
5. Intern-Resident	0		0		Medicaid Newborn IP Days	10
6. Home Health					Medicare Inpatient Days	6,042
7. Malpractice					Prospective Inflation factor	1.0586772750
8. Adjustments	0	0	0	0	Medicaid Paid Claims	17,808
9. Total Cost	28,451,486	42,590,179	3,417,129	1,799,997	Property Rate Allowance	1.00
10. Charges	\$135,975,086	\$248,927,800	\$8,785,572	15,494,047	First Semester in effect:	2013/07
11. Fixed Costs	5,966,949.00		385,534.30		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,354.50		119.95	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.011
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,538.76	176.24	FPLI	0.8921

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,799,997.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,799,997.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,905,615.92	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			17,808
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			107.01
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)			107.01
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
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)		107.01	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		107.01	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,494,047.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		870.06	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		921.11	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$107.01	
AU	Medicaid Trend Adjustment IP% : 12.390 OP% : 9.688		\$10.37	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		10.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>106.64</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**103284 - 2014/07**

**Outpatient Rate: 9.15**

## Sister Emmanuel Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 9/1/2012-8/31/2013  
 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	4,862,000	0	8,662	0	Total Bed Days	10,585
2. Routine	8,238,281		13,260		Total Inpatient Days	10,018
3. Special Care	25,325		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	16
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,055
7. Malpractice					Prospective Inflation factor	1.0400586224
8. Adjustments	-406,540	0	-679	0	Medicaid Paid Claims	0
9. Total Cost	12,719,066	0	21,243	0	Property Rate Allowance	0.80
10. Charges	\$94,815,316	\$0	\$258,206	0	First Semester in effect:	2014/07
11. Fixed Costs	1,136,574.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	998.16		0.00	County Ceiling Base	1,035.10	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	853.38	NA	Cost Report DRI Index	2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	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)		<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)			\$11.76
AU	Medicaid Trend Adjustment	IP% : 31.458      OP% : 22.221		\$2.61
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	<b>Final Prospective Rates</b>		(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**103373 - 2014/07**

**Outpatient Rate: 9.15**

## Select Specialty Hospital Miami

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2012-8/31/2013

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	9,694,509	0	0	0	Total Bed Days 17,155
2. Routine	9,268,858		0		Total Inpatient Days 15,567
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 10,968
7. Malpractice					Prospective Inflation factor 1.0400586224
8. Adjustments	-291,772	0	0	0	Medicaid Paid Claims 0
9. Total Cost	18,671,595	0	0	0	Property Rate Allowance 0.80
10. Charges	\$62,555,012	\$0	\$0	\$0	First Semester in effect: 2014/07
11. Fixed Costs	1,733,016.00		0.00		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	939.40		0.00	County Ceiling Base	1,035.10	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,070.83	NA	Cost Report DRI Index	2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	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)		<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76	
AU	Medicaid Trend Adjustment	IP% : 31.458      OP% : 22.221		\$2.61
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	<b>Final Prospective Rates</b>		<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**103390 - 2014/07**

**Outpatient Rate: 9.15**

## Select Specialty Hospital - Orlando

Type of Control: Government (4)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	16,159,359	0	110,394	0	Total Bed Days 27,450
2. Routine	17,745,229		101,254		Total Inpatient Days 21,907
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 125
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 12,801
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-617,177	0	-3,853	0	Medicaid Paid Claims 0
9. Total Cost	33,287,411	0	207,795	0	Property Rate Allowance 0.80
10. Charges	\$112,359,340	\$0	\$854,316	0	First Semester in effect: 2014/07
11. Fixed Costs	4,561,084.00		0.00		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,413.76	0.00	County Ceiling Base	1,497.93	NA	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,017.75	NA	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,689.51	193.51	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**103411 - 2014/07**

**Outpatient Rate: 153.66**

## Charlton Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2011-6/30/2012

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	571,735	5,145,817	20,873	257,965	Total Bed Days	5,490
2. Routine	987,901		57,473		Total Inpatient Days	1,066
3. Special Care	554,637		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	78
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	630
7. Malpractice					Prospective Inflation factor	1.0586772750
8. Adjustments	0	0	0	0	Medicaid Paid Claims	250
9. Total Cost	2,114,273	5,145,817	78,346	257,965	Property Rate Allowance	0.80
10. Charges	\$2,382,846	\$14,593,842	\$83,552	544,014	First Semester in effect:	2013/07
11. Fixed Costs	173,254.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,927.69		1,092.41	County Ceiling Base	968.20	193.13
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	210.46	780.10	Cost Report DRI Index	2.011
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	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)	<b>Reimbursed by Diagnosis Related Groups</b>	257,965.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		257,965.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		273,101.68
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		250
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		1,092.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		806.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		806.90
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	197.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	197.56	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	197.56	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		544,014.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,176.06
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		2,303.75
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$197.56
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$43.90
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>153.66</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**103420 - 2014/07**

**Outpatient Rate: 103.03**

## Lakewood Ranch Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	18,936,724	22,164,193	554,326	797,551	Total Bed Days 43,920
2. Routine	15,014,411		413,808		Total Inpatient Days 15,734
3. Special Care	4,281,900		258,699		Total Newborn Days 997
4. Newborn Routine	733,639		100,076		Medicaid Inpatient Days 561
5. Intern-Resident	0		0		Medicaid Newborn IP Days 16
6. Home Health					Medicare Inpatient Days 6,932
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims 5,844
9. Total Cost	38,966,674	22,164,193	1,326,909	797,551	Property Rate Allowance 0.80
10. Charges	\$174,111,427	\$157,103,346	\$4,685,198	5,771,404	First Semester in effect: 2014/07
11. Fixed Costs	8,466,197.00		227,818.53		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	2,071.26	148.39	County Ceiling Base	978.57	179.36	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,782.50	128.06	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,675.19	191.87	FPLI 0.9712

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	797,551.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		797,551.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		842,255.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,844
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		144.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		132.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		132.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county		191.87
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	132.46	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	132.46	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	5,771,404.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	987.58	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,042.94	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$132.46	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$29.43	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>103.03</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**103438 - 2014/07**

**Outpatient Rate: 9.15**

## Select Specialty Hospital Panama City

Type of Control: Proprietary(1)  
 Fiscal Year : 8/1/2012-7/31/2013  
 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	5,345,067	0	62,121	0	Total Bed Days	10,950
2. Routine	5,510,815		109,512		Total Inpatient Days	9,712
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	193
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,413
7. Malpractice					Prospective Inflation factor	1.0415851272
8. Adjustments	-170,900	0	-2,702	0	Medicaid Paid Claims	0
9. Total Cost	10,684,982	0	168,931	0	Property Rate Allowance	0.80
10. Charges	\$39,453,556	\$0	\$585,936	0	First Semester in effect:	2014/07
11. Fixed Costs	956,878.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,164.54		0.00	County Ceiling Base	943.78	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	867.86	NA	Cost Report DRI Index	2.044
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,545.31	176.99	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**103454 - 2014/07**

**Outpatient Rate: 96.35**

## Memorial Hospital Miramar

Type of Control: Government (4)

Fiscal Year : 5/1/2012-4/30/2013

Hospital Classification: General

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	36,279,000	54,804,628	5,072,781	5,750,276	Total Bed Days 64,970
2. Routine	31,365,100		3,694,042		Total Inpatient Days 28,826
3. Special Care	6,264,756		199,178		Total Newborn Days 9,284
4. Newborn Routine	5,301,220		1,260,462		Medicaid Inpatient Days 3,936
5. Intern-Resident	513,529		60,493		Medicaid Newborn IP Days 590
6. Home Health					Medicare Inpatient Days 5,002
7. Malpractice					Prospective Inflation factor 1.0477362205
8. Adjustments	0	0	0	0	Medicaid Paid Claims 35,410
9. Total Cost	79,723,605	54,804,628	10,286,956	5,750,276	Property Rate Allowance 0.80
10. Charges	\$345,334,840	\$381,314,621	\$41,237,813	26,481,849	First Semester in effect: 2014/07
11. Fixed Costs	25,430,369.00		3,036,741.97		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,551.17		157.25	998.52	208.14	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,503.07	115.00	Cost Report DRI Index	2.032
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	5,750,276.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,750,276.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,024,772.44	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			35,410
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			170.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			118.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			118.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county			213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			215.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		213.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		118.95	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		118.95	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		26,481,849.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		747.86	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		783.56	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$118.95	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$26.43	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		3.83	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>96.35</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**103462 - 2014/07**

**Outpatient Rate: 62.26**

## St. Cloud Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	13,257,984	16,528,054	1,100,963	1,413,816	Total Bed Days 30,744
2. Routine	11,495,290		595,434		Total Inpatient Days 18,939
3. Special Care	2,814,032		238,882		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,165
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 7,487
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-393,143	-235,710	-27,599	-20,163	Medicaid Paid Claims 16,877
9. Total Cost	27,174,163	16,292,344	1,907,680	1,393,653	Property Rate Allowance 0.80
10. Charges	\$160,046,453	\$139,035,560	\$12,200,078	11,817,691	First Semester in effect: 2014/07
11. Fixed Costs	5,386,749.00		410,623.02		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,424.87		91.57	921.93	181.33	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,077.39	77.39	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,642.77	188.16	FPLI	0.9524

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,393,653.28	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,393,653.28	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,471,769.76	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			16,877
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			87.21
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			80.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			80.05
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county			188.16
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			187.56
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		187.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		80.05	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		80.05	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		11,817,691.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		700.22	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		739.47	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$80.05	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$17.79	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>62.26</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**103535 - 2014/07**

**Outpatient Rate: 9.15**

## Kindred Hospital Ocala

Type of Control: Proprietary(1)  
 Fiscal Year : 6/1/2012-5/31/2013  
 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	4,137,940	0	57,478	0	Total Bed Days	11,315
2. Routine	4,573,197		82,873		Total Inpatient Days	7,229
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	131
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,281
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-202,029	0	-3,255	0	Medicaid Paid Claims	0
9. Total Cost	8,509,108	0	137,096	0	Property Rate Allowance	0.80
10. Charges	\$35,096,060	\$0	\$521,024	0	First Semester in effect:	2014/07
11. Fixed Costs	754,392.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,188.31		0.00	County Ceiling Base	922.89	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,148.50	NA	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,627.41	186.40	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)		<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76	
AU	Medicaid Trend Adjustment	IP% : 31.458      OP% : 22.221		\$2.61
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	<b>Final Prospective Rates</b>		<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**103543 - 2014/07**

**Outpatient Rate: 179.44**

## Doctors Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	55,563,889	50,266,388	2,558,309	1,474,721	Total Bed Days 102,565
2. Routine	45,692,090		2,607,544		Total Inpatient Days 31,253
3. Special Care	6,690,594		374,923		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,851
5. Intern-Resident	1,326,005		70,858		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 13,019
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-1,747,979	-804,087	-89,767	-23,590	Medicaid Paid Claims 4,427
9. Total Cost	107,524,599	49,462,301	5,521,867	1,451,131	Property Rate Allowance 0.80
10. Charges	\$392,724,766	\$295,135,154	\$21,015,498	6,995,398	First Semester in effect: 2014/07
11. Fixed Costs	14,520,897.00		777,042.62		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,209.82	282.58	County Ceiling Base	1,035.10	223.05	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,918.51	233.40	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,451,130.62
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,451,130.62
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,507,052.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,427
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		340.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		241.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		241.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	230.71	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	230.71	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		6,995,398.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,580.17
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,641.06
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$230.71
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$51.27
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>179.44</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**103551 - 2014/07**

**Outpatient Rate: 100.41**

## Healthsouth Hospital of Spring Hill

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	8,815,476	300,838	53,898	16,782	Total Bed Days	29,280
2. Routine	11,220,395		74,487		Total Inpatient Days	23,650
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	157
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,139
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-418,448	-6,283	-2,681	-350	Medicaid Paid Claims	41
9. Total Cost	19,617,423	294,555	125,704	16,432	Property Rate Allowance	0.80
10. Charges	\$37,917,864	\$1,292,164	\$251,647	48,047	First Semester in effect:	2014/07
11. Fixed Costs	1,398,863.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	897.03		466.68	County Ceiling Base	902.47	178.82
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	633.09	124.81	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,564.28	179.17	FPLI	0.9069

### 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)	<b>Reimbursed by Diagnosis Related Groups</b>	16,431.51
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		16,431.51
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		17,352.52
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		41
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		423.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		129.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		129.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county		179.17
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		179.17
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	129.10	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	129.10	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		48,047.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,171.88
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,237.57
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$129.10
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$28.69
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>100.41</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**103560 - 2014/07**

**Outpatient Rate: 9.15**

## Healthsouth Ridgelake Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2012-5/31/2013

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	6,691,238	669	101,892	0	Total Bed Days	14,560
2. Routine	11,092,045		269,934		Total Inpatient Days	11,629
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	283
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,535
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-216,952	-8	-4,536	0	Medicaid Paid Claims	0
9. Total Cost	17,566,331	661	367,290	0	Property Rate Allowance	0.80
10. Charges	\$41,001,585	\$2,618	\$711,997	0	First Semester in effect:	2014/07
11. Fixed Costs	3,220,391.00		55,922.44		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,169.10		0.00	County Ceiling Base	970.52	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,167.80	NA	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,696.58	194.32	FPLI	0.9836

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**103683 - 2014/07**

**Outpatient Rate: 9.15**

## Select Specialty Hospital Pensacola

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	9,606,077	0	150,510	0	Total Bed Days	19,710
2. Routine	14,254,569		221,819		Total Inpatient Days	18,688
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	287
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,810
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-422,363	0	-6,591	0	Medicaid Paid Claims	0
9. Total Cost	23,438,283	0	365,738	0	Property Rate Allowance	0.80
10. Charges	\$63,439,534	\$0	\$1,132,469	0	First Semester in effect:	2014/07
11. Fixed Costs	1,909,166.00		34,080.82		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,275.92	0.00	County Ceiling Base	1,545.41	NA	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,064.45	NA	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,622.41	185.82	FPLI	0.9406

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**103721 - 2014/07**

**Outpatient Rate: 9.15**

## BayCare Alliant Hospital

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

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

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	6,572,838	0	466,620	0	Total Bed Days 17,568
2. Routine	8,979,535		844,675		Total Inpatient Days 10,280
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 967
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 6,218
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-266,931	0	-22,506	0	Medicaid Paid Claims 0
9. Total Cost	15,285,442	0	1,288,789	0	Property Rate Allowance 0.80
10. Charges	\$61,329,608	\$0	\$4,699,464	0	First Semester in effect: 2014/07
11. Fixed Costs	1,955,039.00		149,807.50		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,314.60		0.00	County Ceiling Base	944.75	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	999.21	NA	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**103730 - 2014/07**

**Outpatient Rate: 75.48**

## St. Luke's-St. Vincent's Healthcare

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

Fiscal Year : 7/1/2012-6/30/2013

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	64,567,258	43,661,925	4,247,304	1,599,958	Total Bed Days	100,375
2. Routine	35,403,934		2,264,084		Total Inpatient Days	46,265
3. Special Care	8,398,458		1,996,150		Total Newborn Days	2,911
4. Newborn Routine	1,614,682		614,031		Medicaid Inpatient Days	4,213
5. Intern-Resident	0		0		Medicaid Newborn IP Days	30
6. Home Health					Medicare Inpatient Days	18,158
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	-1,726,636	-685,445	-143,199	-25,118	Medicaid Paid Claims	14,351
9. Total Cost	108,257,696	42,976,480	8,978,370	1,574,840	Property Rate Allowance	0.80
10. Charges	\$511,868,684	\$288,982,773	\$30,169,906	12,807,254	First Semester in effect:	2014/07
11. Fixed Costs	14,311,191.00		843,511.82		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,018.07	115.51	County Ceiling Base	905.09	184.39	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,357.71	93.83	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	FPLI	0.9910

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient      Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by</b> <b>Diagnosis</b> <b>Related Groups</b>
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	1,574,840.38
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,574,840.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,642,741.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	14,351
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	114.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	97.05
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	97.05
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	195.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	190.73
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	190.73
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	97.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	97.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	12,807,254.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	892.43
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	930.91
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$97.05
AU	Medicaid Trend Adjustment    IP% : 31.458      OP% : 22.221	\$21.57
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	<b>Final Prospective Rates</b>	<b>75.48</b>



