

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

#### Medicaid Reimbursement Rate Change Form

Kindred Hospital The Palm Beaches	Provider Number:	0004170-00
5555 W. Blue Heron Blvd	Date:	8/18/2014
Riviera Beach FL 33418-7813	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## **Rate Type :**

-

<u>Interim</u>	<b>X Prospective</b>
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X       Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

UCHLTACH at ConnertonProvider Number:0009496-009441 Health Center DriveDate:8/18/2014Land O' Lakes FL 34637Fiscal Year End:12/31/2012Audit Status:Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

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#### Medicaid Reimbursement Rate Change Form

Kindred Hospital Melbourne	Provider Number:	0016815-00
765 W Nasa Blvd	Date:	8/18/2014
Melbourne FL 32901	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

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#### Medicaid Reimbursement Rate Change Form

Sacred Heart Hospital on the Gulf 3801 E Hwy 98 Port St. Joe FL 32456

Provider Number:	0020127-00	
Date:	8/18/2014	
Fiscal Year End:	6/30/2012	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$214.71	\$216.72	7/1/2014

## **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

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#### Medicaid Reimbursement Rate Change Form

Shriners Hospital for Children	Provider Number:	0025766-00	
12502 USF Pine Dr	Date:	8/18/2014	
Tampa FL 33612	Fiscal Year End:	12/31/2012	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$321.27	\$328.88	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

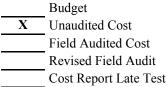
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

#### **BASIS**:



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#### Medicaid Reimbursement Rate Change Form

Viera Hospital	Provider Number:	0031588-00
8745 Wickham Rd	Date:	8/18/2014
Melbourne FL 32940	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

#### **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$137.98	\$143.21	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Revised Field Audit
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

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#### Medicaid Reimbursement Rate Change Form

West Kendall Baptist Hospital 9555 S.W. 162nd Court Miami FL 33196-4930

Provider Number:	0032265-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$167.48	\$179.44	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Revised Field Audit
 Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Palm Bay Hospital	Provider Number:	0032975-00
1425 Malabar Road N.E.	Date:	8/18/2014
Palm Bay FL 32907	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$74.30	\$68.35	7/1/2014

## Rate Type :

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

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#### **DISTRIBUTION:**

Nemours # 040876

Prov #	<u>Semester</u>	<u>Inpatient</u>	<b>Outpatient</b>
101516	Jul-14	DRG	\$242.68
100609	Jul-14	DRG	\$217.91
Average		DRG	\$230.30



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#### Medicaid Reimbursement Rate Change Form

Florida Hospital Wesley ChapelProvider Number:0054568-002600 Bruce B DownsDate:8/18/2014Wesley Chapel Fl 33544Fiscal Year End:12/31/2013Audit Status:Interim Budget [4]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$100.32	\$103.92	7/1/2014

## Rate Type :

<u>X</u> Interim	<b><u>Prospective</u></b>	
Total Interim           X         Settlement Based on Cost	Total Prospective	
	BASIS : X Budget	
	Unaudited Cost Field Audited Cost Revised Field Audit Cost Report Late Test	

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#### Medicaid Reimbursement Rate Change Form

Park Royal Hospital	Provider Number:	0063447-00
9241 Royal Park Drive	Date:	8/18/2014
Ft. Myers FL 33908	Fiscal Year End:	12/31/2012
	Audit Status:	Interim Budget [4]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$140.31	\$145.64	7/1/2014

## Rate Type :

<u>X</u> Interim	<u>Prospective</u>
Total Interim         X       Settlement Based on Cost	Total Prospective
	BASIS :         X       Budget         Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Healthsouth Rehab of Ocala	Provider Number:	0083692-00
3660 Grandview Parkway Suite 200	Date:	8/18/2014
Birmingham AL 35243	Fiscal Year End:	12/31/2013
	Audit Status:	Interim Budget [4]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.24	\$9.15	7/1/2014

## Rate Type :

<u>X</u> Interim	<b>Prospective</b>
Total Interim           X         Settlement Based on Cost	Total Prospective
	BASIS :         X       Budget         Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Poinciana Medical Center	Provider Number:	0092683-00
325 Cyrpress Parkway	Date:	8/18/2014
Kissimmee FL 34758	Fiscal Year End:	6/30/2015
	Audit Status:	Interim Budget [4]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient		\$145.88	7/1/2014

## Rate Type :

<u>X</u> Interim	<u>Prospective</u>
Total Interim           X         Settlement Based on Cost	Total Prospective
	BASIS :         X       Budget         Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Healthsouth Rehab of Martin	Provider Number:	0095875-00
5850 SE Community Drive	Date:	8/18/2014
Stuart FL 34997	Fiscal Year End:	12/31/2013
	Audit Status:	Interim Budget [4]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient		\$9.15	7/1/2014

## Rate Type :

<u>X</u> Interim	<b>Prospective</b>
Total Interim           X         Settlement Based on Cost	Total Prospective
	BASIS :         X       Budget         Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

St. Vincents Clay County	Provider Number:	0097013-00
1670 St. Vincents Way	Date:	8/18/2014
Middleburg FL 32068	Fiscal Year End:	12/31/2013
	Audit Status:	Interim Budget [4]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient		\$92.54	7/1/2014

## Rate Type :

<u>X</u> Interim	<b>Prospective</b>
Total Interim           X         Settlement Based on Cost	Total Prospective
	BASIS:         X       Budget         Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Shands Teaching Hospital	Provider Number:	0100030-00	
Box J-100336	Date:	8/18/2014	
Gainesville Fl 32610	Fiscal Year End:	6/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$261.94	\$193.74	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

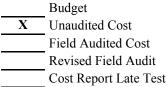
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

## **BASIS**:



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#### Medicaid Reimbursement Rate Change Form

Shands Teaching Hospital	Provider Number:	0100030-01	
Box J-100336	Date:	8/18/2014	
Gainesville Fl 32610	Fiscal Year End:	6/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$261.94	\$193.74	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

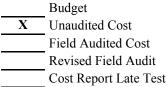
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

#### **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

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#### Medicaid Reimbursement Rate Change Form

Shands Teaching Hospital	Provider Number:	0100030-02	
Box J-100336	Date:	8/18/2014	
Gainesville Fl 32610	Fiscal Year End:	6/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$261.94	\$193.74	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

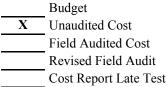
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

#### **BASIS**:



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#### Medicaid Reimbursement Rate Change Form

Shands Teaching Hospital	Provider Number:	0100030-03	
Box J-100336	Date:	8/18/2014	
Gainesville Fl 32610	Fiscal Year End:	6/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$261.94	\$193.74	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

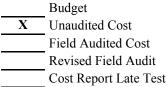
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

#### **BASIS**:



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#### Medicaid Reimbursement Rate Change Form

Shands Teaching Hospital	Provider Number:	0100030-04	
Box J-100336	Date:	8/18/2014	
Gainesville Fl 32610	Fiscal Year End:	6/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$261.94	\$193.74	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

. .