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

103748 - 2014/07

Outpatient Rate: 9.15

Select Specialty Hospital Tallahassee

Type of Control: Government (4)  
 Fiscal Year : 3/1/2012-2/28/2013  
 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	6,114,636	0	64,859	0	Total Bed Days 10,585
2. Routine	9,662,970		100,251		Total Inpatient Days 9,446
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 98
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 5,879
7. Malpractice					Prospective Inflation factor 1.0518774704
8. Adjustments	-82,586	0	-864	0	Medicaid Paid Claims 0
9. Total Cost	15,695,020	0	164,246	0	Property Rate Allowance 0.80
10. Charges	\$30,836,348	\$0	\$420,800	0	First Semester in effect: 2014/07
11. Fixed Costs	4,012,710.00		0.00		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,354.69	0.00	County Ceiling Base	972.10	NA	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,296.80	NA	Cost Report DRI Index 2.024
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,656.39	189.72	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**103764 - 2014/07**

**Outpatient Rate: 9.15**

## Select Specialty Hospital Palm Beach

Type of Control: Proprietary(1)  
 Fiscal Year : 12/1/2011-11/30/2012  
 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	10,374,578	0	144,297	0	Total Bed Days	21,960
2. Routine	13,733,928		111,434		Total Inpatient Days	15,406
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	125
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,790
7. Malpractice					Prospective Inflation factor	1.0565756824
8. Adjustments	-227,119	0	-2,409	0	Medicaid Paid Claims	0
9. Total Cost	23,881,387	0	253,322	0	Property Rate Allowance	0.80
10. Charges	\$62,582,903	\$0	\$889,610	0	First Semester in effect:	2014/07
11. Fixed Costs	2,490,348.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,431.12		0.00	County Ceiling Base	1,038.20	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,363.36	NA	Cost Report DRI Index	2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	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)		<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
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			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76	
AU	Medicaid Trend Adjustment	IP% : 31.458      OP% : 22.221		\$2.61
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	<b>Final Prospective Rates</b>		<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**103772 - 2014/07**

**Outpatient Rate: 9.15**

## Select Speciality Hospital Gainesville

Type of Control: Proprietary(1)  
 Fiscal Year : 8/1/2012-7/31/2013  
 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	6,580,664	0	107,159	0	Total Bed Days 16,060
2. Routine	11,499,949		250,740		Total Inpatient Days 10,778
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 235
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 8,028
7. Malpractice					Prospective Inflation factor 1.0415851272
8. Adjustments	-270,747	0	-5,359	0	Medicaid Paid Claims 0
9. Total Cost	17,809,866	0	352,540	0	Property Rate Allowance 0.80
10. Charges	\$38,769,345	\$0	\$741,294	0	First Semester in effect: 2014/07
11. Fixed Costs	3,368,876.00		64,415.01		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,448.40		0.00	County Ceiling Base	923.08	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,246.33	NA	Cost Report DRI Index	2.044
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,520.82	174.19	FPLI	0.8817

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**104591 - 2014/07**

**Outpatient Rate: 52.28**

## Northwest Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	52,430,318	30,424,223	4,355,294	1,470,766	Total Bed Days 81,290
2. Routine	35,883,452		2,869,192		Total Inpatient Days 52,454
3. Special Care	12,718,585		1,166,777		Total Newborn Days 2,957
4. Newborn Routine	852,590		388,092		Medicaid Inpatient Days 4,945
5. Intern-Resident	0		0		Medicaid Newborn IP Days 55
6. Home Health					Medicare Inpatient Days 15,685
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-1,765,430	-527,181	-152,126	-25,485	Medicaid Paid Claims 22,706
9. Total Cost	100,119,515	29,897,042	8,627,229	1,445,281	Property Rate Allowance 0.80
10. Charges	\$786,382,379	\$328,116,502	\$56,693,123	16,530,279	First Semester in effect: 2014/07
11. Fixed Costs	12,609,763.00		909,082.99		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,506.61	62.13	County Ceiling Base	998.52	208.14	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	911.14	65.93	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI 1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,445,281.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,445,281.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,526,291.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,706
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		67.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		68.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		67.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	213.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	67.22	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	67.22	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,530,279.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		728.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		768.82
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$67.22
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$14.94
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>52.28</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**104604 - 2014/07**

**Outpatient Rate: 90.64**

## Palmetto General Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	95,207,924	48,488,028	16,130,417	7,858,049	Total Bed Days	131,072
2. Routine	54,065,659		8,158,122		Total Inpatient Days	98,639
3. Special Care	27,171,589		5,605,939		Total Newborn Days	2,914
4. Newborn Routine	965,408		723,559		Medicaid Inpatient Days	17,655
5. Intern-Resident	0		1,036,119		Medicaid Newborn IP Days	36
6. Home Health					Medicare Inpatient Days	27,488
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-2,636,795	-720,662	-470,465	-116,792	Medicaid Paid Claims	70,148
9. Total Cost	174,773,785	47,767,366	31,183,691	7,741,257	Property Rate Allowance	0.80
10. Charges	\$1,107,967,707	\$412,053,006	\$193,356,737	71,578,972	First Semester in effect:	2014/07
11. Fixed Costs	15,871,576.00		2,769,824.54		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,407.94	96.74	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	7,741,257.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,741,257.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		8,175,167.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		70,148
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		116.54
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)		116.54
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
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)		116.54
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		116.54
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		71,578,972.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,020.40	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,077.60	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$116.54	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$25.90	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>90.64</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**104604 - 2014/07**

**Outpatient Rate: 90.64**

## County Billing ONLY

**Palmetto General Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	95,207,924	48,488,028	16,130,417	7,858,049	Total Bed Days	131,072
2. Routine	54,065,659		8,158,122		Total Inpatient Days	98,639
3. Special Care	27,171,589		5,605,939		Total Newborn Days	2,914
4. Newborn Routine	965,408		723,559		Medicaid Inpatient Days	17,655
5. Intern-Resident	0		1,036,119		Medicaid Newborn IP Days	36
6. Home Health					Medicare Inpatient Days	27,488
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-2,636,795	-720,662	-470,465	-116,792	Medicaid Paid Claims	70,148
9. Total Cost	174,773,785	47,767,366	31,183,691	7,741,257	Property Rate Allowance	0.80
10. Charges	\$1,107,967,707	\$412,053,006	\$193,356,737	71,578,972	First Semester in effect:	2014/07
11. Fixed Costs	15,871,576.00		2,769,824.54		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,407.94	96.74	County Ceiling Base	1,035.10	223.05	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	788.96	118.55	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	7,741,257.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		7,741,257.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		8,175,167.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		70,148
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		116.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		122.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.54
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	116.54	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	116.54	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		71,578,972.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,020.40
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,077.60
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$116.54
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$25.90
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>90.64</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**105520 - 2014/07**

**Outpatient Rate: 41.66**

## Community Hospital of New Port Richey

Type of Control: Proprietary(1)  
 Fiscal Year : 7/1/2012-6/30/2013  
 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	50,164,235	31,767,098	5,059,422	2,191,523	Total Bed Days	102,930
2. Routine	54,370,138		4,767,532		Total Inpatient Days	67,985
3. Special Care	9,987,765		307,920		Total Newborn Days	2,211
4. Newborn Routine	1,135,267		732,194		Medicaid Inpatient Days	5,996
5. Intern-Resident	0		0		Medicaid Newborn IP Days	87
6. Home Health					Medicare Inpatient Days	25,360
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	-1,739,318	-477,731	-163,425	-32,957	Medicaid Paid Claims	18,533
9. Total Cost	113,918,088	31,289,368	10,703,643	2,158,566	Property Rate Allowance	0.80
10. Charges	\$882,909,712	\$384,503,195	\$58,974,718	28,631,223	First Semester in effect:	2014/07
11. Fixed Costs	22,167,381.00		1,480,689.39		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,644.72		126.34	County Ceiling Base	Exempt	178.10
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	51.78	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,658.64	189.97	FPLI	0.9616

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,158,565.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,158,565.71
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,251,634.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,533
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		121.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		53.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		53.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		189.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.22	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	53.56	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	53.56	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		28,631,223.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,544.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,611.49
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$53.56
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$11.90
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>41.66</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**105520 - 2014/07**

**Outpatient Rate: 41.66**

## Target History - Internal Information Only

**Community Hospital of New Port Richey**

Type of Control: Proprietary(1)  
 Fiscal Year : 7/1/2012-6/30/2013  
 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	50,164,235	31,767,098	5,059,422	2,191,523	Total Bed Days 102,930
2. Routine	54,370,138		4,767,532		Total Inpatient Days 67,985
3. Special Care	9,987,765		307,920		Total Newborn Days 2,211
4. Newborn Routine	1,135,267		732,194		Medicaid Inpatient Days 5,996
5. Intern-Resident	0		0		Medicaid Newborn IP Days 87
6. Home Health					Medicare Inpatient Days 25,360
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	-1,739,318	-477,731	-163,425	-32,957	Medicaid Paid Claims 18,533
9. Total Cost	113,918,088	31,289,368	10,703,643	2,158,566	Property Rate Allowance 0.80
10. Charges	\$882,909,712	\$384,503,195	\$58,974,718	28,631,223	First Semester in effect: 2014/07
11. Fixed Costs	22,167,381.00		1,480,689.39		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,644.72	126.34	County Ceiling Base	866.44	178.10	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	707.31	51.78	Cost Report DRI Index 2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,658.64	189.97	FPLI 0.9616

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,158,565.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,158,565.71
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,251,634.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		18,533
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		121.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		53.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		53.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		189.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.22	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	53.56	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	53.56	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		28,631,223.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,544.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,611.49
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$53.56
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$11.90
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>41.66</b>



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

106470 - 2014/07

Outpatient Rate: 9.15

Specialty Hospital Jacksonville

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	11,370,091	386	0	0	Total Bed Days 39,162
2. Routine	15,359,022		0		Total Inpatient Days 20,213
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 16,042
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-441,937	-6	0	0	Medicaid Paid Claims 0
9. Total Cost	26,287,176	380	0	0	Property Rate Allowance 0.80
10. Charges	\$114,283,314	\$0	\$0	0	First Semester in effect: 2014/07
11. Fixed Costs	1,978,463.00		0.00		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,281.57	0.00	County Ceiling Base	905.09	NA	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	784.17	NA	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,709.35	195.78	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**108219 - 2014/07**

**Outpatient Rate: 119.27**

## Imperial Point Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2012-6/30/2013

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	30,894,094	40,897,242	3,182,814	1,455,249	Total Bed Days 67,525
2. Routine	28,759,304		2,457,631		Total Inpatient Days 36,133
3. Special Care	4,425,923		348,965		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 3,316
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 11,091
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims 9,770
9. Total Cost	64,079,321	40,897,242	5,989,410	1,455,249	Property Rate Allowance 0.80
10. Charges	\$203,904,103	\$211,552,942	\$21,714,782	6,887,334	First Semester in effect: 2014/07
11. Fixed Costs	8,584,760.00		914,234.63		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,475.51		143.60	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,455,249.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			1,455,249.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			1,517,993.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			9,770
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			155.37
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)			155.37
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)			155.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			155.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			6,887,334.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		704.95	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		735.34	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$155.37	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$34.52	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 70%]		5.46	
AW	Buy Back of Medicaid Trend Adjustment		3.88	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>119.27</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**108219 - 2014/07**

**Outpatient Rate: 102.17**

## County Billing ONLY

### Imperial Point Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2012-6/30/2013

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	30,894,094	40,897,242	3,182,814	1,455,249	Total Bed Days	67,525
2. Routine	28,759,304		2,457,631		Total Inpatient Days	36,133
3. Special Care	4,425,923		348,965		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,316
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,091
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims	9,770
9. Total Cost	64,079,321	40,897,242	5,989,410	1,455,249	Property Rate Allowance	0.80
10. Charges	\$203,904,103	\$211,552,942	\$21,714,782	6,887,334	First Semester in effect:	2014/07
11. Fixed Costs	8,584,760.00		914,234.63		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,475.51	143.60	County Ceiling Base	998.52	208.14	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	715.01	127.00	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,455,249.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,455,249.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,517,993.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,770
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		155.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		131.36
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		131.36
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	213.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	131.36	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	131.36	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	6,887,334.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	704.95	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	735.34	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$131.36	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$29.19	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>102.17</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**108227 - 2014/07**

**Outpatient Rate: 116.87**

## Lake Butler Hospital

Type of Control: Proprietary(1)

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

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	434,864	4,629,007	7,904	1,009,778	Total Bed Days	9,150
2. Routine	521,587		10,058		Total Inpatient Days	239
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	7
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	133
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims	8,978
9. Total Cost	956,451	4,629,007	17,962	1,009,778	Property Rate Allowance	1.00
10. Charges	\$1,715,591	\$12,484,310	\$33,620	2,894,623	First Semester in effect:	2014/07
11. Fixed Costs	238,058.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,554.66		133.01	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,540.31	176.42	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)	<b>Reimbursed by Diagnosis Related Groups</b>	1,009,778.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		1,009,778.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,066,377.66
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		8,978
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.78
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)		118.78
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
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)		118.78
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		118.78
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		2,894,623.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	322.41	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	340.48	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$118.78	
AU	Medicaid Trend Adjustment IP% : 10.477 OP% : 9.688	\$11.51	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	9.60	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>116.87</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**108626 - 2014/07**

**Outpatient Rate: 98.80**

## North Florida Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 3/1/2012-2/28/2013  
 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	105,310,307	78,330,871	8,524,913	5,680,869	Total Bed Days 122,275
2. Routine	54,538,098		4,829,229		Total Inpatient Days 98,343
3. Special Care	18,007,386		854,577		Total Newborn Days 6,643
4. Newborn Routine	3,046,222		1,279,841		Medicaid Inpatient Days 9,428
5. Intern-Resident	0		0		Medicaid Newborn IP Days 705
6. Home Health					Medicare Inpatient Days 55,613
7. Malpractice					Prospective Inflation factor 1.0518774704
8. Adjustments	-3,272,370	-1,416,941	-280,175	-102,762	Medicaid Paid Claims 38,413
9. Total Cost	177,629,643	76,913,930	15,208,385	5,578,107	Property Rate Allowance 0.80
10. Charges	\$1,579,513,977	\$907,146,233	\$126,832,886	84,806,959	First Semester in effect: 2014/07
11. Fixed Costs	17,442,345.00		1,400,597.26		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,625.67	173.24	County Ceiling Base	923.08	163.99	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	851.94	122.80	Cost Report DRI Index 2.024
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,520.82	174.19	FPLI 0.8817

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	5,578,106.72
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,578,106.72
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,867,484.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		38,413
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		152.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		127.02
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		127.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county		174.19
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		169.62
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	169.62	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	127.02	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	127.02	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		84,806,959.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,207.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,322.30
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$127.02
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$28.22
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>98.80</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**109592 - 2014/07**

**Outpatient Rate: 65.19**

## Pasco Community Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	12,810,249	17,815,485	1,429,055	1,408,195	Total Bed Days 43,800
2. Routine	8,802,926		661,672		Total Inpatient Days 12,446
3. Special Care	3,465,531		110,260		Total Newborn Days 426
4. Newborn Routine	209,070		144,777		Medicaid Inpatient Days 931
5. Intern-Resident	0		0		Medicaid Newborn IP Days 21
6. Home Health					Medicare Inpatient Days 3,861
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-385,388	-271,509	-35,750	-21,461	Medicaid Paid Claims 15,144
9. Total Cost	24,902,388	17,543,976	2,310,014	1,386,734	Property Rate Allowance 0.80
10. Charges	\$196,582,201	\$205,612,231	\$14,467,301	19,059,348	First Semester in effect: 2014/07
11. Fixed Costs	4,375,119.00		321,983.19		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	2,255.35	98.90	County Ceiling Base	866.44	178.10	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	783.85	81.03	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,658.64	189.97	FPLI 0.9616

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient      Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by</b> <b>Diagnosis</b> <b>Related Groups</b>
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	1,386,734.00
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,386,734.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,440,173.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,144
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	95.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	83.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	83.81
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	189.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	184.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.22
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	83.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	83.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	19,059,348.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,258.54
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,307.04
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$83.81
AU	Medicaid Trend Adjustment    IP% : 31.458    OP% : 22.221	\$18.62
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	<b>Final Prospective Rates</b>	<b>65.19</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**109606 - 2014/07**

**Outpatient Rate: 120.23**

## Coral Gables Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	29,726,041	17,042,457	2,033,358	1,913,928	Total Bed Days 89,670
2. Routine	16,395,284		1,494,255		Total Inpatient Days 27,260
3. Special Care	6,789,735		822,595		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 2,777
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 11,782
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-733,493	-236,255	-60,306	-26,532	Medicaid Paid Claims 12,416
9. Total Cost	52,177,567	16,806,202	4,289,902	1,887,396	Property Rate Allowance 0.80
10. Charges	\$367,425,606	\$158,741,672	\$35,514,675	15,561,174	First Semester in effect: 2014/07
11. Fixed Costs	4,837,746.00		467,607.52		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,206.57		133.25	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,887,395.70	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,887,395.70	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,993,187.22	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			12,416
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			160.53
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)			160.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			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)		160.53	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		160.53	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,561,174.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,253.32	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,323.57	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$160.53	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$35.67	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		4.63	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>120.23</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**109606 - 2014/07**

**Outpatient Rate: 111.18**

## County Billing ONLY

**Coral Gables Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	29,726,041	17,042,457	2,033,358	1,913,928	Total Bed Days	89,670
2. Routine	16,395,284		1,494,255		Total Inpatient Days	27,260
3. Special Care	6,789,735		822,595		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,777
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,782
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-733,493	-236,255	-60,306	-26,532	Medicaid Paid Claims	12,416
9. Total Cost	52,177,567	16,806,202	4,289,902	1,887,396	Property Rate Allowance	0.80
10. Charges	\$367,425,606	\$158,741,672	\$35,514,675	15,561,174	First Semester in effect:	2014/07
11. Fixed Costs	4,837,746.00		467,607.52		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,206.57	133.25	County Ceiling Base	1,035.10	223.05	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	828.56	138.19	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,887,395.70
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,887,395.70
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,993,187.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,416
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		160.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		142.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		142.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	142.94	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	142.94	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		15,561,174.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,253.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,323.57
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$142.94
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$31.76
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>111.18</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**109886 - 2014/07**

**Outpatient Rate: 57.58**

## Ocala Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2012-8/31/2013

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	81,921,487	66,150,041	4,440,050	2,579,906	Total Bed Days	98,550
2. Routine	38,427,259		2,201,326		Total Inpatient Days	70,393
3. Special Care	13,732,038		638,232		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,254
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,024
7. Malpractice					Prospective Inflation factor	1.0400586224
8. Adjustments	-2,283,333	-1,126,504	-123,968	-43,935	Medicaid Paid Claims	35,629
9. Total Cost	131,797,451	65,023,537	7,155,640	2,535,971	Property Rate Allowance	0.80
10. Charges	\$1,037,430,396	\$602,472,693	\$55,084,154	26,251,712	First Semester in effect:	2014/07
11. Fixed Costs	14,579,201.00		774,107.79		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,653.65		78.46	County Ceiling Base	922.89	163.33
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	779.67	91.94	Cost Report DRI Index	2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,627.41	186.40	FPLI	0.9435

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,535,971.41	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			2,535,971.41
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			2,637,558.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			35,629
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			74.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			95.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			74.03
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county			186.40
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			168.94
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			168.94
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			74.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			74.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			26,251,712.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		736.81	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		766.33	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$74.03	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$16.45	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>57.58</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**110213 - 2014/07**

**Outpatient Rate: 69.27**

## Blake Memorial Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 5/1/2012-4/30/2013  
 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	71,018,702	33,126,452	1,774,456	1,547,634	Total Bed Days	139,795
2. Routine	38,428,259		1,073,512		Total Inpatient Days	66,372
3. Special Care	9,879,419		249,522		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,916
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	34,044
7. Malpractice					Prospective Inflation factor	1.0477362205
8. Adjustments	-2,075,213	-576,104	-53,869	-26,915	Medicaid Paid Claims	12,789
9. Total Cost	117,251,167	32,550,348	3,043,621	1,520,719	Property Rate Allowance	0.80
10. Charges	\$817,248,806	\$271,613,496	\$21,614,774	12,247,883	First Semester in effect:	2014/07
11. Fixed Costs	12,237,028.00		323,647.58		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,531.49	128.27	County Ceiling Base	978.57	179.36	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	764.75	86.10	Cost Report DRI Index	2.032
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,675.19	191.87	FPLI	0.9712

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,520,719.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,520,719.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,593,312.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		12,789
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		89.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		89.06
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county		191.87
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		185.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	185.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	89.06	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	89.06	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,247,883.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		957.69
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,003.41
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$89.06
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$19.79
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>69.27</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**111325 - 2014/07**

**Outpatient Rate: 44.12**

## Ft. Walton Beach Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2012-5/31/2013

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	45,191,967	39,459,593	5,567,117	4,706,725	Total Bed Days 93,805
2. Routine	34,002,605		3,108,066		Total Inpatient Days 57,262
3. Special Care	10,396,083		1,891,357		Total Newborn Days 2,019
4. Newborn Routine	761,189		636,393		Medicaid Inpatient Days 7,703
5. Intern-Resident	0		0		Medicaid Newborn IP Days 103
6. Home Health					Medicare Inpatient Days 28,441
7. Malpractice					Prospective Inflation factor 1.0451644575
8. Adjustments	-1,727,548	-754,477	-214,203	-89,994	Medicaid Paid Claims 40,938
9. Total Cost	88,624,296	38,705,116	10,988,730	4,616,731	Property Rate Allowance 0.80
10. Charges	\$817,087,742	\$509,711,376	\$92,856,507	60,077,808	First Semester in effect: 2014/07
11. Fixed Costs	11,338,452.00		1,288,538.54		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,468.05	133.23	County Ceiling Base	945.95	168.41	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	728.65	54.85	Cost Report DRI Index 2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,525.99	174.78	FPLI 0.8847

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,616,731.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,616,731.32
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,825,243.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,938
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		117.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		56.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		56.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county		174.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		174.20
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	174.20	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	56.73	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	56.73	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		60,077,808.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,467.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,533.81
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$56.73
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$12.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>44.12</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**111341 - 2014/07**

**Outpatient Rate: 85.46**

## Gulf Coast Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	111,322,189	54,442,290	10,760,573	3,472,817	Total Bed Days 127,385
2. Routine	82,352,681		8,238,487		Total Inpatient Days 102,130
3. Special Care	17,501,898		988,431		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 8,869
5. Intern-Resident	0		0		Medicaid Newborn IP Days 10
6. Home Health					Medicare Inpatient Days 49,470
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-2,957,359	-762,420	-279,909	-48,634	Medicaid Paid Claims 30,002
9. Total Cost	208,219,409	53,679,870	19,707,582	3,424,183	Property Rate Allowance 0.80
10. Charges	\$934,124,147	\$331,844,558	\$71,083,920	28,419,055	First Semester in effect: 2014/07
11. Fixed Costs	41,686,660.00		3,172,224.18		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	2,040.59	125.06	County Ceiling Base	1,001.15	186.87	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	957.62	106.22	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,634.83	187.25	FPLI 0.9478

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,424,183.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,424,183.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,556,139.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		30,002
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		118.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		109.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		109.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county		187.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	187.25	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	109.87	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	109.87	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	28,419,055.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	947.24	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	983.74	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$109.87	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$24.41	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>85.46</b>	





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**111741 - 2014/07**

**Outpatient Rate: 79.99**

## Orange Park Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2012-6/30/2013

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	63,704,082	53,219,500	7,977,283	5,673,824	Total Bed Days
2. Routine	55,767,269		5,170,006		Total Inpatient Days
3. Special Care	14,345,702		2,566,205		Total Newborn Days
4. Newborn Routine	1,302,275		744,776		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	-2,353,427	-926,945	-286,660	-98,823	Medicaid Paid Claims
9. Total Cost	132,765,901	52,292,555	16,171,610	5,575,001	Property Rate Allowance
10. Charges	\$1,394,273,431	\$751,087,404	\$130,065,048	73,762,612	First Semester in effect:
11. Fixed Costs	20,175,687.00		1,882,092.59		Last Rate Semester in Effect:

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,615.34	153.17	County Ceiling Base	897.06	180.00	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	847.39	99.42	Cost Report DRI Index
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,574.63	180.35	FPLI

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient      Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by</b> <b>Diagnosis</b> <b>Related Groups</b>
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	5,575,000.76
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,575,000.76
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,815,373.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	41,590
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	139.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	102.84
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	102.84
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9129) for Clay county	180.35
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	186.18
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	180.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	102.84
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	102.84
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	73,762,612.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,773.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,850.04
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$102.84
AU	Medicaid Trend Adjustment    IP% : 31.458      OP% : 22.221	\$22.85
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	<b>Final Prospective Rates</b>	<b>79.99</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**112305 - 2014/07**

**Outpatient Rate: 50.86**

## Westside Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 2/1/2012-1/31/2013

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	56,275,146	26,191,136	2,315,059	537,071	Total Bed Days	81,238
2. Routine	30,767,214		1,051,506		Total Inpatient Days	53,061
3. Special Care	15,231,765		861,014		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,114
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,490
7. Malpractice					Prospective Inflation factor	1.0539603960
8. Adjustments	-1,844,337	-472,312	-76,237	-9,685	Medicaid Paid Claims	8,501
9. Total Cost	100,429,788	25,718,824	4,151,342	527,386	Property Rate Allowance	0.80
10. Charges	\$784,790,983	\$258,314,017	\$31,389,197	5,968,358	First Semester in effect:	2014/07
11. Fixed Costs	9,777,086.00		391,053.01		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,732.66		60.43	County Ceiling Base	998.52	200.92
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	937.32	66.43	Cost Report DRI Index	2.020
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	527,385.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		527,385.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		555,843.80
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,501
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		65.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		68.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		65.39
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		207.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	207.82	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	65.39	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	65.39	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,968,358.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		702.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		739.96
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$65.39
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$14.53
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>50.86</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**112798 - 2014/07**

**Outpatient Rate: 129.02**

## Memorial Hospital Of Tampa

Type of Control: Proprietary(1)  
 Fiscal Year : 12/1/2012-9/30/2013  
 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	17,690,813	17,235,218	648,187	457,788	Total Bed Days	55,632
2. Routine	13,357,788		736,936		Total Inpatient Days	24,861
3. Special Care	2,313,797		11,745		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,382
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,730
7. Malpractice					Prospective Inflation factor	1.0370189966
8. Adjustments	-434,575	-224,504	-18,195	-5,963	Medicaid Paid Claims	1,972
9. Total Cost	32,927,823	17,010,714	1,378,673	451,825	Property Rate Allowance	0.80
10. Charges	\$155,660,960	\$130,822,020	\$7,615,317	3,177,618	First Semester in effect:	2014/07
11. Fixed Costs	6,286,703.00		307,560.97		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	859.71	254.14	County Ceiling Base	957.90	181.96	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	709.49	160.37	Cost Report DRI Index	2.053
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	451,824.90	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		451,824.90	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		468,551.00	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			1,972
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			237.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			165.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			165.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county			184.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			188.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		184.70	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		165.88	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		165.88	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		3,177,618.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,611.37	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,671.02	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$165.88	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$36.86	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>129.02</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**112801 - 2014/07**

**Outpatient Rate: 60.25**

## University Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2012-4/30/2013

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	31,485,676	21,132,429	1,511,425	988,229	Total Bed Days	115,705
2. Routine	33,341,474		1,775,699		Total Inpatient Days	54,349
3. Special Care	5,385,047		371,952		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,226
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,198
7. Malpractice					Prospective Inflation factor	1.0477362205
8. Adjustments	-1,047,926	-315,404	-54,612	-14,749	Medicaid Paid Claims	11,824
9. Total Cost	69,164,271	20,817,025	3,604,464	973,480	Property Rate Allowance	0.80
10. Charges	\$513,091,067	\$225,572,452	\$26,404,024	11,580,834	First Semester in effect:	2014/07
11. Fixed Costs	5,397,973.00		277,783.45		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	998.56		79.72	County Ceiling Base	998.52	200.92
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	542.21	74.89	Cost Report DRI Index	2.032
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	973,479.56	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			973,479.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			1,019,949.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			11,824
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			86.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			77.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			77.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county			213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			207.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			207.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			77.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			77.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			11,580,834.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		979.43	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,026.18	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$77.46	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$17.21	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>60.25</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**113212 - 2014/07**

**Outpatient Rate: 64.53**

## West Florida Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2012-5/31/2013

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	66,493,649	47,617,672	4,716,700	2,812,877	Total Bed Days	187,975
2. Routine	42,431,363		3,433,729		Total Inpatient Days	68,777
3. Special Care	11,279,235		1,035,160		Total Newborn Days	744
4. Newborn Routine	343,038		148,926		Medicaid Inpatient Days	5,981
5. Intern-Resident	0		0		Medicaid Newborn IP Days	8
6. Home Health					Medicare Inpatient Days	33,651
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-1,914,432	-756,224	-148,243	-44,672	Medicaid Paid Claims	22,731
9. Total Cost	118,632,853	46,861,448	9,186,272	2,768,205	Property Rate Allowance	0.80
10. Charges	\$779,064,023	\$453,491,948	\$59,707,384	29,571,360	First Semester in effect:	2014/07
11. Fixed Costs	14,724,405.00		1,128,476.84		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,495.00		135.32	County Ceiling Base	947.61	178.95
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	726.54	80.20	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,622.41	185.82	FPLI	0.9406

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,768,205.23	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			2,768,205.23
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			2,893,229.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			22,731
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			127.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			82.96
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			82.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county			185.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			185.10
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			185.10
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			82.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			82.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			29,571,360.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,300.93	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,359.69	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$82.96	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$18.43	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>64.53</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**113514 - 2014/07**

**Outpatient Rate: 102.96**

## Putnam Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2012-2/28/2013

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	16,709,324	18,408,049	2,549,648	2,973,763	Total Bed Days 36,135
2. Routine	13,199,036		1,285,931		Total Inpatient Days 23,672
3. Special Care	3,079,605		230,889		Total Newborn Days 987
4. Newborn Routine	169,305		123,845		Medicaid Inpatient Days 2,522
5. Intern-Resident	0		0		Medicaid Newborn IP Days 55
6. Home Health					Medicare Inpatient Days 14,764
7. Malpractice					Prospective Inflation factor 1.0518774704
8. Adjustments	-462,776	-256,921	-58,484	-41,505	Medicaid Paid Claims 29,066
9. Total Cost	32,694,494	18,151,128	4,131,829	2,932,258	Property Rate Allowance 1.00
10. Charges	\$146,009,773	\$116,721,883	\$15,528,515	19,845,018	First Semester in effect: 2014/07
11. Fixed Costs	2,903,365.00		308,780.34		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,797.59	122.24	Exempt	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.024
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,497.36	171.50	FPLI	0.8681

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,932,258.20	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			2,932,258.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			3,084,376.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			29,066
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			106.12
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)			106.12
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
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)			106.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			106.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			19,845,018.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		682.76	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		718.18	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$106.12	
AU	Medicaid Trend Adjustment IP% : 12.339 OP% : 9.688		\$10.28	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		7.12	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>102.96</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**115193 - 2014/07**

**Outpatient Rate: 83.68**

## Northside Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	43,637,293	24,173,261	2,964,424	933,065	Total Bed Days	76,978
2. Routine	26,846,402		1,666,067		Total Inpatient Days	41,278
3. Special Care	14,701,780		1,050,235		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,771
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,850
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-1,252,212	-355,343	-83,506	-13,716	Medicaid Paid Claims	8,874
9. Total Cost	83,933,263	23,817,918	5,597,220	919,349	Property Rate Allowance	0.80
10. Charges	\$760,654,664	\$305,323,764	\$44,470,153	16,327,640	First Semester in effect:	2014/07
11. Fixed Costs	9,557,970.00		558,787.59		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,995.71	113.71	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	919,349.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		919,349.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		954,777.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,874
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.59
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)		107.59
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)		107.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		107.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,327,640.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,839.94	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,910.85	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$107.59	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$23.91	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>83.68</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**115193 - 2014/07**

**Outpatient Rate: 83.68**

## County Billing ONLY

**Northside Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	43,637,293	24,173,261	2,964,424	933,065	Total Bed Days	76,978
2. Routine	26,846,402		1,666,067		Total Inpatient Days	41,278
3. Special Care	14,701,780		1,050,235		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,771
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,850
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-1,252,212	-355,343	-83,506	-13,716	Medicaid Paid Claims	8,874
9. Total Cost	83,933,263	23,817,918	5,597,220	919,349	Property Rate Allowance	0.80
10. Charges	\$760,654,664	\$305,323,764	\$44,470,153	16,327,640	First Semester in effect:	2014/07
11. Fixed Costs	9,557,970.00		558,787.59		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,995.71	113.71	County Ceiling Base	955.91	181.57	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	629.42	110.25	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	919,349.10
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		919,349.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		954,777.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,874
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		107.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		114.04
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		107.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	107.59	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	107.59	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,327,640.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,839.94
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,910.85
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$107.59
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$23.91
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>83.68</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**116483 - 2014/07**