X Prospective

Total Interim Settlement Based on Cost X Total Prospective

BA	<u>ASIS :</u>
	Budget
X	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

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#### Medicaid Reimbursement Rate Change Form

Ed Fraser Memorial Hospital 159 North Third Street MacClenney FL 32063

Provider Number:	0100048-00	
Date:	8/18/2014	
Fiscal Year End:	9/30/2013	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$72.30	\$100.06	7/1/2014

#### Rate Type :

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Bay Medical Center	Provider Number:	0100064-00
P.O. Box 2515	Date:	8/18/2014
Panama City FL 32402-2515	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$130.66	\$95.60	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

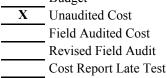
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS : Budget



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#### Medicaid Reimbursement Rate Change Form

Shands at StarkeProvider Number:0100072-00Post Office Box 100336Date:8/18/2014Gainesville FL 32610-0336Fiscal Year End:6/30/2013Audit Status:Unaudited Cost Report [1]Rate Includes Buy Back

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$109.53	\$90.52	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Holmes Regional Medical Center	Provider Number:	0100081-00
3300 Fiske Boulevard	Date:	8/18/2014
Rockledge FL 32955	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate Includes Buy Back	

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$94.76	\$87.87	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

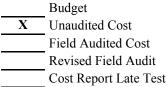
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

# BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Cape Canaveral Hospital	Provider Number:	0100099-00
3300 Fiske Boulevard	Date:	8/18/2014
Rockledge FL 32955	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$95.43	\$102.26	7/1/2014

## **Rate Type :**

\_\_\_\_\_ Interim \_\_\_\_\_ X Prospective \_\_\_\_\_ Total Interim \_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Parrish Medical Center 951 N. Washington Avenue 123 Titusville FL 32796

Provider Number:	0100102-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$177.44	\$88.29	7/1/2014

## Rate Type :

-

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Wuesthoff Memorial Hospital	Provider Number:	0100111-00
110 Longwood Avenue P.O. Box 565002	Date:	8/18/2014
Rockledge FL 32956-5002	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$78.01	\$71.83	7/1/2014

## Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Wuesthoff Memorial Hospital	Provider Number:	0100111-01
110 Longwood Avenue P.O. Box 565002	Date:	8/18/2014
Rockledge FL 32956-5002	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$78.01	\$71.83	7/1/2014

## Rate Type :

-

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

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#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Broward General Hospital	Provider Number:	0100129-00	
1600 S. Andrews Avenue	Date:	8/18/2014	
Ft. Lauderdale FL 33316	Fiscal Year End:	6/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	e Includes Buy Back	
Dravidar Type			

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$201.25	\$139.61	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

Χ

## **Rate Type :**

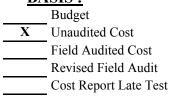
Interim

Total Interim

**Prospective** X Total Prospective

Settlement Based on Cost

# **BASIS**:



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For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Broward General Hospital	Provider Number:	0100129-01	
1600 S. Andrews Avenue	Date:	8/18/2014	
Ft. Lauderdale FL 33316	Fiscal Year End:	6/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	e Includes Buy Back	
Drouidar Tuna			

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$201.25	\$139.61	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

Χ

## **Rate Type :**

Interim

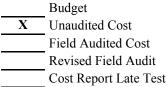
Total Interim

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Settlement Based on Cost

#### **BASIS**:



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#### Medicaid Reimbursement Rate Change Form

Broward General Hospital	Provider Number:	0100129-05	
1600 S. Andrews Avenue	Date:	8/18/2014	
Ft. Lauderdale FL 33316	Fiscal Year End:	6/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	e Includes Buy Back	
Duovidor Tuno			

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$201.25	\$139.61	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

Χ

## **Rate Type :**

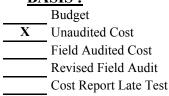
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Settlement Based on Cost

# **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Holy Cross Hospital, Inc.	Provider Number:	0100188-00
P.O. Box 23460	Date:	8/18/2014
Ft. Lauderdale FL 33307	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$89.10	\$95.47	7/1/2014

## Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

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#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Kindred Hospital-Ft. Lauderdale 1516 E Las Olas Blvd. Ft. Lauderdale FL 33301

Provider Number:	0100196-00
Date:	8/18/2014
Fiscal Year End:	8/31/2013
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Memorial Hospital	Provider Number:	0100200-00	
3501 Johnson St.	Date:	8/18/2014	
Hollywood FL 33021	Fiscal Year End:	4/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	e Includes Buy Back	

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$222.47	\$180.86	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

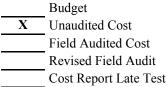
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

# **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

North Broward Medical Center	Provider Number:	0100218-00	
303 South East 17th St.	Date:	8/18/2014	
Ft. Lauderdale FL 33316	Fiscal Year End:	6/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$156.42	\$108.35	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

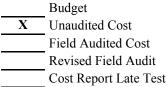
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

# BASIS :



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For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

North Broward Medical Center	Provider Number:	0100218-03	
303 South East 17th St.	Date:	8/18/2014	
Ft. Lauderdale FL 33316	Fiscal Year End:	6/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$156.42	\$108.35	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

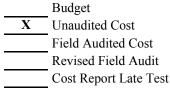
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Calhoun Liberty Hospital Post Office Box 419 Blountstown FL 32424-0419

Provider Number:	0100269-00	
Date:	8/18/2014	
Fiscal Year End:	12/31/2012	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$70.33	\$52.52	7/1/2014

# **Rate Type :**

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X       Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Charlotte Regional Medical Center	Provider Number:	0100277-00
809 E. Marion Ave.	Date:	8/18/2014
Punta Gorda FL 33950-3898	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$58.23	\$62.39	7/1/2014

## Rate Type :

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Charlotte Regional Medical Center	Provider Number:	0100277-02
809 E. Marion Ave.	Date:	8/18/2014
Punta Gorda FL 33950-3898	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$58.23	\$62.39	7/1/2014

## Rate Type :

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Peace River Regional Medical Center	
2500 Harbor Blvd	
Port Charlotte FL 33952	

Provider Number:	0100285-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$65.83	\$64.98	7/1/2014

# Rate Type :

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Naples Community Hospital	Provider Number:	0100315-00
350 7th Street North	Date:	8/18/2014
Naples FL 33941-3029	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$92.18	\$80.78	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

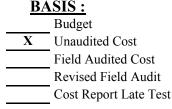
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

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<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

0100331-00

8/18/2014

6/30/2013

Unaudited Cost Report [1]

Rate Includes Buy Back



## Florida Agency For Health Care Administration

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

#### Medicaid Reimbursement Rate Change Form

Shands At Lake Shore Post Office 100336 Gainesville FL 32610-0336

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$112.11	\$100.51	7/1/2014

Provider Number:

Fiscal Year End:

Audit Status:

Date:

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
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For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Baptist Of Miami	Provider Number:	0100358-00
8900 North Kendall Dr.	Date:	8/18/2014
Miami FL 33176	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$158.05	\$254.22	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

Χ

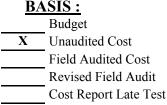
## **Rate Type :**

Interim

Total Interim

**Prospective** X Total Prospective

Settlement Based on Cost



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

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### Medicaid Reimbursement Rate Change Form

Cedars Medical Center, Inc.	Provider Number:	0100366-00
1475 NW 12th Avenue, Hope Lodge Suite #205	Date:	8/18/2014
Miami FL 33136	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$204.73	\$130.17	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

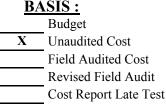
<u>Interim</u>

Total Interim

**X Prospective** 

Settlement Based on Cost

X Total Prospective



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Cedars Medical Center, Inc.	Provider Number:	0100366-03
1475 NW 12th Avenue, Hope Lodge Suite #205	Date:	8/18/2014
Miami FL 33136	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$204.73	\$130.17	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

Χ

## **Rate Type :**

Interim

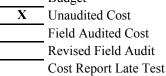
Total Interim

**Prospective** 

X Total Prospective

Settlement Based on Cost

#### **BASIS**: Budget



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Hialeah Hospital	Provider Number:	0100412-00
651 E. 25th Street Dept. 7202	Date:	8/18/2014
Miami FL 33013-3878	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$78.87	\$78.54	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

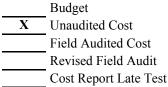
Total Interim

**X Prospective** 

X Total Prospective

Settlement Based on Cost

# **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital	Provider Number:	0100421-00
1611 N.W. 12th Avenue	Date:	8/18/2014
Miami FL 33136	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Duavidan Trma		