**Outpatient Rate: 202.61**

## Anne Bates Leach Eye Hospital

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

Fiscal Year : 6/1/2012-5/31/2013

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	534,892	80,274,981	5,522	7,711,086	Total Bed Days	20,440
2. Routine	5,994,599		53,798		Total Inpatient Days	219
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	7
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	73
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-77,646	-954,599	-705	-91,697	Medicaid Paid Claims	27,606
9. Total Cost	6,451,845	79,320,382	58,615	7,619,389	Property Rate Allowance	0.80
10. Charges	\$3,287,663	\$330,708,606	\$47,992	37,990,362	First Semester in effect:	2014/07
11. Fixed Costs	3,436,364.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	11,945.88		239.45	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	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)	<b>Reimbursed by Diagnosis Related Groups</b>	7,619,388.77
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		7,619,388.77
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		7,963,514.33
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		27,606
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		288.47
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)		288.47
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
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)		288.47
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		288.47
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,376.16
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,438.31
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$288.47
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$64.10
AV	Exemption Tier Adj $\left[ \frac{(AG-CBAM) - ((AG-CBAM) / AT) * AU}{(AG-CBAM) - ((AG-CBAM) / AT) * AU} * 66\% \right]$		21.76
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>202.61</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**116483 - 2014/07**

**Outpatient Rate: 160.03**

## County Billing ONLY

**Anne Bates Leach Eye Hospital**

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

Fiscal Year : 6/1/2012-5/31/2013

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	534,892	80,274,981	5,522	7,711,086	Total Bed Days	20,440
2. Routine	5,994,599		53,798		Total Inpatient Days	219
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	7
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	73
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-77,646	-954,599	-705	-91,697	Medicaid Paid Claims	27,606
9. Total Cost	6,451,845	79,320,382	58,615	7,619,389	Property Rate Allowance	0.80
10. Charges	\$3,287,663	\$330,708,606	\$47,992	37,990,362	First Semester in effect:	2014/07
11. Fixed Costs	3,436,364.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	11,945.88		239.45	County Ceiling Base	Exempt	223.05
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,543.46	198.92	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	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)	<b>Reimbursed by Diagnosis Related Groups</b>	7,619,388.77	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		7,619,388.77	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		7,963,514.33	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			27,606
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			288.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			205.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			205.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			230.71
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			205.75
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			205.75
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			37,990,362.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,376.16	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		1,438.31	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$205.75	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$45.72	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>160.03</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**117463 - 2014/07**

**Outpatient Rate: 79.93**

## Fawcett Memorial Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	52,183,896	28,902,385	1,733,091	1,210,355	Total Bed Days	86,870
2. Routine	32,647,545		1,052,997		Total Inpatient Days	55,324
3. Special Care	7,308,866		239,111		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,848
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35,052
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-1,478,004	-463,617	-48,527	-19,415	Medicaid Paid Claims	9,149
9. Total Cost	90,662,303	28,438,768	2,976,672	1,190,940	Property Rate Allowance	0.80
10. Charges	\$829,494,485	\$338,304,135	\$26,839,355	17,463,881	First Semester in effect:	2014/07
11. Fixed Costs	7,632,063.00		246,945.16		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,640.47		144.57	County Ceiling Base	969.52	182.19
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	723.47	99.35	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,640.18	187.86	FPLI	0.9509

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,190,939.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,190,939.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,257,694.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,149
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		137.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		102.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		102.76
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county		187.86
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.45
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	187.86	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	102.76	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	102.76	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,463,881.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,908.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,015.82
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$102.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$22.83
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>79.93</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**117617 - 2014/07**

**Outpatient Rate: 71.42**

## Gulf Coast Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 2/1/2012-1/31/2013

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	46,442,176	43,286,341	6,001,308	5,007,136	Total Bed Days	64,416
2. Routine	24,768,733		4,228,620		Total Inpatient Days	42,994
3. Special Care	7,427,132		2,226,022		Total Newborn Days	4,103
4. Newborn Routine	1,979,206		1,143,241		Medicaid Inpatient Days	9,079
5. Intern-Resident	0		0		Medicaid Newborn IP Days	90
6. Home Health					Medicare Inpatient Days	16,994
7. Malpractice					Prospective Inflation factor	1.0539603960
8. Adjustments	-1,511,989	-811,842	-255,055	-93,910	Medicaid Paid Claims	56,390
9. Total Cost	79,105,258	42,474,499	13,344,136	4,913,226	Property Rate Allowance	0.80
10. Charges	\$677,449,646	\$498,479,671	\$93,498,275	61,063,232	First Semester in effect:	2014/07
11. Fixed Costs	8,150,488.00		1,124,890.35		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,567.79	102.50	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.020
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,545.31	176.99	FPLI	0.8959

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,913,226.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,913,226.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,178,346.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		56,390
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		91.83
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)		91.83
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
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)	91.83	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	91.83	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		61,063,232.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,082.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,141.30
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$91.83
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$20.41
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>71.42</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**117617 - 2014/07**

**Outpatient Rate: 71.42**

## County Billing ONLY

**Gulf Coast Medical Center**

Type of Control: Proprietary(1)  
 Fiscal Year : 2/1/2012-1/31/2013  
 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	46,442,176	43,286,341	6,001,308	5,007,136	Total Bed Days 64,416
2. Routine	24,768,733		4,228,620		Total Inpatient Days 42,994
3. Special Care	7,427,132		2,226,022		Total Newborn Days 4,103
4. Newborn Routine	1,979,206		1,143,241		Medicaid Inpatient Days 9,079
5. Intern-Resident	0		0		Medicaid Newborn IP Days 90
6. Home Health					Medicare Inpatient Days 16,994
7. Malpractice					Prospective Inflation factor 1.0539603960
8. Adjustments	-1,511,989	-811,842	-255,055	-93,910	Medicaid Paid Claims 56,390
9. Total Cost	79,105,258	42,474,499	13,344,136	4,913,226	Property Rate Allowance 0.80
10. Charges	\$677,449,646	\$498,479,671	\$93,498,275	61,063,232	First Semester in effect: 2014/07
11. Fixed Costs	8,150,488.00		1,124,890.35		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,567.79	102.50	County Ceiling Base	943.78	166.42	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	705.48	102.18	Cost Report DRI Index 2.020
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,545.31	176.99	FPLI 0.8959

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,913,226.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,913,226.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,178,346.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		56,390
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		91.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		105.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		91.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county		176.99
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		172.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	172.14	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	91.83	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	91.83	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		61,063,232.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,082.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,141.30
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$91.83
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$20.41
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>71.42</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**118079 - 2014/07**

**Outpatient Rate: 84.21**

## Brandon Regional Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	78,119,957	69,471,497	9,706,118	4,614,802	Total Bed Days	145,668
2. Routine	59,635,825		6,343,075		Total Inpatient Days	94,104
3. Special Care	22,054,908		4,220,202		Total Newborn Days	6,214
4. Newborn Routine	2,159,299		990,347		Medicaid Inpatient Days	13,068
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,425
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-2,954,923	-1,267,413	-387,855	-84,191	Medicaid Paid Claims	43,907
9. Total Cost	159,015,066	68,204,084	20,871,887	4,530,611	Property Rate Allowance	0.80
10. Charges	\$1,340,394,316	\$846,073,592	\$124,105,857	62,510,340	First Semester in effect:	2014/07
11. Fixed Costs	17,595,241.00		1,629,126.92		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,663.33	116.56	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,530,611.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,530,611.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,784,559.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		43,907
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.97
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)		108.97
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
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)	108.97	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	108.97	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		62,510,340.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,423.70
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,503.50
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$108.97
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$24.21
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		0.55
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>84.21</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**118079 - 2014/07**

**Outpatient Rate: 83.12**

## County Billing ONLY

**Brandon Regional Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	78,119,957	69,471,497	9,706,118	4,614,802	Total Bed Days	145,668
2. Routine	59,635,825		6,343,075		Total Inpatient Days	94,104
3. Special Care	22,054,908		4,220,202		Total Newborn Days	6,214
4. Newborn Routine	2,159,299		990,347		Medicaid Inpatient Days	13,068
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,425
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-2,954,923	-1,267,413	-387,855	-84,191	Medicaid Paid Claims	43,907
9. Total Cost	159,015,066	68,204,084	20,871,887	4,530,611	Property Rate Allowance	0.80
10. Charges	\$1,340,394,316	\$846,073,592	\$124,105,857	62,510,340	First Semester in effect:	2014/07
11. Fixed Costs	17,595,241.00		1,629,126.92		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,663.33	116.56	County Ceiling Base	957.90	181.96	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	891.40	103.32	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,530,611.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,530,611.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,784,559.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		43,907
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		108.97
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		106.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.70	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	106.87	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.87	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		62,510,340.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,423.70
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,503.50
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$106.87
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$23.75
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>83.12</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119695 - 2014/07**

**Outpatient Rate: 90.02**

## Lawnwood Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	75,304,185	35,072,012	11,745,888	4,531,217	Total Bed Days	134,515
2. Routine	58,900,398		7,498,281		Total Inpatient Days	95,178
3. Special Care	18,583,915		2,363,823		Total Newborn Days	4,949
4. Newborn Routine	3,494,893		2,420,079		Medicaid Inpatient Days	12,683
5. Intern-Resident	0		0		Medicaid Newborn IP Days	1,159
6. Home Health					Medicare Inpatient Days	38,335
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-2,944,790	-660,849	-452,752	-85,380	Medicaid Paid Claims	40,205
9. Total Cost	153,338,601	34,411,163	23,575,319	4,445,837	Property Rate Allowance	0.80
10. Charges	\$1,438,748,952	\$412,661,798	\$187,689,519	59,059,515	First Semester in effect:	2014/07
11. Fixed Costs	14,229,474.00		1,856,281.55		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,589.48	112.02	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.34	202.54	FPLI	1.0252

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,445,836.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,445,836.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,617,164.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		40,205
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.84
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)		114.84
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
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)	114.84	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	114.84	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		59,059,515.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,468.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,525.57
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$114.84
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$25.52
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		1.89
AW	Buy Back of Medicaid Trend Adjustment		2.59
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>90.02</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119695 - 2014/07**

**Outpatient Rate: 83.46**

## County Billing ONLY

**Lawnwood Regional Medical Center**

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	75,304,185	35,072,012	11,745,888	4,531,217	Total Bed Days 134,515
2. Routine	58,900,398		7,498,281		Total Inpatient Days 95,178
3. Special Care	18,583,915		2,363,823		Total Newborn Days 4,949
4. Newborn Routine	3,494,893		2,420,079		Medicaid Inpatient Days 12,683
5. Intern-Resident	0		0		Medicaid Newborn IP Days 1,159
6. Home Health					Medicare Inpatient Days 38,335
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-2,944,790	-660,849	-452,752	-85,380	Medicaid Paid Claims 40,205
9. Total Cost	153,338,601	34,411,163	23,575,319	4,445,837	Property Rate Allowance 0.80
10. Charges	\$1,438,748,952	\$412,661,798	\$187,689,519	59,059,515	First Semester in effect: 2014/07
11. Fixed Costs	14,229,474.00		1,856,281.55		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,589.48	112.02	County Ceiling Base	1,005.45	186.55	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	875.50	103.75	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.34	202.54	FPLI 1.0252

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient      Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by</b> <b>Diagnosis</b> <b>Related Groups</b>
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	4,445,836.96
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,445,836.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,617,164.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	40,205
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	114.84
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	107.31
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	107.31
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	202.54
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	192.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	192.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	107.31
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	107.31
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	59,059,515.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,468.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,525.57
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$107.31
AU	Medicaid Trend Adjustment    IP% : 31.458      OP% : 22.221	\$23.85
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	<b>Final Prospective Rates</b>	<b>83.46</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119717 - 2014/07**

**Outpatient Rate: 61.64**

## Cape Coral Hospital

Type of Control: Government (4)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	52,354,313	47,615,794	5,607,724	3,887,720	Total Bed Days	106,215
2. Routine	42,717,459		2,776,938		Total Inpatient Days	66,166
3. Special Care	9,235,249		718,383		Total Newborn Days	0
4. Newborn Routine	6,593,790		3,786,453		Medicaid Inpatient Days	6,907
5. Intern-Resident	0		0		Medicaid Newborn IP Days	535
6. Home Health					Medicare Inpatient Days	28,800
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-1,803,852	-774,492	-209,653	-63,236	Medicaid Paid Claims	38,477
9. Total Cost	109,096,959	46,841,302	12,679,845	3,824,484	Property Rate Allowance	0.80
10. Charges	\$495,800,068	\$326,902,928	\$44,852,000	31,124,207	First Semester in effect:	2014/07
11. Fixed Costs	12,263,060.00		1,109,364.04		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,703.60	108.92	County Ceiling Base	1,001.15	186.87	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	992.73	76.62	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,634.83	187.25	FPLI	0.9478

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,824,484.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,824,484.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,971,867.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		38,477
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		103.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		79.25
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		79.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county		187.25
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		193.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	187.25	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	79.25	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	79.25	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		31,124,207.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		808.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		840.07
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$79.25
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$17.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>61.64</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119733 - 2014/07**

**Outpatient Rate: 55.65**

## Venice Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	51,782,505	45,201,622	1,458,811	711,015	Total Bed Days	114,192
2. Routine	28,135,526		905,023		Total Inpatient Days	48,923
3. Special Care	8,280,204		284,192		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,638
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,011
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims	6,552
9. Total Cost	88,198,235	45,201,622	2,648,026	711,015	Property Rate Allowance	0.80
10. Charges	\$631,423,745	\$419,743,504	\$16,894,267	7,347,660	First Semester in effect:	2014/07
11. Fixed Costs	15,231,840.00		407,540.54		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,468.57		116.51	County Ceiling Base	970.52	185.63
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	644.63	69.17	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,696.58	194.32	FPLI	0.9836

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	711,015.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		711,015.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		750,868.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		6,552
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		114.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		71.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		71.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		194.32
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.01
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	192.01	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	71.55	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	71.55	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		7,347,660.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,121.44
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,184.30
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$71.55
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$15.90
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>55.65</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119741 - 2014/07**

**Outpatient Rate: 89.23**

## Largo Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2012-2/28/2013

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	87,409,590	37,149,611	3,272,237	1,200,196	Total Bed Days	135,502
2. Routine	52,566,718		1,860,051		Total Inpatient Days	92,069
3. Special Care	14,465,174		720,735		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,643
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,814
7. Malpractice					Prospective Inflation factor	1.0518774704
8. Adjustments	-2,513,747	-604,661	-95,266	-19,535	Medicaid Paid Claims	11,084
9. Total Cost	151,927,735	36,544,950	5,757,757	1,180,661	Property Rate Allowance	0.80
10. Charges	\$1,201,517,359	\$373,853,378	\$50,422,809	14,846,151	First Semester in effect:	2014/07
11. Fixed Costs	15,519,978.00		651,310.51		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,222.65		118.42	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.024
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,180,661.16	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)			1,180,661.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			1,241,910.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			11,084
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			112.05
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)			112.05
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county			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)			112.05
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			112.05
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)			14,846,151.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,339.42	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,408.91	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$112.05	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$24.90	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		2.08	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>89.23</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119741 - 2014/07**

**Outpatient Rate: 87.15**

## County Billing ONLY

**Largo Medical Center**

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2012-2/28/2013

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	87,409,590	37,149,611	3,272,237	1,200,196	Total Bed Days	135,502
2. Routine	52,566,718		1,860,051		Total Inpatient Days	92,069
3. Special Care	14,465,174		720,735		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,643
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	42,814
7. Malpractice					Prospective Inflation factor	1.0518774704
8. Adjustments	-2,513,747	-604,661	-95,266	-19,535	Medicaid Paid Claims	11,084
9. Total Cost	151,927,735	36,544,950	5,757,757	1,180,661	Property Rate Allowance	0.80
10. Charges	\$1,201,517,359	\$373,853,378	\$50,422,809	14,846,151	First Semester in effect:	2014/07
11. Fixed Costs	15,519,978.00		651,310.51		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,222.65	118.42	County Ceiling Base	955.91	181.57	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,295.04	108.64	Cost Report DRI Index	2.024
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,180,661.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,180,661.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,241,910.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,084
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		112.05
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		112.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		112.05
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	112.05	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	112.05	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		14,846,151.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,339.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,408.91
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$112.05
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$24.90
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>87.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119750 - 2014/07**

**Outpatient Rate: 100.78**

## Raulerson Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2012-4/30/2013

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	18,345,094	17,977,484	1,309,627	2,161,805	Total Bed Days	36,500
2. Routine	15,497,726		978,713		Total Inpatient Days	21,810
3. Special Care	4,763,650		300,424		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	1,445
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,484
7. Malpractice					Prospective Inflation factor	1.0477362205
8. Adjustments	-622,854	-290,038	-41,766	-34,877	Medicaid Paid Claims	22,112
9. Total Cost	37,983,616	17,687,446	2,546,998	2,126,928	Property Rate Allowance	1.00
10. Charges	\$219,223,060	\$151,035,023	\$15,333,308	17,064,975	First Semester in effect:	2014/07
11. Fixed Costs	3,981,933.00		278,511.78		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,585.84		97.17	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.032
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,789.04	204.91	FPLI	1.0372

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,126,927.72
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,126,927.72
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,228,459.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		22,112
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		100.78
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)		100.78
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
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)	100.78	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	100.78	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,064,975.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		771.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		808.59
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$100.78
AU	Medicaid Trend Adjustment IP% : 13.001 OP% : 7.668		\$7.73
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		7.73
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>100.78</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**119768 - 2014/07**

**Outpatient Rate: 84.81**

## Lake City Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 11/1/2012-10/31/2013  
 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	10,513,749	17,204,831	799,787	1,638,777	Total Bed Days 24,455
2. Routine	12,497,315		739,325		Total Inpatient Days 16,898
3. Special Care	2,317,797		117,184		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,118
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 11,169
7. Malpractice					Prospective Inflation factor 1.0370189966
8. Adjustments	0	0	0	0	Medicaid Paid Claims 15,585
9. Total Cost	25,328,861	17,204,831	1,656,296	1,638,777	Property Rate Allowance 0.80
10. Charges	\$148,814,233	\$175,504,044	\$10,082,945	16,509,214	First Semester in effect: 2014/07
11. Fixed Costs	3,822,805.00		259,015.09		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,433.39	120.59	County Ceiling Base	916.14	167.82	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	527.06	115.42	Cost Report DRI Index 2.053
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,559.63	178.63	FPLI 0.9042

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,638,777.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,638,777.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,699,442.88	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			15,585
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			109.04
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			119.39
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			109.04
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9042) for Columbia county			178.63
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			173.59
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		173.59	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		109.04	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		109.04	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,509,214.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,059.30	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,098.51	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$109.04	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$24.23	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>84.81</b>	



# Florida Agency For Health Care Administration

**119784 - 2014/07**

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

## Florida State Hospital-Med

Type of Control: Government (4)

Fiscal Year : 7/1/2012-6/30/2013

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Gadsden (20)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,455,056		0		Total Bed Days	8,760
2. Routine	3,148,454		0		Total Inpatient Days	3,171
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	0
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	12,603,510		0		Property Rate Allowance	0.80
10. Charges	\$12,603,510		\$0		First Semester in effect:	2014/07
11. Fixed Costs	689,129.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	4,333.10			County Ceiling Base	932.97	
2. Base Rate Semester	2013/07		Variable Cost Base	659.91		Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,724.87		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560		County Ceiling	1,560.14		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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9045) for Gadsden county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$0.00
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 0.000		\$0.00
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119806 - 2014/07**

**Outpatient Rate: 78.40**

## Capital Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2012-4/30/2013

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	41,394,292	44,164,460	5,694,951	4,121,683	Total Bed Days 75,746
2. Routine	31,772,609		3,457,837		Total Inpatient Days 47,953
3. Special Care	4,811,019		512,305		Total Newborn Days 2,159
4. Newborn Routine	914,867		513,585		Medicaid Inpatient Days 5,859
5. Intern-Resident	0		0		Medicaid Newborn IP Days 48
6. Home Health					Medicare Inpatient Days 17,627
7. Malpractice					Prospective Inflation factor 1.0477362205
8. Adjustments	-1,266,475	-708,977	-163,399	-66,166	Medicaid Paid Claims 36,758
9. Total Cost	77,626,312	43,455,483	10,015,279	4,055,517	Property Rate Allowance 0.80
10. Charges	\$501,967,789	\$371,747,176	\$52,196,447	34,836,526	First Semester in effect: 2014/07
11. Fixed Costs	13,265,988.00		1,379,445.96		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,595.07	120.38	County Ceiling Base	972.10	180.21	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	945.88	97.45	Cost Report DRI Index 2.032
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,656.39	189.72	FPLI 0.9603

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	4,055,517.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		4,055,517.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,249,112.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		36,758
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		115.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		100.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		100.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county		189.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.40	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	100.80	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	100.80	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		34,836,526.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		947.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		992.97
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$100.80
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$22.40
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>78.40</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**119849 - 2014/07**

**Outpatient Rate: 75.97**

## Town and Country Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	16,259,248	17,464,584	1,820,973	1,440,527	Total Bed Days 75,396
2. Routine	12,873,781		1,054,927		Total Inpatient Days 23,463
3. Special Care	2,526,085		139,756		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 2,673
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 8,806
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	0	0	0	0	Medicaid Paid Claims 9,080
9. Total Cost	31,659,114	17,464,584	3,015,656	1,440,527	Property Rate Allowance 0.80
10. Charges	\$154,320,773	\$131,478,080	\$16,495,815	12,519,824	First Semester in effect: 2014/07
11. Fixed Costs	5,265,247.00		562,818.20		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,036.55	179.21	County Ceiling Base	946.71	177.33	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	651.34	94.44	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI 0.9349

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient      Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by</b> <b>Diagnosis</b> <b>Related Groups</b> 1,440,527.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,440,527.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,521,270.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,080
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	167.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	97.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	97.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	184.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	183.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	183.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	97.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	97.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	12,519,824.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,378.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,456.13
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$97.68
AU	Medicaid Trend Adjustment      IP% : 31.458      OP% : 22.221	\$21.71
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	<b>Final Prospective Rates</b>	<b>75.97</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119881 - 2014/07**

**Outpatient Rate: 82.96**

## Regional Medical Center Bayonet Point

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2012-2/28/2013

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	62,967,901	30,970,588	3,309,485	1,172,198	Total Bed Days	99,240
2. Routine	35,286,667		2,169,973		Total Inpatient Days	68,162
3. Special Care	20,549,849		1,214,035		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,264
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,338
7. Malpractice					Prospective Inflation factor	1.0518774704
8. Adjustments	-1,945,369	-507,130	-109,603	-19,194	Medicaid Paid Claims	11,371
9. Total Cost	116,859,048	30,463,458	6,583,890	1,153,004	Property Rate Allowance	0.80
10. Charges	\$1,048,204,825	\$358,253,699	\$56,106,899	19,115,199	First Semester in effect:	2014/07
11. Fixed Costs	11,240,312.00		601,656.31		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,534.68		110.92	County Ceiling Base	866.44	178.10
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	843.11	107.75	Cost Report DRI Index	2.024
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,658.64	189.97	FPLI	0.9616

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,153,003.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,153,003.78
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,212,818.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,371
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		111.45
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county		189.97
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.22
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.22	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	106.66	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.66	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		19,115,199.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,681.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,768.26
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$106.66
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$23.70
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>82.96</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119938 - 2014/07**

**Outpatient Rate: 9.15**

## Kindred Hospital - Coral Gables

Type of Control: Proprietary(1)  
 Fiscal Year : 9/1/2012-8/31/2013  
 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	10,953,536	0	0	0	Total Bed Days	19,345
2. Routine	10,287,795		0		Total Inpatient Days	16,597
3. Special Care	1,518,143		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	0
7. Malpractice					Prospective Inflation factor	1.0400586224
8. Adjustments	-494,632	0	0	0	Medicaid Paid Claims	0
9. Total Cost	22,264,842	0	0	0	Property Rate Allowance	0.80
10. Charges	\$110,657,040	\$0	\$0	0	First Semester in effect:	2014/07
11. Fixed Costs	2,935,863.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,005.45		0.00	County Ceiling Base	1,035.10	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	868.46	NA	Cost Report DRI Index	2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	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)		<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs			
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)			
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)			
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)			
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)			
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)			
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)			
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)			
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)			
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)			
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)			\$11.76
AU	Medicaid Trend Adjustment	IP% : 31.458      OP% : 22.221		\$2.61
AV	Exemption Tier Adj			0.00
AW	Buy Back of Medicaid Trend Adjustment			0.00
AX	Buy Back of Exemption Tier Adjustment			0.00
AY	<b>Final Prospective Rates</b>		<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119946 - 2014/07**

**Outpatient Rate: 75.97**

## South Bay Hospital

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2012-8/31/2013

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	23,818,618	17,317,012	577,286	588,102	Total Bed Days 40,880
2. Routine	19,798,554		415,454		Total Inpatient Days 32,360
3. Special Care	3,288,956		77,171		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 715
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 18,094
7. Malpractice					Prospective Inflation factor 1.0400586224
8. Adjustments	-738,814	-272,758	-16,852	-9,263	Medicaid Paid Claims 5,937
9. Total Cost	46,167,314	17,044,254	1,053,059	578,839	Property Rate Allowance 0.80
10. Charges	\$418,481,123	\$204,445,323	\$9,333,296	8,432,593	First Semester in effect: 2014/07
11. Fixed Costs	4,352,893.00		97,081.65		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,487.42		108.46	957.90	181.96	181.96
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	857.54	94.44	Cost Report DRI Index	2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	578,838.87
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		578,838.87
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		602,026.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		5,937
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		101.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		97.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		97.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.70	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	97.68	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	97.68	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	8,432,593.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,420.35	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,477.25	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$97.68	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$21.71	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>75.97</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119954 - 2014/07**

**Outpatient Rate: 74.64**

## Doctors Hospital Of Sarasota

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	38,623,633	25,139,544	521,562	424,779	Total Bed Days	56,730
2. Routine	22,440,849		465,305		Total Inpatient Days	29,722
3. Special Care	3,497,710		49,423		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	605
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,575
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-1,013,631	-394,693	-16,270	-6,669	Medicaid Paid Claims	3,995
9. Total Cost	63,548,561	24,744,851	1,020,020	418,110	Property Rate Allowance	0.80
10. Charges	\$434,151,977	\$220,905,507	\$6,453,938	4,572,573	First Semester in effect:	2014/07
11. Fixed Costs	7,214,911.00		107,254.12		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,619.84		112.36	970.52	185.63	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,010.43	92.77	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,696.58	194.32	FPLI	0.9836

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	418,109.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		418,109.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		441,545.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		3,995
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		110.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		95.96
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		95.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		194.32
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.01
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	192.01	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	95.96	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	95.96	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		4,572,573.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,144.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,208.72
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$95.96
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$21.32
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>74.64</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119971 - 2014/07**

**Outpatient Rate: 81.88**

## St. Lucie Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	53,753,205	25,802,509	5,413,581	1,853,222	Total Bed Days	83,585
2. Routine	38,025,521		3,102,168		Total Inpatient Days	59,702
3. Special Care	6,633,658		342,426		Total Newborn Days	1,944
4. Newborn Routine	660,862		551,059		Medicaid Inpatient Days	5,027
5. Intern-Resident	0		0		Medicaid Newborn IP Days	95
6. Home Health					Medicare Inpatient Days	28,747
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-1,944,018	-506,298	-184,628	-36,364	Medicaid Paid Claims	17,924
9. Total Cost	97,129,228	25,296,211	9,224,606	1,816,858	Property Rate Allowance	0.80
10. Charges	\$861,982,454	\$279,800,274	\$58,365,278	21,554,219	First Semester in effect:	2014/07
11. Fixed Costs	11,138,617.00		754,201.52		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,675.24	102.68	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.34	202.54	FPLI	1.0252

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,816,858.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,816,858.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,886,873.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,924
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		105.27
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)		105.27
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
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)		105.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		105.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		21,554,219.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,202.53	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,248.87	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$105.27	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$23.39	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>81.88</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119971 - 2014/07**

**Outpatient Rate: 81.88**

## County Billing ONLY

**St. Lucie Medical Center**

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	53,753,205	25,802,509	5,413,581	1,853,222	Total Bed Days 83,585
2. Routine	38,025,521		3,102,168		Total Inpatient Days 59,702
3. Special Care	6,633,658		342,426		Total Newborn Days 1,944
4. Newborn Routine	660,862		551,059		Medicaid Inpatient Days 5,027
5. Intern-Resident	0		0		Medicaid Newborn IP Days 95
6. Home Health					Medicare Inpatient Days 28,747
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-1,944,018	-506,298	-184,628	-36,364	Medicaid Paid Claims 17,924
9. Total Cost	97,129,228	25,296,211	9,224,606	1,816,858	Property Rate Allowance 0.80
10. Charges	\$861,982,454	\$279,800,274	\$58,365,278	21,554,219	First Semester in effect: 2014/07
11. Fixed Costs	11,138,617.00		754,201.52		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,675.24	102.68	County Ceiling Base	1,005.45	186.55	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	813.21	106.13	Cost Report DRI Index 2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.34	202.54	FPLI 1.0252

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,816,858.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,816,858.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,886,873.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		17,924
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		105.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		109.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		105.27
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		202.54
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		192.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	192.96	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	105.27	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	105.27	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		21,554,219.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,202.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,248.87
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$105.27
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$23.39
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>81.88</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**119989 - 2014/07**

**Outpatient Rate: 64.57**

## Seven Rivers Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2012-5/31/2013

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	27,070,544	18,280,509	2,979,217	1,255,179	Total Bed Days 46,720
2. Routine	14,395,565		928,855		Total Inpatient Days 29,625
3. Special Care	4,694,044		425,494		Total Newborn Days 435
4. Newborn Routine	147,596		104,844		Medicaid Inpatient Days 2,324
5. Intern-Resident	0		0		Medicaid Newborn IP Days 13
6. Home Health					Medicare Inpatient Days 17,577
7. Malpractice					Prospective Inflation factor 1.0451644575
8. Adjustments	-752,091	-296,896	-72,085	-20,386	Medicaid Paid Claims 15,546
9. Total Cost	45,555,658	17,983,613	4,366,325	1,234,793	Property Rate Allowance 0.80
10. Charges	\$345,383,479	\$187,055,724	\$29,496,738	17,662,859	First Semester in effect: 2014/07
11. Fixed Costs	5,183,750.00		442,707.09		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,974.50		93.42	County Ceiling Base	864.49	168.72
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	736.69	91.50	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,532.89	175.57	FPLI	0.8887

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,234,793.46
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,234,793.46
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,290,562.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,546
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		83.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.64
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		83.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8887) for Citrus county		175.57
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		174.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	174.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	83.02	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	83.02	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,662,859.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,136.17
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,187.48
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$83.02
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$18.45
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>64.57</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120006 - 2014/07**

**Outpatient Rate: 70.23**

## Plantation General Hospital

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2012-8/31/2013

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	108,345,809	69,934,606	16,736,987	6,402,639	Total Bed Days 239,075
2. Routine	78,385,054		10,045,424		Total Inpatient Days 122,068
3. Special Care	28,534,173		9,510,182		Total Newborn Days 8,467
4. Newborn Routine	1,834,864		822,198		Medicaid Inpatient Days 25,552
5. Intern-Resident	0		0		Medicaid Newborn IP Days 67
6. Home Health					Medicare Inpatient Days 28,460
7. Malpractice					Prospective Inflation factor 1.0400586224
8. Adjustments	-3,550,430	-1,143,703	-606,972	-104,708	Medicaid Paid Claims 72,541
9. Total Cost	213,549,470	68,790,903	36,507,820	6,297,931	Property Rate Allowance 0.80
10. Charges	\$1,569,584,147	\$720,950,337	\$247,477,458	64,326,569	First Semester in effect: 2014/07
11. Fixed Costs	24,386,558.00		3,845,046.09		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,225.53		83.46	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	6,297,930.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,297,930.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,550,217.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		72,541
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		90.30
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)		90.30
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)	90.30	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	90.30	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		64,326,569.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		886.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		922.28
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$90.30
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$20.07
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>70.23</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120006 - 2014/07**