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

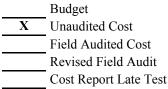
Total Interim

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

**BASIS :** 



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#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Duoridan Truno	Kate	Includes Duy Duck
	Rate	Includes Buy Back
	Audit Status:	Unaudited Cost Report [1]
Miami FL 33136	Fiscal Year End:	9/30/2013
1611 N.W. 12th Avenue	Date:	8/18/2014
Jackson Memorial Hospital	Provider Number:	0100421-01

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

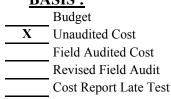
<u>Interim</u>

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital 1611 N.W. 12th Avenue	Provider Number: Date:	0100421-02 8/18/2014
Miami FL 33136	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Drovidor Tyme		

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

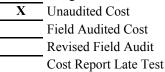
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

#### **BASIS**: Budget



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For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

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	Rate	Includes Buy Back
	Audit Status:	Unaudited Cost Report [1]
Miami FL 33136	Fiscal Year End:	9/30/2013
1611 N.W. 12th Avenue	Date:	8/18/2014
Jackson Memorial Hospital	Provider Number:	0100421-07

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

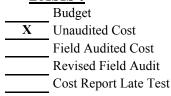
**T** . 1 **T** . 1

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

**BASIS**:



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital	Provider Number:	0100421-17
1611 N.W. 12th Avenue	Date:	8/18/2014
Miami FL 33136	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Devent days Trans a		

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

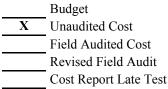
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

### **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital	Provider Number:	0100421-18
1611 N.W. 12th Avenue	Date:	8/18/2014
Miami FL 33136	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Devent days Trans a		

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

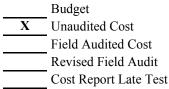
Total Interim

X Prospective

Settlement Based on Cost

X Total Prospective

**BASIS :** 



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital	Provider Number:	0100421-19
1611 N.W. 12th Avenue	Date:	8/18/2014
Miami FL 33136	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Deventidaes Trans a		

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

**T** . 1 **T** . 1

<u>X</u> Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

BA	<u> SIS :</u>
	Budget
Х	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital	Provider Number:	0100421-27
1611 N.W. 12th Avenue	Date:	8/18/2014
Miami FL 33136	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Devent day Trans .		

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

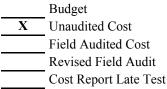
X Prospective

X Total Prospective

Total Interim
Settlement Based on Cost

\_\_\_\_\_

### BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital	Provider Number:	0100421-34
1611 N.W. 12th Avenue	Date:	8/18/2014
Miami FL 33136	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Duardan Truna		

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

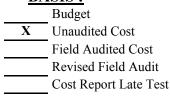
Total Interim

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

**BASIS**:



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital	Provider Number:	0100421-35
1611 N.W. 12th Avenue	Date:	8/18/2014
Miami FL 33136	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Duardan Truna		

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

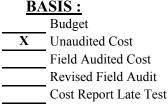
Total Interim

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

DACIO



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Duardan Trong		
	Rate	Includes Buy Back
	Audit Status:	Unaudited Cost Report [1]
Miami FL 33136	Fiscal Year End:	9/30/2013
1611 N.W. 12th Avenue	Date:	8/18/2014
Jackson Memorial Hospital	Provider Number:	0100421-36

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

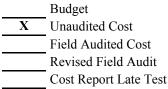
Total Interim

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Ducyidan Truca	· · · · · · · · · · · · · · · · · · ·	5
	Rate	Includes Buy Back
	Audit Status:	Unaudited Cost Report [1]
Miami FL 33136	Fiscal Year End:	9/30/2013
1611 N.W. 12th Avenue	Date:	8/18/2014
Jackson Memorial Hospital	Provider Number:	0100421-42

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

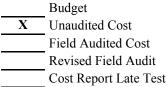
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

### **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital	Provider Number:	0100421-46
1611 N.W. 12th Avenue	Date:	8/18/2014
Miami FL 33136	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Duavidan Tuna		

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

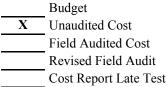
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

### **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Mercy Hospital, Inc.	Provider Number:	0100439-00
3663 S Miami Ave.	Date:	8/18/2014
Miami FL 33133	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$130.28	\$139.59	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_ Revised Field Audit Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Mercy Hospital, Inc.	Provider Number:	0100439-03
3663 S Miami Ave.	Date:	8/18/2014
Miami FL 33133	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$130.28	\$139.59	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_ Revised Field Audit Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Mercy Hospital, Inc.	Provider Number:	0100439-04
3663 S Miami Ave.	Date:	8/18/2014
Miami FL 33133	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$130.28	\$139.59	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_ Revised Field Audit Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Mt. Sinai Medical Center	Provider Number:	0100463-00	
4300 Alton Rd	Date:	8/18/2014	
Miami Beach FL 33140	Fiscal Year End:	12/31/2012	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$193.65	\$176.95	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

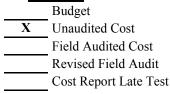
Total Interim

X Prospective

X Total Prospective

Settlement Based on Cost

BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Mt. Sinai Medical Center	Provider Number:	0100463-22	
4300 Alton Rd	Date:	8/18/2014	
Miami Beach FL 33140	Fiscal Year End:	12/31/2012	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$193.65	\$176.95	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

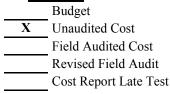
Total Interim

X Prospective

X Total Prospective

Settlement Based on Cost

BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

University Of Miami Hospital and Clinics	Provider Number:	0100471-00
P.O. Box 016217	Date:	8/18/2014
Miami FL 33101	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$356.57	\$219.82	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

Total Interim

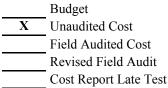
X Total Prospective

Settlement Based on Cost

\_\_\_\_\_

**X Prospective** 

### BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Northshore Medical Center	Provider Number:	0100498-00
1100 N.W. 95th Street	Date:	8/18/2014
Miami FL 33150-2098	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$67.26	\$71.16	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

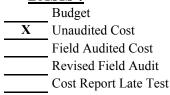
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Northshore Medical Center	Provider Number:	0100498-07
1100 N.W. 95th Street	Date:	8/18/2014
Miami FL 33150-2098	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$67.26	\$71.16	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

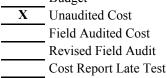
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS : Budget



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Palm Springs General Hospital 1475 West 49th Street Hialeah FL 33012

Provider Number:	0100536-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$37.82	\$40.52	7/1/2014

# Rate Type :

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Metropolitan Hospital Miami 5959 NW 7th Street Miami FL 33126

Provider Number:	0100544-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$95.77	\$71.24	7/1/2014

# Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget           X         Unaudited Cost
	Field Audited Cost
	Revised Field Audit Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

South Miami Hospital	Provider Number:	0100587-00
6200 S.W. 73rd Street	Date:	8/18/2014
Miami FL 33143	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$105.16	\$112.68	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Miami Childrens Hospital	Provider Number:	0100609-00	
3100 S.W. 62nd Avenue	Date:	8/18/2014	
Miami FL 33155-3009	Fiscal Year End:	12/31/2012	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Includes Buy Back	
Provider Type ·			

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$186.60	\$217.91	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS :

<b>D</b> 1	
	Budget
Х	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Westchester General Hospital	Provider Number:	0100625-00
2500 SW 75th Avenue	Date:	8/18/2014
Miami FL 33155	Fiscal Year End:	12/31/2011
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$117.77	\$125.36	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

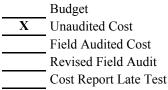
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Baptist Medical Center	Provider Number:	0100641-00
800 Prudential Drive	Date:	8/18/2014
Jacksonville FL 32207	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$90.04	\$91.64	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

Total Interim

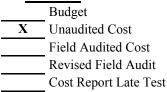
\_\_\_\_\_

**X Prospective** 

Settlement Based on Cost

X Total Prospective

**BASIS**:



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Baptist Medical Center	Provider Number:	0100641-02
800 Prudential Drive	Date:	8/18/2014
Jacksonville FL 32207	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$90.04	\$91.64	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

Total Interim

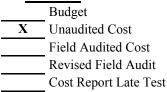
\_\_\_\_\_

**X Prospective** 

Settlement Based on Cost

X Total Prospective

**BASIS**:



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Shands Jacksonville	Provider Number:	0100676-00
580 West 8th Street	Date:	8/18/2014
Jacksonville FL 32209	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Providor Type .		

## Provider Type :

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$194.30	\$141.68	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

Χ

## Rate Type :

**Interim** 

Total Interim

**Prospective** 

Settlement Based on Cost

X Total Prospective

BA	<u>SIS :</u>
	Budget
Х	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Shands Jacksonville	Provider Number:	0100676-01
580 West 8th Street	Date:	8/18/2014
Jacksonville FL 32209	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Provider Type ·		

## Provider Type :

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$194.30	\$141.68	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

Χ

## **Rate Type :**

Interim

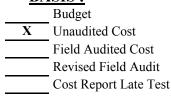
Total Interim

**Prospective** 

Settlement Based on Cost

X Total Prospective

**BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Mayo Clinic	Provider Number:	0100722-00
4500 San Pablo Road	Date:	8/18/2014
Jacksonville FL 32216	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Development days Trans a		

### **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$113.36	\$112.28	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

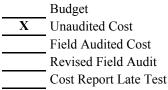
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

**BASIS :** 



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

St. Vincent's Hospital	Provider Number:	0100731-00
1800 Barrs Street 3rd Floor, Seton Hall	Date:	8/18/2014
Jacksonville FL 32204	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$76.04	\$86.14	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

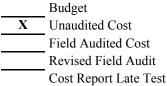
Total Interim

**X Prospective** 

X Total Prospective

Settlement Based on Cost

# **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Baptist Hospital (Pensacola)	Provider Number:	0100749-00
P.O. Box 17500	Date:	8/18/2014
Pensacola FL 32522-7500	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back

### **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$106.00	\$68.73	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

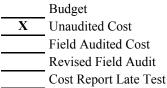
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

## **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:** 

Hospitals: Managed Care Contract Management Area Adm. 1 Children's Medical Services Florida Hospital Association **AHCA - County Billings** Vocational Rehabilitation

For Information Only (No Change In Rate)



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

#### Medicaid Reimbursement Rate Change Form

Baptist Hospital (Pensacola)	Provider Number:	0100749-02
P.O. Box 17500	Date:	8/18/2014
Pensacola FL 32522-7500	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back

### **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$106.00	\$68.73	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

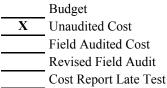
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

#### **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Baptist Hospital (Pensacola)	Provider Number:	0100749-03
P.O. Box 17500	Date:	8/18/2014
Pensacola FL 32522-7500	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back

### **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$106.00	\$68.73	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

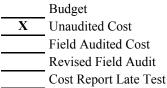
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

#### **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Sacred Heart Hospital	Provider Number:	0100765-00
Post Office Box 2728	Date:	8/18/2014
Pensacola FL 32513-2728	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$110.87	\$116.44	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

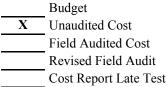
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

# **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

George E. Weems Memorial Hospital P.O. Drawer 610 Apalachicola FL 32320

Provider Number:	0100803-00	
Date:	8/18/2014	
Fiscal Year End:	9/30/2013	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$99.28	\$101.40	7/1/2014

## Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget
	X Unaudited Cost
	Field Audited Cost Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Hendry Regional Medical Center 524 W Sagamore Street Clewiston FL 33440

Provider Number:	0100862-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]
Rate Includes Buy Back	

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$130.40	\$144.84	7/1/2014

## **Rate Type :**

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Brooksville Regional Hospital	Provider Number:	0100871-00
Post Office Box 37	Date:	8/18/2014
Brooksville FL 34605-0037	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

### **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$81.63	\$66.60	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

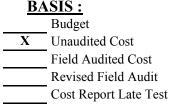
Interim

Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Brooksville Regional Hospital	Provider Number:	0100871-01
Post Office Box 37	Date:	8/18/2014
Brooksville FL 34605-0037	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$81.63	\$66.60	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

### **Rate Type :**

Interim

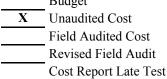
Total Interim

**X Prospective** 

X Total Prospective

Settlement Based on Cost

#### **BASIS**: Budget



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Highlands Regional Medical Center P.O. Drawer 2066 Sebring FL 33870

Provider Number:	0100897-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$95.17	\$69.31	7/1/2014

## Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Florida Hospital Heartland Medical Center Highway 27 North Avon Park FL 33825

Provider Number:	0100901-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$93.16	\$90.49	7/1/2014

## Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Florida Hospital Heartland Medical Center Highway 27 North Avon Park FL 33825

Provider Number:	0100901-02
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$93.16	\$90.49	7/1/2014

## Rate Type :

\_

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget       X     Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

University Community Hospital Carrollwood 3100 East Fletcher Avenue Tampa FL 33613

Provider Number:	0100943-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$91.31	\$85.46	7/1/2014

## Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

St. Joseph's Hospital	Provider Number:	0100978-00	
3001 W. ML King Blvd. Post Office Box 4227	Date:	8/18/2014	
Tampa FL 33677-4227	Fiscal Year End:	12/31/2012	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

### **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$152.31	\$136.64	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

### **Rate Type :**

<u>Interim</u>

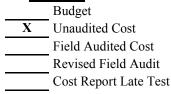
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

St. Joseph's Hospital	Provider Number:	0100978-02	
3001 W. ML King Blvd. Post Office Box 4227	Date:	8/18/2014	
Tampa FL 33677-4227	Fiscal Year End:	12/31/2012	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

### **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$152.31	\$136.64	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

### **Rate Type :**

Interim

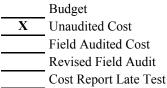
Total Interim

**X Prospective** 

X Total Prospective

Settlement Based on Cost

## **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

Hospitals:

**DISTRIBUTION:** 

Managed Care Contract Management Area Adm. 6 Children's Medical Services Florida Hospital Association **AHCA - County Billings** Vocational Rehabilitation

For Information Only (No Change In Rate)



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

#### Medicaid Reimbursement Rate Change Form

St. Joseph's Hospital	Provider Number:	0100978-03	
3001 W. ML King Blvd. Post Office Box 4227	Date:	8/18/2014	
Tampa FL 33677-4227	Fiscal Year End:	12/31/2012	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

### **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$152.31	\$136.64	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

### **Rate Type :**

<u>Interim</u>

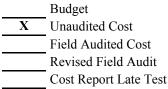
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

## BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

St. Joseph's Hospital	Provider Number:	0100978-06	
3001 W. ML King Blvd. Post Office Box 4227	Date:	8/18/2014	
Tampa FL 33677-4227	Fiscal Year End:	12/31/2012	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

### **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$152.31	\$136.64	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

### **Rate Type :**

<u>Interim</u>

Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BA	ASIS :
	Budget
Х	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

South Florida Baptist	Provider Number:	0100986-00
301 N Alexander Street	Date:	8/18/2014
Plant City FL 33566	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$95.67	\$90.48	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

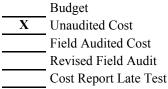
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Tampa General Hospital	Provider Number:	0100994-00	
P.O. Box 1289	Date:	8/18/2014	
Tampa FL 33601	Fiscal Year End:	9/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