**Outpatient Rate: 70.23**

## County Billing ONLY

### Plantation General Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 9/1/2012-8/31/2013  
 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	108,345,809	69,934,606	16,736,987	6,402,639	Total Bed Days 239,075
2. Routine	78,385,054		10,045,424		Total Inpatient Days 122,068
3. Special Care	28,534,173		9,510,182		Total Newborn Days 8,467
4. Newborn Routine	1,834,864		822,198		Medicaid Inpatient Days 25,552
5. Intern-Resident	0		0		Medicaid Newborn IP Days 67
6. Home Health					Medicare Inpatient Days 28,460
7. Malpractice					Prospective Inflation factor 1.0400586224
8. Adjustments	-3,550,430	-1,143,703	-606,972	-104,708	Medicaid Paid Claims 72,541
9. Total Cost	213,549,470	68,790,903	36,507,820	6,297,931	Property Rate Allowance 0.80
10. Charges	\$1,569,584,147	\$720,950,337	\$247,477,458	64,326,569	First Semester in effect: 2014/07
11. Fixed Costs	24,386,558.00		3,845,046.09		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,225.53	83.46	County Ceiling Base	998.52	208.14	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	994.80	99.27	Cost Report DRI Index 2.047
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI 1.0820

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	6,297,930.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,297,930.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,550,217.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		72,541
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		90.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		102.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		90.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	213.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	90.30	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	90.30	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		64,326,569.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		886.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		922.28
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$90.30
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$20.07
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>70.23</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120014 - 2014/07**

**Outpatient Rate: 73.03**

## Sebastian Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	19,179,147	24,482,324	773,538	988,885	Total Bed Days 56,210
2. Routine	17,315,828		715,451		Total Inpatient Days 20,656
3. Special Care	4,378,587		182,831		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 898
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 11,392
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-578,523	-346,522	-23,663	-13,997	Medicaid Paid Claims 9,700
9. Total Cost	40,295,039	24,135,802	1,648,157	974,888	Property Rate Allowance 0.80
10. Charges	\$322,717,783	\$350,062,700	\$12,932,282	13,253,911	First Semester in effect: 2014/07
11. Fixed Costs	7,013,735.00		281,061.67		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,666.37		110.01	951.94	170.72	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	771.11	90.77	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,636.56	187.44	FPLI	0.9488

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	974,888.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		974,888.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,012,457.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		9,700
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		104.38
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		93.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		93.89
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		187.44
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		176.59
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		176.59
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		93.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		93.89
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		13,253,911.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,366.38	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,419.04	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$93.89	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$20.86	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>73.03</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**120022 - 2014/07**

**Outpatient Rate: 9.15**

## St. Catherine's Rehabilitation Hospital

Type of Control: Non-Profit (Church) (2)  
 Fiscal Year : 10/1/2012-9/30/2013  
 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	10,508,264	985,976	412,966	0	Total Bed Days	21,900
2. Routine	11,641,705		686,670		Total Inpatient Days	16,174
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	954
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,605
7. Malpractice					Prospective Inflation factor	1.0385365854
8. Adjustments	-359,578	-16,006	-17,851	0	Medicaid Paid Claims	0
9. Total Cost	21,790,391	969,970	1,081,785	0	Property Rate Allowance	0.80
10. Charges	\$46,760,068	\$2,222,476	\$830,460	0	First Semester in effect:	2014/07
11. Fixed Costs	2,354,804.00		41,821.38		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	939.75		0.00	County Ceiling Base	1,035.10	NA
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	616.53	NA	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**120057 - 2014/07**

**Outpatient Rate: 218.07**

## Healthsouth Larkin Hospital-Miami

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	22,053,618	14,358,414	2,123,668	1,462,340	Total Bed Days 47,580
2. Routine	30,508,299		3,057,853		Total Inpatient Days 27,408
3. Special Care	2,244,617		337,466		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 2,920
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 15,326
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-613,800	-160,806	-61,809	-16,377	Medicaid Paid Claims 4,362
9. Total Cost	54,192,734	14,197,608	5,457,178	1,445,963	Property Rate Allowance 0.80
10. Charges	\$170,384,713	\$87,822,356	\$18,523,020	5,850,853	First Semester in effect: 2013/07
11. Fixed Costs	7,660,205.00		832,763.27		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,388.29		290.59	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,445,962.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,445,962.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,527,011.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,362
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		350.07
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)		350.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		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)	350.07	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	350.07	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,850,853.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,341.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,416.50
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$350.07
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$77.79
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		54.21
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>218.07</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120057 - 2014/07**

**Outpatient Rate: 111.99**

## County Billing ONLY

**Healthsouth Larkin Hospital-Miami**

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	22,053,618	14,358,414	2,123,668	1,462,340	Total Bed Days	47,580
2. Routine	30,508,299		3,057,853		Total Inpatient Days	27,408
3. Special Care	2,244,617		337,466		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,920
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,326
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-613,800	-160,806	-61,809	-16,377	Medicaid Paid Claims	4,362
9. Total Cost	54,192,734	14,197,608	5,457,178	1,445,963	Property Rate Allowance	0.80
10. Charges	\$170,384,713	\$87,822,356	\$18,523,020	5,850,853	First Semester in effect:	2013/07
11. Fixed Costs	7,660,205.00		832,763.27		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,388.29	290.59	County Ceiling Base	1,035.10	223.05	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	663.53	139.20	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,445,962.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,445,962.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,527,011.17
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		4,362
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		350.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		143.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		143.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	143.98	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	143.98	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		5,850,853.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,341.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,416.50
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$143.98
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$31.99
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>111.99</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120073 - 2014/07**

**Outpatient Rate: 65.90**

## Oak Hill Hospital

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2012-2/28/2013

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	52,748,776	26,800,131	1,650,217	1,086,132	Total Bed Days	86,148
2. Routine	35,532,832		1,268,003		Total Inpatient Days	59,784
3. Special Care	14,627,917		392,935		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	2,211
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	30,306
7. Malpractice					Prospective Inflation factor	1.0518774704
8. Adjustments	-1,757,256	-457,632	-56,540	-18,547	Medicaid Paid Claims	11,078
9. Total Cost	101,152,269	26,342,499	3,254,615	1,067,586	Property Rate Allowance	0.80
10. Charges	\$1,029,564,867	\$382,690,328	\$32,659,067	19,951,077	First Semester in effect:	2014/07
11. Fixed Costs	11,188,968.00		354,927.86		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,521.14		111.78	County Ceiling Base	902.47	178.82
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	654.05	81.92	Cost Report DRI Index	2.024
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,564.28	179.17	FPLI	0.9069

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,067,585.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,067,585.50
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,122,969.14
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		11,078
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		101.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		84.73
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		84.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county		179.17
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		184.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	179.17	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	84.73	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	84.73	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		19,951,077.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,800.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,894.39
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$84.73
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$18.83
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>65.90</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120081 - 2014/07**

**Outpatient Rate: 75.58**

## Mease Hospital Countryside

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

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

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	66,840,867	64,519,878	8,329,303	2,850,165	Total Bed Days	110,898
2. Routine	46,346,005		3,419,397		Total Inpatient Days	71,156
3. Special Care	14,685,445		3,167,054		Total Newborn Days	3,887
4. Newborn Routine	1,366,106		659,339		Medicaid Inpatient Days	8,203
5. Intern-Resident	0		0		Medicaid Newborn IP Days	90
6. Home Health					Medicare Inpatient Days	28,924
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-2,012,369	-1,004,638	-242,519	-44,380	Medicaid Paid Claims	19,379
9. Total Cost	127,226,054	63,515,240	15,332,574	2,805,785	Property Rate Allowance	0.80
10. Charges	\$569,573,784	\$446,885,441	\$58,237,091	17,455,026	First Semester in effect:	2013/07
11. Fixed Costs	16,288,586.00		1,665,455.63		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,839.37	161.59	County Ceiling Base	944.75	176.95	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	829.36	93.94	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,805,785.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,805,785.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,963,053.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		19,379
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		152.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		97.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		97.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		183.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	183.03	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	97.17	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	97.17	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,455,026.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		900.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		951.21
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$97.17
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$21.59
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>75.58</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120090 - 2014/07**

**Outpatient Rate: 96.67**

### Delray Comm. Hosp.

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	92,571,210	48,603,713	3,602,145	1,117,567	Total Bed Days	170,190
2. Routine	61,383,731		1,895,822		Total Inpatient Days	96,443
3. Special Care	26,071,977		913,270		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	3,289
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	51,150
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-2,768,860	-747,537	-98,606	-17,188	Medicaid Paid Claims	8,430
9. Total Cost	177,258,058	47,856,176	6,312,631	1,100,379	Property Rate Allowance	0.80
10. Charges	\$1,203,615,620	\$431,343,675	\$48,405,033	10,445,259	First Semester in effect:	2014/07
11. Fixed Costs	14,873,672.00		598,164.87		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,789.90	134.47	County Ceiling Base	1,038.20	196.82	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	803.22	116.92	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,100,378.54
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,100,378.54
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,162,056.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,430
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		137.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		120.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		120.94
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		202.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		203.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	202.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	120.94	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	120.94	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		10,445,259.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,239.06
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,308.51
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$120.94
AU	Medicaid Trend Adjustment IP% : 30.404 OP% : 21.479		\$25.98
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		1.71
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>96.67</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**120103 - 2014/07**

**Outpatient Rate: 95.11**

## St. Petersburg General Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2012-4/30/2013

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	27,599,686	27,005,012	3,681,332	1,976,934	Total Bed Days 78,475
2. Routine	18,647,738		1,989,888		Total Inpatient Days 29,117
3. Special Care	6,357,012		613,443		Total Newborn Days 2,267
4. Newborn Routine	1,776,690		1,188,903		Medicaid Inpatient Days 3,369
5. Intern-Resident	0		0		Medicaid Newborn IP Days 5
6. Home Health					Medicare Inpatient Days 10,498
7. Malpractice					Prospective Inflation factor 1.0477362205
8. Adjustments	-878,976	-436,489	-120,797	-31,954	Medicaid Paid Claims 16,289
9. Total Cost	53,502,150	26,568,523	7,352,769	1,944,980	Property Rate Allowance 0.80
10. Charges	\$487,831,380	\$334,137,505	\$46,118,831	30,276,430	First Semester in effect: 2014/07
11. Fixed Costs	6,091,128.00		575,845.91		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,224.11		132.21	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.032
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,944,980.31	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,944,980.31	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,037,826.32	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			16,289
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			125.10
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)			125.10
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)		125.10	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		125.10	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,276,430.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,858.70	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,947.43	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$125.10	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$27.80	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		2.19	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>95.11</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120103 - 2014/07**

**Outpatient Rate: 90.84**

## County Billing ONLY

**St. Petersburg General Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 5/1/2012-4/30/2013  
 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	27,599,686	27,005,012	3,681,332	1,976,934	Total Bed Days	78,475
2. Routine	18,647,738		1,989,888		Total Inpatient Days	29,117
3. Special Care	6,357,012		613,443		Total Newborn Days	2,267
4. Newborn Routine	1,776,690		1,188,903		Medicaid Inpatient Days	3,369
5. Intern-Resident	0		0		Medicaid Newborn IP Days	5
6. Home Health					Medicare Inpatient Days	10,498
7. Malpractice					Prospective Inflation factor	1.0477362205
8. Adjustments	-878,976	-436,489	-120,797	-31,954	Medicaid Paid Claims	16,289
9. Total Cost	53,502,150	26,568,523	7,352,769	1,944,980	Property Rate Allowance	0.80
10. Charges	\$487,831,380	\$334,137,505	\$46,118,831	30,276,430	First Semester in effect:	2014/07
11. Fixed Costs	6,091,128.00		575,845.91		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,224.11	132.21	County Ceiling Base	955.91	181.57	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	893.38	112.91	Cost Report DRI Index	2.032
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,944,980.31
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,944,980.31
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,037,826.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		16,289
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		125.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		116.79
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		116.79
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	116.79	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	116.79	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,276,430.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,858.70
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,947.43
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$116.79
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$25.95
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>90.84</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120111 - 2014/07**

**Outpatient Rate: 109.61**

## Palms Of Pasadena Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 12/1/2011-11/30/2012  
 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	28,405,722	18,598,910	910,403	458,838	Total Bed Days	112,362
2. Routine	15,085,365		175,828		Total Inpatient Days	26,090
3. Special Care	4,229,767		460,560		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	885
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,713
7. Malpractice					Prospective Inflation factor	1.0565756824
8. Adjustments	-673,667	-262,558	-21,836	-6,477	Medicaid Paid Claims	2,173
9. Total Cost	47,047,187	18,336,352	1,524,955	452,361	Property Rate Allowance	0.80
10. Charges	\$221,922,051	\$112,914,609	\$7,620,187	3,297,417	First Semester in effect:	2014/07
11. Fixed Costs	6,246,042.00		214,471.74		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,653.51		232.46	955.91	181.57	136.25
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	914.03	197.56	Cost Report DRI Index	2.015
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	186.93	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07		FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	452,360.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		452,360.66
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		477,953.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		2,173
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		219.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		140.93
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		140.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	140.93	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	140.93	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		3,297,417.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,517.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,603.30
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$140.93
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$31.32
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>109.61</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120138 - 2014/07**

**Outpatient Rate: 83.22**

## Kendall Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	90,426,836	49,347,283	14,712,280	5,193,584	Total Bed Days 149,622
2. Routine	56,210,371		7,471,128		Total Inpatient Days 96,177
3. Special Care	22,708,237		4,551,252		Total Newborn Days 3,182
4. Newborn Routine	2,043,073		1,502,444		Medicaid Inpatient Days 14,735
5. Intern-Resident	0		0		Medicaid Newborn IP Days 163
6. Home Health					Medicare Inpatient Days 20,292
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-3,263,658	-939,693	-537,704	-98,899	Medicaid Paid Claims 50,287
9. Total Cost	168,124,859	48,407,590	27,699,400	5,094,685	Property Rate Allowance 0.80
10. Charges	\$1,521,257,760	\$502,845,645	\$187,325,153	69,242,252	First Semester in effect: 2014/07
11. Fixed Costs	24,083,683.00		2,965,624.71		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,455.36		88.81	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	5,094,685.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,094,685.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,380,250.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		50,287
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.99
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)		106.99
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
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)	106.99	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.99	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		69,242,252.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,376.94
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,454.12
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$106.99
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$23.77
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>83.22</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120138 - 2014/07**

**Outpatient Rate: 83.22**

## County Billing ONLY

**Kendall Medical Center**

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	90,426,836	49,347,283	14,712,280	5,193,584	Total Bed Days 149,622
2. Routine	56,210,371		7,471,128		Total Inpatient Days 96,177
3. Special Care	22,708,237		4,551,252		Total Newborn Days 3,182
4. Newborn Routine	2,043,073		1,502,444		Medicaid Inpatient Days 14,735
5. Intern-Resident	0		0		Medicaid Newborn IP Days 163
6. Home Health					Medicare Inpatient Days 20,292
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-3,263,658	-939,693	-537,704	-98,899	Medicaid Paid Claims 50,287
9. Total Cost	168,124,859	48,407,590	27,699,400	5,094,685	Property Rate Allowance 0.80
10. Charges	\$1,521,257,760	\$502,845,645	\$187,325,153	69,242,252	First Semester in effect: 2014/07
11. Fixed Costs	24,083,683.00		2,965,624.71		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,455.36	88.81	County Ceiling Base	1,035.10	223.05	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,013.05	111.85	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI 1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	5,094,685.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		5,094,685.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		5,380,250.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		50,287
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		115.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	106.99	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.99	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		69,242,252.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,376.94
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,454.12
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$106.99
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$23.77
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>83.22</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120227 - 2014/07**

**Outpatient Rate: 136.96**

## St Anthonys Hospital

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

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

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	60,177,503	49,458,245	9,810,933	2,944,784	Total Bed Days	111,996
2. Routine	57,856,533		7,538,759		Total Inpatient Days	72,911
3. Special Care	11,941,770		1,854,186		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	10,707
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	31,694
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-1,611,254	-613,112	-238,062	-36,505	Medicaid Paid Claims	15,608
9. Total Cost	128,364,552	48,845,133	18,965,816	2,908,279	Property Rate Allowance	0.80
10. Charges	\$540,744,271	\$324,441,393	\$84,853,214	16,453,808	First Semester in effect:	2014/07
11. Fixed Costs	17,786,269.00		2,791,008.93		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,686.06		207.97	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,908,278.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,908,278.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,071,292.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,608
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		196.78
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)		196.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		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)	196.78	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	196.78	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,453,808.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,054.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,113.28
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$196.78
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$43.73
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		16.09
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>136.96</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120227 - 2014/07**