### **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$263.56	\$196.21	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

### **Rate Type :**

<u>Interim</u>

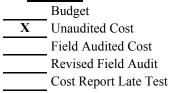
Total Interim

X Prospective

X Total Prospective

Settlement Based on Cost

**BASIS**:



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Tampa General Hospital	Provider Number:	0100994-01	
P.O. Box 1289	Date:	8/18/2014	
Tampa FL 33601	Fiscal Year End:	9/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

### **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$263.56	\$196.21	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

### **Rate Type :**

<u>Interim</u>

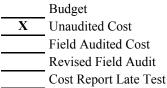
Tetel Interim

X Prospective

\_\_\_\_\_ Total Interim Settlement Based on Cos X Total Prospective

Settlement Based on Cost

## BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Tampa General Hospital	Provider Number:	0100994-12	
P.O. Box 1289	Date:	8/18/2014	
Tampa FL 33601	Fiscal Year End:	9/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

### **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$263.56	\$196.21	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

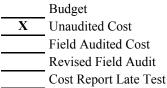
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

#### **BASIS**:



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#### Medicaid Reimbursement Rate Change Form

Tampa General Hospital	Provider Number:	0100994-13	
P.O. Box 1289	Date:	8/18/2014	
Tampa FL 33601	Fiscal Year End:	9/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

### **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$263.56	\$196.21	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

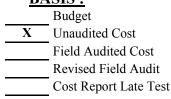
Total Interim

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

**BASIS**:



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#### Medicaid Reimbursement Rate Change Form

Tampa General Hospital	Provider Number:	0100994-14	
P.O. Box 1289	Date:	8/18/2014	
Tampa FL 33601	Fiscal Year End:	9/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

### **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$263.56	\$196.21	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

Total Interim

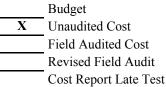
X Prospective

Total Interim
Settlement Based on Co

X Total Prospective

Settlement Based on Cost

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#### Medicaid Reimbursement Rate Change Form

University Community Hospital-Tampa 3100 East Fletcher Avenue Tampa FL 33613

Provider Number:	0101028-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$81.77	\$73.83	7/1/2014

## Rate Type :

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

University Community Hospital-Tampa 3100 East Fletcher Avenue Tampa FL 33613

Provider Number:	0101028-09
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$81.77	\$73.83	7/1/2014

## Rate Type :

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Doctors Memorial Hospital P.O. Box 188 Bonifay FL 32425

Provider Number:	0101036-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]
Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$147.84	\$150.92	7/1/2014

### Rate Type :

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Indian River Memorial Hospital 1000 36th Street Vero Beach FL 32960

Provider Number:	0101044-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$117.11	\$96.50	7/1/2014

### Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget       X     Unaudited Cost
	Field Audited Cost Revised Field Audit
	Cost Report Late Test

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For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Jackson Hospital	Provider Number:	0101061-00	
4250 Hospital Drive	Date:	8/18/2014	
Marianna FL 32446	Fiscal Year End:	9/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$96.54	<b>\$89.77</b>	7/1/2014

### Rate Type :

-

Interim	<u>X</u> Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X       Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

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For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Leesburg Regional Medical Center 600 E Dixie Ave Leesburg FL 32748

Provider Number:	0101079-00
Date:	8/18/2014
Fiscal Year End:	6/30/2013
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$104.52	\$84.79	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

South Lake Memorial Hospital 847 8th Street Clermont FL 32711

Provider Number:	0101087-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$120.14	\$80.49	7/1/2014

### Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_\_ Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Florida Hospital Waterman P.O. Box 333 Eustis FL 32727-0333

Provider Number:	0101095-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$148.06	\$86.96	7/1/2014

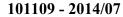
## Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital	Provider Number:	0101109-00
PO Box 151247	Date:	8/18/2014
Cape Coral FL 33915	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$150.65	\$112.45	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

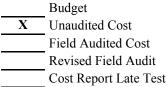
Total Interim

**X Prospective** 

X Total Prospective

Settlement Based on Cost

# **BASIS**:

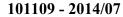


W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:** 

Hospitals: Managed Care Contract Management Area Adm. 8 Children's Medical Services Florida Hospital Association **AHCA - County Billings** Vocational Rehabilitation

For Information Only (No Change In Rate)





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

#### Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital	Provider Number:	0101109-11
PO Box 151247	Date:	8/18/2014
Cape Coral FL 33915	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$150.65	\$112.45	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

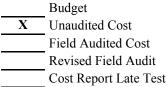
Total Interim

**X Prospective** 

X Total Prospective

Settlement Based on Cost

# **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:** 

Hospitals: Managed Care Contract Management Area Adm. 8 Children's Medical Services Florida Hospital Association **AHCA - County Billings** Vocational Rehabilitation

For Information Only (No Change In Rate)



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

#### Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital	Provider Number:	0101109-17
PO Box 151247	Date:	8/18/2014
Cape Coral FL 33915	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$150.65	\$112.45	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

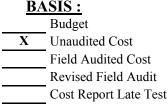
Total Interim

X Prospective

Settlement Based on Cost

X Total Prospective

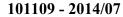
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For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital	Provider Number:	0101109-18
PO Box 151247	Date:	8/18/2014
Cape Coral FL 33915	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$150.65	\$112.45	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

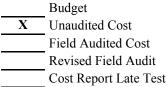
Total Interim

**X Prospective** 

X Total Prospective

Settlement Based on Cost

### **BASIS**:



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#### Medicaid Reimbursement Rate Change Form

Lehigh Regional Medical CenterProvider Number:0101117-001500 Lee Blvd.Date:8/18/2014Lehigh Acres FL 33936Fiscal Year End:12/31/2012Audit Status:Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$53.01	\$36.90	7/1/2014

## **Rate Type :**

 Interim
 x
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

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#### Medicaid Reimbursement Rate Change Form

Tallahassee Memorial Regional M.C.	Provider Number:	0101133-00
1300 Miccousukee	Date:	8/18/2014
Tallahassee FL 32308	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$123.98	\$129.16	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

Total Interim

X Prospective

X Total Prospective

Settlement Based on Cost

BA	ASIS :
	Budget
Х	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Tri-County Hospital Williston P.O. Drawer 460 Williston FL 32696

Provider Number:	0101141-00	
Date:	8/18/2014	
Fiscal Year End:	9/30/2010	
Audit Status: Unaudited Cost Report [1]		
Rate Includes Buy Back		

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$38.41	\$38.23	7/1/2014

## **Rate Type :**

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Madison County Memorial Hospital 201 East Marion Street Madison FL 32340

Provider Number:	0101150-00	
Date:	8/18/2014	
Fiscal Year End:	9/30/2013	
Audit Status: Unaudited Cost Report [1]		
Rate Includes Buy Back		

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$58.91	\$66.54	7/1/2014

# **Rate Type :**

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget       X     Unaudited Cost
	Field Audited Cost Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

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#### Medicaid Reimbursement Rate Change Form

Manatee Memorial Hospital	Provider Number:	0101168-00
206 Second Street East	Date:	8/18/2014
Bradenton FL 34208	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$119.16	\$92.41	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

<u>BASIS :</u>	
	Budget
Х	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Munroe Regional Medical Center Post Office Box 6000 Ocala FL 34478

Provider Number:	0101176-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$82.25	\$68.67	7/1/2014

# Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

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#### Medicaid Reimbursement Rate Change Form

Martin Memorial Hospital	Provider Number:	0101184-00
P.O. Box 9033	Date:	8/18/2014
Stuart FL 34995-9033	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$117.67	\$66.28	7/1/2014

## Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Lower Florida Keys Hospital	Provider Number:	0101192-00
P.O. Box 9107	Date:	8/18/2014
Key West FL 33401	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$86.16	\$68.59	7/1/2014
	DRG	DRG	

# **Rate Type :**

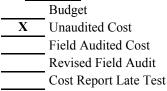
Interim

Total Interim

**Prospective** X Total Prospective

Settlement Based on Cost

#### **BASIS**:



Χ

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Lower Florida Keys Hospital	Provider Number:	0101192-01
P.O. Box 9107	Date:	8/18/2014
Key West FL 33401	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$86.16	\$68.59	7/1/2014
	DRG	DRG	

# **Rate Type :**

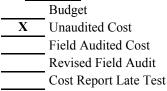
Interim

Total Interim

**Prospective** X Total Prospective

Settlement Based on Cost

#### **BASIS**:



Χ

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Fishermen's HospitalProvider Number:0101206-003301 Overseas HighwayDate:8/18/2014Marathon FL 33050Fiscal Year End:6/30/2013Audit Status:Unaudited Cost Report [1]Rate Includes Buy Back

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$140.31	\$142.96	7/1/2014

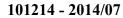
## **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_\_ Cost Report Late Test

> W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**





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#### Medicaid Reimbursement Rate Change Form

Mariners HospitalProvider Number:0101214-0091500 Overseas HighwayDate:8/18/2014Tavernier FL 33070Fiscal Year End:9/30/2013Audit Status:Unaudited Cost Report [1]Rate Includes Buy Back

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$345.67	\$366.92	7/1/2014

## **Rate Type :**

 Interim
 x
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Baptist Medical Center - Nassau 1250 South 18th Street Fernandina Beach FL 32034

Provider Number:	0101231-00	
Date:	8/18/2014	
Fiscal Year End:	9/30/2013	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$101.62	\$98.41	7/1/2014

## **Rate Type :**

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Twin Cities Hospital	Provider Number:	0101257-00
2190 Hwy 85 North	Date:	8/18/2014
Niceville FL 32578	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$71.17	\$76.26	7/1/2014

# Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

North Okaloosa Medical Center	Provider Number:	0101265-00
151 Redstone Ave.	Date:	8/18/2014
Crestview FL 32536	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$90.55	\$97.02	7/1/2014

## Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Florida Hospital	Provider Number:	0101290-00
500 East Rollins Street	Date:	8/18/2014
Orlando FL 32803	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Provider Type ·		

## Provider Type :

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$135.83	\$112.32	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

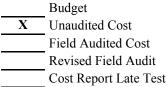
Total Interim

**Prospective** Χ

X Total Prospective

Settlement Based on Cost

# **BASIS**:



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For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Provider Type ·	Kate	includes Buy Back
	Rate	Includes Buy Back
	Audit Status:	Unaudited Cost Report [1]
Orlando FL 32803	Fiscal Year End:	12/31/2013
500 East Rollins Street	Date:	8/18/2014
Florida Hospital	Provider Number:	0101290-01

## Provider Type :

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$135.83	\$112.32	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

Χ

# **Rate Type :**

Interim

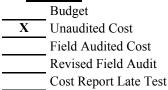
Total Interim

**Prospective** 

Settlement Based on Cost

X Total Prospective

**BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Florida Hospital	Provider Number:	0101290-04
500 East Rollins Street	Date:	8/18/2014
Orlando FL 32803	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Provider Type ·		

## Provider Type :

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$135.83	\$112.32	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

Χ

# **Rate Type :**

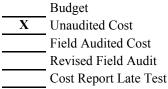
Interim

Total Interim

**Prospective** X Total Prospective

Settlement Based on Cost

**BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Orlando Health	Provider Number:	0101338-00
1414 S. Kuhl Avenue	Date:	8/18/2014
Orlando FL 32806	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back
Dravidar Tuna		

## Provider Type :

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$169.62	\$148.12	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

Χ

# **Rate Type :**

**Interim** 

Total Interim

**Prospective** X Total Prospective

Settlement Based on Cost

BA	<u> SIS :</u>
	Budget
Х	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Health Central	Provider Number:	0101354-00
10000 West Colonial Dr.	Date:	8/18/2014
Ocoee FL 34761	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$154.61	\$99.06	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

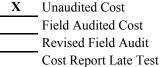
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS : Budget



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Osceola Regional Medical Center	Provider Number:	0101389-00
700 West Oak St.	Date:	8/18/2014
Kissimmee FL 32742-2589	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$91.95	\$96.79	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

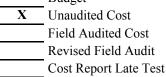
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS : Budget



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Bethesda Mem. Hosp.	Provider Number:	0101401-00
2815 S Seacrest Blvd.	Date:	8/18/2014
Boynton Beach FL 33435	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$88.80	\$92.34	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

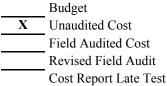
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

# BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Boca Raton Community Hospital 800 Meadows Rd. Boca Raton FL 33486

Provider Number:	0101419-00
Date:	8/18/2014
Fiscal Year End:	6/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$174.31	\$90.55	7/1/2014

# Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audit
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

0101443-00

8/18/2014

9/30/2013

Unaudited Cost Report [1]

Rate Includes Buy Back



### Florida Agency For Health Care Administration

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

#### Medicaid Reimbursement Rate Change Form

Lakeside Medical Center 39200 Hooker Highway Belle Glade FL 33430

# **Provider Type :**

HOSPITAL

<u>-</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$71.10	\$66.88	7/1/2014

Provider Number:

Fiscal Year End:

Audit Status:

Date:

### Rate Type :

Interim	<u>x</u> <u>Prospective</u>
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget       X     Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

JFK Medical Center	Provider Number:	0101460-00
5301 S. Congress Ave.	Date:	8/18/2014
Lake Worth FL 33462-1149	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$136.93	\$114.89	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

Χ

# **Rate Type :**

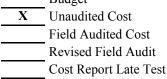
Interim

Total Interim

**Prospective** X Total Prospective

Settlement Based on Cost

**BASIS**: Budget



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

St. Mary's Hospital	Provider Number:	0101486-00	
1300 N. Flagler Drive	Date:	8/18/2014	
West Palm Beach FL 33401	Fiscal Year End:	5/31/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$126.68	\$95.37	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

**T** . 1 **T** . 1

X Prospective

Total Interim
Settlement Based on Cost

X Total Prospective

BASIS :

<b>D</b> 1	
	Budget
Х	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

St. Mary's Hospital	Provider Number:	0101486-01	
1300 N. Flagler Drive	Date:	8/18/2014	
West Palm Beach FL 33401	Fiscal Year End:	5/31/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$126.68	\$95.37	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

Interim

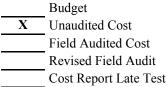
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

### **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Florida Hospital Zephyrhills	Provider Number:	0101494-00
7050 Gall Blvd	Date:	8/18/2014
Zephyrhills FL 33541	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$72.74	\$77.94	7/1/2014

## Rate Type :

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Florida Hospital Zephyrhills	Provider Number:	0101494-01
7050 Gall Blvd	Date:	8/18/2014
Zephyrhills FL 33541	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$72.74	\$77.94	7/1/2014

## Rate Type :

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget           X         Unaudited Cost
	Field Audited Cost Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

North Bay Medical Center	Provider Number:	0101508-00
16255 Bay Vista Drive	Date:	8/18/2014
Clearwater FL 33760	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$79.52	\$86.40	7/1/2014

## Rate Type :

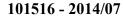
-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**





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

#### Medicaid Reimbursement Rate Change Form

All Children's Hospital	Provider Number:	0101516-00	
801 6th St. South	Date:	8/18/2014	
St. Petersburg FL 33701	Fiscal Year End:	6/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	te Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$252.15	\$242.68	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

Χ

# **Rate Type :**

Interim

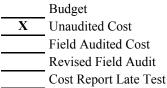
Total Interim

**Prospective** 

Settlement Based on Cost

X Total Prospective

#### **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Good Samaritan Hospital	Provider Number:	0101524-00
1300 N. Flagler Drive	Date:	8/18/2014
West Palm Beach FL 33401	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$135.83	\$97.80	7/1/2014