**Outpatient Rate: 105.48**

## County Billing ONLY

**St Anthonys Hospital**

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

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

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	60,177,503	49,458,245	9,810,933	2,944,784	Total Bed Days	111,996
2. Routine	57,856,533		7,538,759		Total Inpatient Days	72,911
3. Special Care	11,941,770		1,854,186		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	10,707
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	31,694
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-1,611,254	-613,112	-238,062	-36,505	Medicaid Paid Claims	15,608
9. Total Cost	128,364,552	48,845,133	18,965,816	2,908,279	Property Rate Allowance	0.80
10. Charges	\$540,744,271	\$324,441,393	\$84,853,214	16,453,808	First Semester in effect:	2014/07
11. Fixed Costs	17,786,269.00		2,791,008.93		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,686.06	207.97	County Ceiling Base	955.91	181.57	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	738.26	131.11	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,632.07	186.93	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,908,278.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,908,278.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		3,071,292.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		15,608
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		196.78
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		135.61
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		135.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county		186.93
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		187.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.93	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	135.61	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	135.61	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		16,453,808.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,054.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,113.28
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$135.61
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$30.13
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>105.48</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120243 - 2014/07**

**Outpatient Rate: 88.47**

## W. Boca Med. Ctr.

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	41,197,749	33,226,843	6,051,267	2,689,487	Total Bed Days 71,370
2. Routine	22,810,434		2,999,796		Total Inpatient Days 42,517
3. Special Care	13,945,800		3,207,212		Total Newborn Days 4,336
4. Newborn Routine	1,977,085		753,718		Medicaid Inpatient Days 7,635
5. Intern-Resident	0		0		Medicaid Newborn IP Days 34
6. Home Health					Medicare Inpatient Days 9,966
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-1,561,477	-649,096	-254,193	-52,540	Medicaid Paid Claims 23,179
9. Total Cost	78,369,591	32,577,747	12,757,800	2,636,947	Property Rate Allowance 0.80
10. Charges	\$325,268,029	\$190,629,662	\$52,758,037	12,239,602	First Semester in effect: 2014/07
11. Fixed Costs	9,697,376.00		1,572,901.35		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,502.49	117.20	County Ceiling Base	1,038.20	196.82	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,240.02	109.97	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI 1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	2,636,947.08
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		2,636,947.08
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		2,784,752.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		23,179
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		120.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		113.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.75
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		202.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		203.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	202.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	113.75	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	113.75	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,239,602.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		528.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		557.65
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$113.75
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$25.28
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>88.47</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120260 - 2014/07**

**Outpatient Rate: 89.26**

## Palms West Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 6/1/2012-5/31/2013  
 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	42,914,913	34,492,472	7,855,653	4,040,509	Total Bed Days	65,818
2. Routine	33,685,456		6,233,756		Total Inpatient Days	48,019
3. Special Care	5,802,282		603,888		Total Newborn Days	2,794
4. Newborn Routine	766,111		420,623		Medicaid Inpatient Days	9,041
5. Intern-Resident	0		0		Medicaid Newborn IP Days	90
6. Home Health					Medicare Inpatient Days	9,965
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-1,331,097	-552,044	-241,895	-64,667	Medicaid Paid Claims	33,254
9. Total Cost	81,837,665	33,940,428	14,872,025	3,975,842	Property Rate Allowance	0.80
10. Charges	\$596,264,647	\$321,512,241	\$90,195,305	36,012,328	First Semester in effect:	2014/07
11. Fixed Costs	10,952,274.00		1,656,720.21		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,475.63	121.90	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,975,841.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,975,841.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,155,408.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,254
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.96
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)		124.96
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)	124.96	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	124.96	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,012,328.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,082.95
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,131.86
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$124.96
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$27.77
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM - ((AG-CBAM) / AT) * AU) * 66%)		7.93
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>89.26</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120260 - 2014/07**

**Outpatient Rate: 73.76**

## County Billing ONLY

**Palms West Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 6/1/2012-5/31/2013  
 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	42,914,913	34,492,472	7,855,653	4,040,509	Total Bed Days	65,818
2. Routine	33,685,456		6,233,756		Total Inpatient Days	48,019
3. Special Care	5,802,282		603,888		Total Newborn Days	2,794
4. Newborn Routine	766,111		420,623		Medicaid Inpatient Days	9,041
5. Intern-Resident	0		0		Medicaid Newborn IP Days	90
6. Home Health					Medicare Inpatient Days	9,965
7. Malpractice					Prospective Inflation factor	1.0451644575
8. Adjustments	-1,331,097	-552,044	-241,895	-64,667	Medicaid Paid Claims	33,254
9. Total Cost	81,837,665	33,940,428	14,872,025	3,975,842	Property Rate Allowance	0.80
10. Charges	\$596,264,647	\$321,512,241	\$90,195,305	36,012,328	First Semester in effect:	2014/07
11. Fixed Costs	10,952,274.00		1,656,720.21		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,475.63	121.90	County Ceiling Base	1,038.20	196.82	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	891.60	91.68	Cost Report DRI Index	2.037
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	3,975,841.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		3,975,841.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		4,155,408.31
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		33,254
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		94.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		94.83
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		202.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		203.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	202.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	94.83	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	94.83	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		36,012,328.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,082.95
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,131.86
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$94.83
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$21.07
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>73.76</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**120278 - 2014/07**

**Outpatient Rate: 36.77**

## HealthSouth Rehabilitation Hospital-Sunrise

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	13,498,335	3,013,390	2,362	48,134	Total Bed Days	46,116
2. Routine	16,548,786		82,774		Total Inpatient Days	33,388
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	167
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,061
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-591,122	-59,283	-1,675	-947	Medicaid Paid Claims	1,054
9. Total Cost	29,455,999	2,954,107	83,461	47,187	Property Rate Allowance	0.80
10. Charges	\$62,602,113	\$13,975,407	\$332,275	125,435	First Semester in effect:	2014/07
11. Fixed Costs	1,801,071.00		0.00		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	808.43		43.70	County Ceiling Base	998.52	200.92
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	518.03	60.42	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	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)	<b>Reimbursed by Diagnosis Related Groups</b>	47,187.05
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		47,187.05
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		49,831.96
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,054
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		47.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		62.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		47.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		207.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		207.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	47.28	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	47.28	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		125,435.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		119.01
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		125.68
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$47.28
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$10.51
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>36.77</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120294 - 2014/07**

**Outpatient Rate: 76.85**

## Jupiter Hospital

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

Fiscal Year : 10/1/2012-9/30/2013

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	56,193,522	68,221,005	1,190,613	1,206,388	Total Bed Days 59,495
2. Routine	32,051,264		1,126,224		Total Inpatient Days 44,284
3. Special Care	7,262,891		353,470		Total Newborn Days 2,370
4. Newborn Routine	948,624		129,684		Medicaid Inpatient Days 1,823
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 22,086
7. Malpractice					Prospective Inflation factor 1.0385365854
8. Adjustments	-52,262	-36,964	-1,517	-654	Medicaid Paid Claims 8,960
9. Total Cost	96,404,039	68,184,041	2,798,474	1,205,734	Property Rate Allowance 0.80
10. Charges	\$421,019,902	\$424,402,371	\$11,255,193	8,057,477	First Semester in effect: 2014/07
11. Fixed Costs	14,989,435.00		400,714.99		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,332.52		136.33	1,038.20	196.82	Semester DRI Index
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	943.58	95.53	Cost Report DRI Index	2.050
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,205,734.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,205,734.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,252,199.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		8,960
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		139.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		98.81
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		98.81
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		202.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		203.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	202.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	98.81	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	98.81	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	8,057,477.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	899.27	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	933.92	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$98.81	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$21.96	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>76.85</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**120308 - 2014/07**

**Outpatient Rate: 83.11**

## Columbia Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2012-6/30/2013

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	20,558,136	21,493,881	1,538,748	910,213	Total Bed Days 85,775
2. Routine	27,632,693		2,394,125		Total Inpatient Days 41,201
3. Special Care	3,704,000		293,554		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 3,654
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 9,179
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	-689,346	-285,514	-56,142	-12,091	Medicaid Paid Claims 7,524
9. Total Cost	51,205,483	21,208,367	4,170,285	898,122	Property Rate Allowance 0.80
10. Charges	\$346,512,294	\$199,375,560	\$26,648,452	8,617,083	First Semester in effect: 2014/07
11. Fixed Costs	7,036,667.00		541,153.33		Last Rate Semester in Effect: 2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,010.65		121.46	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	898,122.17
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		898,122.17
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		936,845.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.51
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)		124.51
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)	124.51	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	124.51	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	8,617,083.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,145.28	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,194.66	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$124.51	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$27.67	
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]	13.73	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>	<b>83.11</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120308 - 2014/07**

**Outpatient Rate: 56.23**

## County Billing ONLY

**Columbia Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 7/1/2012-6/30/2013  
 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	20,558,136	21,493,881	1,538,748	910,213	Total Bed Days 85,775
2. Routine	27,632,693		2,394,125		Total Inpatient Days 41,201
3. Special Care	3,704,000		293,554		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 3,654
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 9,179
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	-689,346	-285,514	-56,142	-12,091	Medicaid Paid Claims 7,524
9. Total Cost	51,205,483	21,208,367	4,170,285	898,122	Property Rate Allowance 0.80
10. Charges	\$346,512,294	\$199,375,560	\$26,648,452	8,617,083	First Semester in effect: 2014/07
11. Fixed Costs	7,036,667.00		541,153.33		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,010.65	121.46	County Ceiling Base	1,038.20	196.82	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	597.74	69.90	Cost Report DRI Index 2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,768.16	202.52	FPLI 1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	898,122.17
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		898,122.17
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		936,845.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		7,524
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		124.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		72.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		72.30
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		202.52
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		203.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	202.52	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	72.30	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	72.30	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		8,617,083.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		1,145.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		1,194.66
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$72.30
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$16.07
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>56.23</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120324 - 2014/07**

**Outpatient Rate: 335.97**

## H L Moffitt Cancer Center

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

Fiscal Year : 7/1/2012-6/30/2013

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	85,601,096	358,863,657	9,813,350	19,374,940	Total Bed Days	75,190
2. Routine	55,165,445		5,075,479		Total Inpatient Days	59,229
3. Special Care	11,153,457		689,703		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	5,383
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,126
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	-2,006,964	-4,740,828	-205,803	-255,956	Medicaid Paid Claims	35,721
9. Total Cost	149,913,034	354,122,829	15,372,729	19,118,984	Property Rate Allowance	0.80
10. Charges	\$481,835,498	\$1,432,082,657	\$42,569,603	82,671,507	First Semester in effect:	2014/07
11. Fixed Costs	40,915,331.00		3,614,821.67		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,437.09	597.19	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	19,118,984.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		19,118,984.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		19,943,320.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		35,721
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		558.31
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)		558.31
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
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)	558.31	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	558.31	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		82,671,507.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,314.37
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,414.16
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$558.31
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$124.06
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 66%]		98.28
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>335.97</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120324 - 2014/07**

**Outpatient Rate: 143.66**

## County Billing ONLY

**H L Moffitt Cancer Center**

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

Fiscal Year : 7/1/2012-6/30/2013

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	85,601,096	358,863,657	9,813,350	19,374,940	Total Bed Days	75,190
2. Routine	55,165,445		5,075,479		Total Inpatient Days	59,229
3. Special Care	11,153,457		689,703		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	5,383
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,126
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	-2,006,964	-4,740,828	-205,803	-255,956	Medicaid Paid Claims	35,721
9. Total Cost	149,913,034	354,122,829	15,372,729	19,118,984	Property Rate Allowance	0.80
10. Charges	\$481,835,498	\$1,432,082,657	\$42,569,603	82,671,507	First Semester in effect:	2014/07
11. Fixed Costs	40,915,331.00		3,614,821.67		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,437.09	597.19	County Ceiling Base	Exempt	181.96	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,920.97	293.13	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,612.58	184.70	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	19,118,984.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		19,118,984.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		19,943,320.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		35,721
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		558.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		303.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		303.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county		184.70
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		188.21
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	184.70	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	184.70	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	184.70	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		82,671,507.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		2,314.37
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		2,414.16
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$184.70
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$41.04
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>143.66</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120332 - 2014/07**

**Outpatient Rate: 65.51**

## HealthSouth Rehabilitation Hospital-Tallahassee

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	6,698,992	593,619	51,634	61,730	Total Bed Days	27,816
2. Routine	9,369,027		84,741		Total Inpatient Days	16,584
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	150
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,894
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-297,085	-10,976	-2,521	-1,141	Medicaid Paid Claims	396
9. Total Cost	15,770,934	582,643	133,854	60,589	Property Rate Allowance	0.80
10. Charges	\$25,952,868	\$2,299,795	\$219,502	168,858	First Semester in effect:	2014/07
11. Fixed Costs	2,201,706.00		0.00		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	899.79	168.26	County Ceiling Base	972.10	180.21	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	493.88	81.42	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,656.39	189.72	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)	<b>Reimbursed by Diagnosis Related Groups</b>	60,588.66
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		60,588.66
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		63,984.75
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		396
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		161.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		84.22
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		84.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county		189.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		186.40
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.40	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	84.22	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	84.22	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		168,858.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		426.41
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		450.31
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$84.22
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$18.71
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>65.51</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**120341 - 2014/07**

**Outpatient Rate: 43.95**

## HealthSouth Rehabilitation Hospital-Treasure Coast

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	8,054,544	434,647	127,190	126,408	Total Bed Days	32,940
2. Routine	10,525,810		149,827		Total Inpatient Days	19,749
3. Special Care	0		0		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	16,665
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-369,266	-8,638	-5,505	-2,512	Medicaid Paid Claims	1,829
9. Total Cost	18,211,088	426,009	271,512	123,896	Property Rate Allowance	0.80
10. Charges	\$33,593,200	\$1,813,743	\$524,809	270,175	First Semester in effect:	2014/07
11. Fixed Costs	2,421,323.00		37,827.06		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	922.34	75.40	County Ceiling Base	951.94	170.72	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	490.69	54.62	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,636.56	187.44	FPLI	0.9488

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	123,895.77
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		123,895.77
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		130,840.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,829
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		71.54
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		56.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		56.50
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		187.44
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		176.59
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		176.59
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		56.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		56.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		270,175.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	147.72	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	156.00	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$56.50	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$12.55	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>43.95</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120375 - 2014/07**

**Outpatient Rate: 39.92**

## Aventura Hospital & Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	102,768,318	44,914,255	5,503,515	1,341,307	Total Bed Days 148,767
2. Routine	70,828,476		4,746,398		Total Inpatient Days 111,760
3. Special Care	19,620,164		1,384,079		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 8,141
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 42,180
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-3,146,647	-731,454	-189,466	-21,844	Medicaid Paid Claims 14,755
9. Total Cost	190,070,311	44,182,801	11,444,526	1,319,463	Property Rate Allowance 0.80
10. Charges	\$1,371,353,680	\$414,092,882	\$76,852,659	12,773,014	First Semester in effect: 2014/07
11. Fixed Costs	17,507,490.00		981,145.26		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,126.68	78.39	County Ceiling Base	1,035.10	223.05	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	657.43	49.62	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	2,077.95	238.00	FPLI 1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient	
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	1,319,463.06	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)			
AD	Total Medicaid Variable Operating Cost = (AA-AB)		1,319,463.06	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		1,393,421.06	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)			14,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)			94.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)			51.32
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)			51.32
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county			238.00
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)			230.71
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		230.71	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		51.32	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9			
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		51.32	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		12,773,014.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		865.67	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		914.19	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$51.32	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$11.40	
AV	Exemption Tier Adj		0.00	
AW	Buy Back of Medicaid Trend Adjustment		0.00	
AX	Buy Back of Exemption Tier Adjustment		0.00	
AY	<b>Final Prospective Rates</b>		<b>39.92</b>	



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**120383 - 2014/07**

**Outpatient Rate: 9.15**

## HealthSouth Rehabilitation Hospital Sarasota

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	9,496,706	42,928	38,671	0	Total Bed Days	35,136
2. Routine	13,928,228		49,418		Total Inpatient Days	27,903
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	99
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,490
7. Malpractice					Prospective Inflation factor	1.0560515873
8. Adjustments	-517,507	-948	-1,946	0	Medicaid Paid Claims	0
9. Total Cost	22,907,427	41,980	86,143	0	Property Rate Allowance	0.80
10. Charges	\$44,226,533	\$202,005	\$167,363	0	First Semester in effect:	2014/07
11. Fixed Costs	2,190,244.00		0.00		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	797.16	0.00	County Ceiling Base	970.52	NA	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	450.02	NA	Cost Report DRI Index	2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,696.58	194.32	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)	<b>Reimbursed by Diagnosis Related Groups</b>	
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county		
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)		
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$11.76
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$2.61
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>	<b>(1) Outpatient Rate Set at the Statewide Lowest Calculated Rate</b>	<b>9.15</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**120405 - 2014/07**

**Outpatient Rate: 99.64**

## Coral Springs Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2012-6/30/2013

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	43,490,578	52,353,596	8,460,197	6,444,335	Total Bed Days	73,000
2. Routine	26,495,552		5,201,619		Total Inpatient Days	49,118
3. Special Care	19,660,891		3,450,729		Total Newborn Days	4,642
4. Newborn Routine	312,312		13,860		Medicaid Inpatient Days	10,144
5. Intern-Resident	0		0		Medicaid Newborn IP Days	27
6. Home Health					Medicare Inpatient Days	9,437
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims	52,115
9. Total Cost	89,959,333	52,353,596	17,126,405	6,444,335	Property Rate Allowance	0.80
10. Charges	\$341,464,134	\$299,712,036	\$56,230,967	30,874,008	First Semester in effect:	2014/07
11. Fixed Costs	9,684,491.00		1,594,803.79		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,472.17		119.21	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	6,444,335.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,444,335.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,722,189.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		52,115
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.99
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)		128.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		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)	128.99	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	128.99	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,874,008.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		592.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		617.96
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$128.99
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$28.66
AV	Exemption Tier Adj [(AG-CBAM - ((AG-CBAM) / AT) * AU) - ((AG-CBAM) - ((AG-CBAM) / AT) * AU) * 70%]		3.63
AW	Buy Back of Medicaid Trend Adjustment		2.94
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates (AT - AU - AV + AW + AX)</b>		<b>99.64</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

**120405 - 2014/07**

**Outpatient Rate: 87.90**

## County Billing ONLY

**Coral Springs Medical Center**

Type of Control: Government (4)

Fiscal Year : 7/1/2012-6/30/2013

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	43,490,578	52,353,596	8,460,197	6,444,335	Total Bed Days 73,000
2. Routine	26,495,552		5,201,619		Total Inpatient Days 49,118
3. Special Care	19,660,891		3,450,729		Total Newborn Days 4,642
4. Newborn Routine	312,312		13,860		Medicaid Inpatient Days 10,144
5. Intern-Resident	0		0		Medicaid Newborn IP Days 27
6. Home Health					Medicare Inpatient Days 9,437
7. Malpractice					Prospective Inflation factor 1.0431161195
8. Adjustments	0	0	0	0	Medicaid Paid Claims 52,115
9. Total Cost	89,959,333	52,353,596	17,126,405	6,444,335	Property Rate Allowance 0.80
10. Charges	\$341,464,134	\$299,712,036	\$56,230,967	30,874,008	First Semester in effect: 2014/07
11. Fixed Costs	9,684,491.00		1,594,803.79		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,472.17	119.21	County Ceiling Base	998.52	208.14	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,123.36	109.26	Cost Report DRI Index 2.041
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,866.31	213.76	FPLI 1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	6,444,335.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		6,444,335.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,722,189.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		52,115
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		128.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		113.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		113.01
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county		213.76
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		215.29
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	213.76	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	113.01	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	113.01	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		30,874,008.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		592.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		617.96
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$113.01
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$25.11
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>87.90</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**120413 - 2014/07**

**Outpatient Rate: 53.92**

## Bartow Memorial Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 4/1/2012-3/31/2013  
 Hospital Classification: General

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	16,133,953	18,499,985	985,755	1,491,922	Total Bed Days 26,280
2. Routine	11,319,283		767,469		Total Inpatient Days 17,457
3. Special Care	2,209,365		318,548		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 1,442
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 6,111
7. Malpractice					Prospective Inflation factor 1.0498027613
8. Adjustments	-466,810	-291,141	-32,604	-23,479	Medicaid Paid Claims 18,672
9. Total Cost	29,195,791	18,208,844	2,039,168	1,468,443	Property Rate Allowance 0.80
10. Charges	\$203,592,702	\$178,576,851	\$13,441,182	16,114,922	First Semester in effect: 2014/07
11. Fixed Costs	4,719,197.00		311,561.20		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,334.04	87.57	County Ceiling Base	902.00	180.23	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	874.66	67.03	Cost Report DRI Index 2.028
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,626.21	186.26	FPLI 0.9428

Rate Calculations		
Rates are based on Medicaid Costs		
		Inpatient      Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by</b> <b>Diagnosis</b> <b>Related Groups</b>
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	1,468,443.12
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,468,443.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,541,575.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	18,672
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	82.56
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	69.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	69.33
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	186.26
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	186.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	186.26
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	69.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	69.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	16,114,922.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	863.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	906.03
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$69.33
AU	Medicaid Trend Adjustment    IP% : 31.458      OP% : 22.221	\$15.41
AV	Exemption Tier Adj	0.00
AW	Buy Back of Medicaid Trend Adjustment	0.00
AX	Buy Back of Exemption Tier Adjustment	0.00
AY	<b>Final Prospective Rates</b>	<b>53.92</b>



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

120421 - 2014/07

Outpatient Rate: 33.12

HealthSouth Rehabilitation Hospital-Sea Pines

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2012-12/31/2012  
 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	7,841,069	333,523	32,242	576	Total Bed Days 32,940
2. Routine	9,804,063		43,361		Total Inpatient Days 19,897
3. Special Care	0		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 88
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 15,430
7. Malpractice					Prospective Inflation factor 1.0560515873
8. Adjustments	-354,213	-6,695	-1,518	-12	Medicaid Paid Claims 14
9. Total Cost	17,290,919	326,828	74,085	564	Property Rate Allowance 0.80
10. Charges	\$36,796,533	\$1,565,760	\$160,156	1,175	First Semester in effect: 2014/07
11. Fixed Costs	1,376,683.00		0.00		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	906.29	45.69	County Ceiling Base	983.29	183.76	Semester DRI Index 2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	498.53	117.64	Cost Report DRI Index 2.016
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,607.58	184.13	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)	<b>Reimbursed by Diagnosis Related Groups</b>	564.44
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		564.44
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		596.08
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		14
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		42.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		121.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		42.58
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county		184.13
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		190.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		184.13
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	42.58	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	42.58	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		1,175.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		83.93
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		88.63
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$42.58
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$9.46
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>33.12</b>



# Florida Agency For Health Care Administration

**260011 - 2014/07**

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

## Florida State Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2012-6/30/2013

Hospital Classification: Specialized: Psychiatric

Type of Action: Unaudited Cost Report [1]

County: Gadsden (20)

District: 2

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	9,406,549		5,771,670		Total Inpatient Days	11,609
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	5,813
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	9,406,549		5,771,670		Property Rate Allowance	1.00
10. Charges	\$9,406,549		\$5,771,670		First Semester in effect:	2014/07
11. Fixed Costs	75,924.00		46,585.45		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,135.81		County Ceiling Base	Exempt		Semester DRI Index	2.1290
2. Base Rate Semester	2013/07		Variable Cost Base	Exempt		Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,724.87		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560		County Ceiling	1,560.14		FPLI	0.9045

Rate Calculations		
Rates are based on Medicaid Costs		
	Inpatient	Outpatient
AA Total Medicaid Cost	5,771,670.00	
AB Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 46,585.45	
AD Total Medicaid Variable Operating Cost = (AA-AB)	5,725,084.55	
AE Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,971,927.98	
AF Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,813	
AG Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,027.34	
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)	1,027.34	
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)	1,027.34	
AN Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	8.01	
AP Total Rate Based On Medicaid Cost Data (AP=AM+AN)	1,035.35	
AQ Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,771,670.00	
AR Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	992.89	
AS Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,035.70	
AT Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,035.35	\$0.00
AU Medicaid Trend Adjustment IP% : 31.458 OP% : 0.000	\$325.70	\$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 <b>Final Prospective Rates</b>	<b>709.65</b>	



# Florida Agency For Health Care Administration

**260029 - 2014/07**

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

## Northeast Florida State Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2012-6/30/2013

Hospital Classification: Specialized: Psychiatric

Type of Action: Unaudited Cost Report [1]

County: Baker (2)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,109,314		46,524		Total Bed Days	27,740
2. Routine	7,486,424		2,307,940		Total Inpatient Days	21,688
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	6,686
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	9,595,738		2,354,464		Property Rate Allowance	1.00
10. Charges	\$9,595,738		\$2,354,464		First Semester in effect:	2014/07
11. Fixed Costs	277,583.00		68,109.32		Last Rate Semester in Effect:	2014/07

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	374.03			County Ceiling Base	Exempt	
2. Base Rate Semester	2013/07		Variable Cost Base	Exempt		Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,724.87		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560		County Ceiling	1,645.01		FPLI	0.9537

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,354,464.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 68,109.32	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,286,354.68	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,384,933.42	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,686	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	356.71	
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)	356.71	
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)	356.71	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	10.19	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	366.90	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,354,464.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	352.15	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	367.33	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$366.90	\$0.00
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 0.000	\$115.42	\$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	<b>Final Prospective Rates</b>	<b>251.48</b>	



# Florida Agency For Health Care Administration

**260045 - 2014/07**

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1, 2014 through June 30, 2015

## So. Fla. State Hosp

Type of Control: Government (4)

County: Broward (6)

Fiscal Year : 7/1/2012-6/30/2013

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	366,122		58,545		Total Bed Days	17,087
2. Routine	4,371,198		1,046,362		Total Inpatient Days	17,061
3. Special Care	0		0		Total Newborn Days	0
4. Newborn Routine	0		0		Medicaid Inpatient Days	4,084
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0431161195
8. Adjustments	0		0		Medicaid Paid Claims	0
9. Total Cost	4,737,320		1,104,907		Property Rate Allowance	1.00
10. Charges	\$4,737,320		\$1,104,907		First Semester in effect:	2014/07
11. Fixed Costs	278,838.00		65,034.67		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	245.47		County Ceiling Base	Exempt		Semester DRI Index	2.1290
2. Base Rate Semester	2013/07		Variable Cost Base	Exempt		Cost Report DRI Index	2.041
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,724.87		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560		County Ceiling	1,866.31		FPLI	1.0820

Rate Calculations		
Rates are based on Medicaid Costs		
	Inpatient	Outpatient
AA Total Medicaid Cost	1,104,907.00	
AB Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 65,034.67	
AD Total Medicaid Variable Operating Cost = (AA-AB)	1,039,872.33	
AE Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,084,707.59	
AF Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,084	
AG Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	265.60	
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)	265.60	
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)	265.60	
AN Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	15.92	
AP Total Rate Based On Medicaid Cost Data (AP=AM+AN)	281.52	
AQ Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,104,907.00	
AR Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	270.55	
AS Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	282.22	
AT Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$281.52	\$0.00
AU Medicaid Trend Adjustment IP% : 31.458 OP% : 0.000	\$88.56	\$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 <b>Final Prospective Rates</b>	<b>192.96</b>	



Florida Agency For Health Care Administration

260053 - 2014/07

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

W. Fla. Comm. Care

Type of Control: Government (4)

Fiscal Year : 7/1/2009-6/30/2010

Hospital Classification: Specialized: Psychiatric

Type of Action: Unaudited Cost Report [1]

County: Santa Rosa (57)

District: 1

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	1.1464728056
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:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	308.19		County Ceiling Base	Exempt		Semester DRI Index	2.1290
2. Base Rate Semester	2013/07		Variable Cost Base	Exempt		Cost Report DRI Index	1.857
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,724.87		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560		County Ceiling	1,640.70		FPLI	0.9512

Rate Calculations		
	Inpatient	Outpatient
<b>Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200</b>		
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)	7,378,701.27	
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)	293.15	
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)	293.15	
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)	293.15	
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)	300.13	
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)	725.43	
AT Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$300.13	\$0.00
AU Medicaid Trend Adjustment IP% : 31.458 OP% : 0.000	\$94.42	\$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 <b>Final Prospective Rates</b>	<b>205.71</b>	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

102814-00 - 2014/07

Outpatient Rate: 82.79

University of South Alabama Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2011-9/30/2012

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	42,307,938	40,305,510	85,129	5,938	Total Bed Days 47,946
2. Routine	16,013,355		46,645		Total Inpatient Days 40,272
3. Special Care	11,215,667		0		Total Newborn Days 0
4. Newborn Routine	0		0		Medicaid Inpatient Days 95
5. Intern-Resident	0		0		Medicaid Newborn IP Days 0
6. Home Health					Medicare Inpatient Days 6,430
7. Malpractice					Prospective Inflation factor 1.0576254347
8. Adjustments	0	0	0	0	Medicaid Paid Claims 59
9. Total Cost	69,536,960	40,305,510	131,774	5,938	Property Rate Allowance 0.80
10. Charges	\$169,572,029	\$128,068,958	\$339,062	16,455	First Semester in effect: 2013/07
11. Fixed Costs	3,613,009.00		0.00		Last Rate Semester in Effect: 2014/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,731.30		106.44	County Ceiling Base	968.20	193.13
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,597.53	103.90	Cost Report DRI Index	2.013
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	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)	<b>Reimbursed by Diagnosis Related Groups</b>	5,938.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		5,938.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		6,280.18
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		59
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		106.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		107.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		106.44
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		197.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	106.44	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	106.44	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		16,455.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		278.90
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		294.97
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$106.44
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$23.65
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>82.79</b>



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102814-02 - 2014/07**

**Outpatient Rate: 15.19**

## 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:	2014/07

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	968.20	193.13	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.207
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	FPLI	1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	<b>Reimbursed by Diagnosis Related Groups</b>	253.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)		
AD	Total Medicaid Variable Operating Cost = (AA-AB)		253.90
AE	Variable Operating Cost - NOT Inflated due to Interim status		253.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		13
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		19.53
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)		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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	197.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	19.53	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	19.53	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		533.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		41.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		41.00
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))		\$19.53
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221		\$4.34
AV	Exemption Tier Adj		0.00
AW	Buy Back of Medicaid Trend Adjustment		0.00
AX	Buy Back of Exemption Tier Adjustment		0.00
AY	<b>Final Prospective Rates</b>		<b>15.19</b>





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Hospital Prospective Payment Rates

For Rate Semester July 1,2014 through June 30, 2015

**102814-01 - 2014/07**

**Outpatient Rate: 131.55**

## U.S.A Children's & Women's Hospital

Type of Control: Government (4)  
 Fiscal Year : 10/1/2011-9/30/2012  
 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	38,726,625	14,565,159	48,812	11,834	Total Bed Days	98,088
2. Routine	18,702,170		47,092		Total Inpatient Days	61,486
3. Special Care	25,352,648		0		Total Newborn Days	4,842
4. Newborn Routine	2,063,123		852		Medicaid Inpatient Days	73
5. Intern-Resident	0		0		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	297
7. Malpractice					Prospective Inflation factor	1.0576254347
8. Adjustments	0	0	0	0	Medicaid Paid Claims	74
9. Total Cost	84,844,566	14,565,159	96,756	11,834	Property Rate Allowance	0.80
10. Charges	\$165,696,364	\$43,034,655	\$147,827	22,132	First Semester in effect:	2013/07
11. Fixed Costs	4,455,581.00		0.00		Last Rate Semester in Effect:	2014/07

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,281.83	169.13	County Ceiling Base	968.20	193.13	Semester DRI Index	2.1290
2. Base Rate Semester	2013/07	2013/07	Variable Cost Base	1,128.24	165.09	Cost Report DRI Index	2.013
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,724.87	197.56	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.015560	1.034360	County Ceiling	1,724.87	197.56	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)	<b>Reimbursed by Diagnosis Related Groups</b>	11,834.00
AB	Total Fixed Costs		
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		11,834.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		12,515.94
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		74
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		169.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		170.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		169.13
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		197.56
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		199.77
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	197.56	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	169.13	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN)	169.13	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	22,132.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	299.08	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	316.31	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$169.13	
AU	Medicaid Trend Adjustment IP% : 31.458 OP% : 22.221	\$37.58	
AV	Exemption Tier Adj	0.00	
AW	Buy Back of Medicaid Trend Adjustment	0.00	
AX	Buy Back of Exemption Tier Adjustment	0.00	
AY	<b>Final Prospective Rates</b>	<b>131.55</b>	