## **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Mease Hospital Clinic Post Box 210 Mailstation 102 Clearwater FL 33517

Provider Number:	0101541-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$68.78	\$91.10	7/1/2014

# **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

### Medicaid Reimbursement Rate Change Form

Bayfront Medical Center	Provider Number:	0101567-00	
701 6th St. South	Date:	8/18/2014	
St. Petersburg FL 33701	Fiscal Year End:	3/31/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$102.57	\$93.18	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

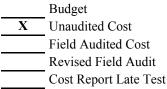
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

## **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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### Medicaid Reimbursement Rate Change Form

Bayfront Medical Center	Provider Number:	0101567-07	
701 6th St. South	Date:	8/18/2014	
St. Petersburg FL 33701	Fiscal Year End:	3/31/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$102.57	\$93.18	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

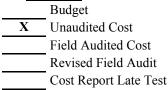
Total Interim

X Prospective

Settlement Based on Cost

X Total Prospective

### **BASIS**:



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

### Medicaid Reimbursement Rate Change Form

Morton F. Plant Hospital	Provider Number:	0101583-00
16255 Bay Vista Dr, MS 100	Date:	8/18/2014
Clearwater FL 33760	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$121.09	\$125.34	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

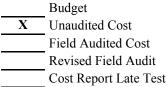
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Morton F. Plant Hospital	Provider Number:	0101583-01
16255 Bay Vista Dr, MS 100	Date:	8/18/2014
Clearwater FL 33760	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$121.09	\$125.34	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

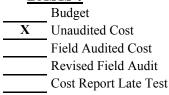
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

**BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Helen Ellis Memorial Hospital	Provider Number:	0101613-00
1395 South Pinellas Ave.	Date:	8/18/2014
Tarpon Springs FL 34689-1487	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$98.65	\$105.70	7/1/2014

# **Rate Type :**

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Lakeland Regional Medical Center	Provider Number:	0101648-00	
230 South Florida Ave, Reimb Dept 4th Floor	Date:	8/18/2014	
Lakeland FL 33801	Fiscal Year End:	9/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$130.30	\$81.41	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

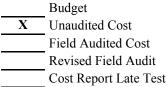
Total Interim

**X Prospective** 

X Total Prospective

Settlement Based on Cost

## **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Lake Wales Hospital Association 410 South 11th St. Lake Wales FL 33853

Provider Number:	0101664-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$94.48	\$64.75	7/1/2014

# Rate Type :

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X       Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Winter Haven Hospital	Provider Number:	0101699-00
200 Avenue "F" Northeast	Date:	8/18/2014
Winter Haven FL 33880	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$124.94	\$87.68	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

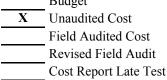
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS : Budget



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

West Gables RehabilitationProvider Number:0101702-002525 Southwest 75th Av.Date:8/18/2014Miami FL 33155Fiscal Year End:12/31/2012Audit Status:Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

# **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Flagler Hospital	Provider Number:	0101711-00
400 Health Park Blvd.	Date:	8/18/2014
St. Augustine FL 32086	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$77.81	\$81.12	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

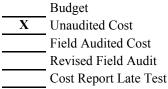
Total Interim

 X
 Prospective

 X
 Total Prospective

Settlement Based on Cost

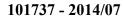
BASIS :



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#### Medicaid Reimbursement Rate Change Form

Jay Hospital 221 South Alabama Street Jay FL 32565

	_	
Provider	Type	•
IIUVIUUI	IVPC	•

Provider Number:	0101737-00	
Date:	8/18/2014	
Fiscal Year End:	9/30/2013	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$79.28	\$11.76	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Santa Rosa Hospital	Provider Number:	0101745-00
P.O. BOX 648	Date:	8/18/2014
Milton FL 32570	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$96.17	\$72.29	7/1/2014

## Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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### Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital-Largo 901 Clearwater Largo Rd. Largo FL 34640

Provider Number:	0101753-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

# **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audit
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Memorial Hospital	Provider Number:	0101761-00
1901 Arlington St.	Date:	8/18/2014
Sarasota FL 33579	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$133.96	\$102.93	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Central Florida Regional Hospital 1401 West Seminole Blvd. Sanford FL 32771

Provider Number:	0101788-00
Date:	8/18/2014
Fiscal Year End:	5/31/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$82.72	\$82.66	7/1/2014

# **Rate Type :**

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

0101796-00

8/18/2014

6/30/2013

Unaudited Cost Report [1]

7/1/2014



## Florida Agency For Health Care Administration

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

#### Medicaid Reimbursement Rate Change Form

Shands at Live Oak Post Office Box 100336 Gainesville FL 32610-0336

<b>Provider Type :</b>
------------------------

**HOSPITAL** 

Outpatient

		Rate Includes Buy Back		
<u>.</u>	Current Rate	New Rate	Effective Date	
Inpatient		DRG	7/1/2014	

\$103.64

Provider Number:

Fiscal Year End:

Audit Status:

Date:

\$80.41

## Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

#### Medicaid Reimbursement Rate Change Form

Doctor's Memorial Hospital 407 East Ash Street Perry FL 32347

Provider Number:	0101800-00	
Date:	8/18/2014	
Fiscal Year End:	5/31/2013	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$113.73	\$92.07	7/1/2014

# **Rate Type :**

-

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget           X         Unaudited Cost
	Field Audited Cost Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Florida Hospital - Fish Memorial 1055 Sax Boulevard Orange City FL 32763

Provider Number:	0101826-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$136.63	\$86.61	7/1/2014

# Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audit
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Bert Fish Memorial Hospital	Provider Number:	0101834-00
401 Palmetto Street	Date:	8/18/2014
New Smyrna Beach FL 32170	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$174.64	\$84.51	7/1/2014

# **Rate Type :**

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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

### Medicaid Reimbursement Rate Change Form

Halifax Medical Center	Provider Number:	0101842-00
P.O. Box 2830	Date:	8/18/2014
Daytona Beach FL 32115-2830	Fiscal Year End:	9/30/2012
	Audit Status:	Amended Cost Report [2]
	Rate	Includes Buy Back

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$181.90	\$112.11	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

T ( 1 T ( '

X Prospective

X Total Prospective

Total Interim
Settlement Based on Cost

BA	<u> </u>
	Budget
Х	Unaudited Cost
	Field Audited Cost

Revised Field Audit

Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Ormond Beach Memorial Hospital 875 Sterthaus Avenue Ormond Beach FL 32174

Provider Number:	0101869-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$85.77	\$88.12	7/1/2014

## Rate Type :

\_

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Memorial Hospital - West Volusia 701 West Plymouth Avenue Deland FL 32720

Provider Number:	0101877-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$112.01	\$73.99	7/1/2014

# **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Healthmark Regional Medical Center PO Box 1326 Defuniak Springs FL 32433

Provider Number:	0101885-00	
Date:	8/18/2014	
Fiscal Year End:	9/30/2013	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$61.71	\$63.01	7/1/2014

# **Rate Type :**

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

0101893-00

8/18/2014

12/31/2012

Unaudited Cost Report [1]

Rate Includes Buy Back



## Florida Agency For Health Care Administration

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

### Medicaid Reimbursement Rate Change Form

Florida Hospital - Flagler 60 Memorial Medical Pkwy Palm Coast FL 32164

Provider	Туре	:

ype :				
HOSPITAL	Current Rate	New Rate	Effective Date	
Inpatient		DRG	7/1/2014	
Outpatient	\$86.32	\$82.18	7/1/2014	

Provider Number:

Fiscal Year End:

Audit Status:

Date:

# Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X         Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Northwest Community Hospital Post Office Box 889 Chipley FL 32428

Provider Number:	0101907-00	
Date:	8/18/2014	
Fiscal Year End:	9/30/2013	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$123.12	\$128.10	7/1/2014

## **Rate Type :**

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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For Information Only (No Change In Rate)

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### Medicaid Reimbursement Rate Change Form

Kindred Hospital-HollywoodProvider Number:0101915-001859 Van Buren St.Date:8/18/2014Hollywood FL 33022Fiscal Year End:8/31/2013Audit Status:Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

# **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

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#### Medicaid Reimbursement Rate Change Form

Desoto Memorial Hospital PO Box 2180 Arcadia FL 33821

Provider Number:	0101923-00	
Date:	8/18/2014	
Fiscal Year End:	9/30/2013	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$119.07	\$114.32	7/1/2014

# **Rate Type :**

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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### Medicaid Reimbursement Rate Change Form

Memorial Hospital of Jacksonville PO Box16325 Jacksonville FL 32216

Provider Number:	0101931-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$72.03	\$77.18	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

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### Medicaid Reimbursement Rate Change Form

Campbellton-Graceville Hospital 5429 College Dr. Graceville FL 32240

Provider Number:	0101940-00	
Date:	8/18/2014	
Fiscal Year End:	9/30/2009	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$111.94	\$114.68	7/1/2014

# **Rate Type :**

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Wiregrass Hospital	Provider Number:	0101991-00
1200 Maple Av.	Date:	8/18/2014
Geneva AL 36340	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$86.83	\$93.03	7/1/2014

# Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

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#### Medicaid Reimbursement Rate Change Form

Florala Memorial Hospital	Provider Number:	0102016-00
PO BOX 206	Date:	8/18/2014
Florala AL 36442	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$12.85	\$13.77	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

D.W.Mcmillan Memorial	Provider Number:	0102024-00
PO BOX 908	Date:	8/18/2014
Brewton AL 36427	Fiscal Year End:	9/30/2004
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$145.01	\$153.66	7/1/2014

# Rate Type :

\_

<u>Interim</u>	<u>X</u> Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget           X         Unaudited Cost
	Field Audited Cost Revised Field Audit
	Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Archbold Memorial HospitalProvider Number:0102041-00Post Office Box 1018Date:8/18/2014Thomasville GA 31799-1018Fiscal Year End:9/30/2009Audit Status:Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$85.96	\$91.23	7/1/2014

# **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Southeast Alabama General	Provider Number:	0102067-00
PO BOX 6987	Date:	8/18/2014
Dothan AL 36301	Fiscal Year End:	9/30/2012
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$125.34	\$133.03	7/1/2014

# Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

South Georgia Medical Center	Provider Number:	0102075-00
PO BOX 1727	Date:	8/18/2014
Valdosta GA 31601	Fiscal Year End:	9/30/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$76.61	\$81.31	7/1/2014

# Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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### Medicaid Reimbursement Rate Change Form

Flowers Hospital	Provider Number:	0102091-00
PO BOX 6907	Date:	8/18/2014
Dothan AL 36302	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$67.05	\$71.84	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

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### Medicaid Reimbursement Rate Change Form

Palm Beach Gardens Medical Center 3360 Burns Rd. Palm Beach Gardens FL 33410

Provider Number:	0102105-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$137.09	\$85.91	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

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For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 9 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

Grady General Hospital	Provider Number:	0102121-00
1155 5th St.	Date:	8/18/2014
Cairo GA 31728	Fiscal Year End:	9/30/2009
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$51.24	\$54.38	7/1/2014

# Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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### Medicaid Reimbursement Rate Change Form

Wellington Regional Medical Center	Provider Number:	0102130-00
10101 Forest Hill Blvd.	Date:	8/18/2014
West Palm Beach FL 33414	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$109.99	\$106.73	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

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# Rate Type :

**Interim** 

Total Interim

**Prospective** X Total Prospective

Settlement Based on Cost

BA	<u>ASIS :</u>
	Budget
Х	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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### Medicaid Reimbursement Rate Change Form

Mizell Memorial Hospital	Provider Number:	0102164-00
PO BOX 429	Date:	8/18/2014
Opp AL 36467	Fiscal Year End:	9/30/1992
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

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### Medicaid Reimbursement Rate Change Form

Citrus Memorial Hospital	Provider Number:	0102199-00
502 Highland Blvd.	Date:	8/18/2014
Iverness FL 32652	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$72.28	\$68.15	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

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### Medicaid Reimbursement Rate Change Form

Cleveland Clinic Hospital-Weston 3100 Weston Rd Weston FL 33331

Provider Number:	0102202-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$58.85	\$63.06	7/1/2014

# Rate Type :

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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For Information Only (No Change In Rate)

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### Medicaid Reimbursement Rate Change Form

Pembroke Pines Hospital	Provider Number:	0102229-00	
2301 University Dr.	Date:	8/18/2014	
Pembroke Pines FL 33024	Fiscal Year End:	4/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$175.66	\$121.50	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

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<b>B</b> A	<u> 4515 :</u>
	Budget
Х	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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Hospitals: Managed Care Contract Management Area Adm. 10 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

Homestead Hospital	Provider Number:	0102261-00
160 N.W. 13th Street	Date:	8/18/2014
Homestead FL 33030	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$145.15	\$167.07	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

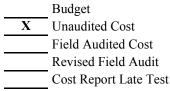
Total Interim

X Prospective

X Total Prospective

Settlement Based on Cost

BASIS :



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### Medicaid Reimbursement Rate Change Form

Heart Of Florida Hospital	Provider Number:	0102288-00
P.O. Box 67	Date:	8/18/2014
Haines City FL 33845	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$86.52	\$78.03	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

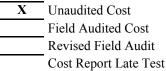
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS : Budget



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

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### Medicaid Reimbursement Rate Change Form

Kindred Hospital Central Tampa 4801 N HOWARD AVE. Tampa FL 33604

Provider Number:	0102300-00
Date:	8/18/2014
Fiscal Year End:	8/31/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

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For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 6 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

Baptist Hospital Of Beaches 1350 13th AVE., SOUTH Jacksonville FL 32250

Provider Number:	0102326-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$64.98	\$69.62	7/1/2014

# Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

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### Medicaid Reimbursement Rate Change Form

Atmore Community HospitalProvider Number:0102334-00401 Medical Park Dr.Date:8/18/2014Atmore AL 36502Fiscal Year End:9/30/2013Audit Status:Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$40.91	\$42.37	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Munaudited Cost
 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

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#### **DISTRIBUTION:**

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### Medicaid Reimbursement Rate Change Form

Kindred Hospital (Tampa) 4555 SOUTH MANHATTAN AVE. Tampa FL 33611

Provider Number:	0102342-00
Date:	8/18/2014
Fiscal Year End:	8/31/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 6 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

Smith Hospital	Provider Number:	0102369-00
P.O. Box 10010	Date:	8/18/2014
Valdosta GA 31604	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$86.53	\$91.83	7/1/2014

# Rate Type :

-

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

St. John'S Rehabilitation Hospital 3075 N.W. 35th Ave. Lauderdale Lake FL 33311

Provider Number:	0102407-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X       Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 10 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

South Baldwin Hospital	Provider Number:	0102474-00
1613 West McKenzie St.	Date:	8/18/2014
Foley AL 36536	Fiscal Year End:	9/30/1995
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation

0102521-00 8/18/2014

4/30/2013

Unaudited Cost Report [1

7/1/2014



### Florida Agency For Health Care Administration

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

### Medicaid Reimbursement Rate Change Form

Memorial Hosp. - West 703 North Flamingo Road Pembroke Pines FL 33028

# **Provider Type :**

HOSPITAL

	Rate Includ	es Buy Back
Current Rate	New Rate	Effective Date
	DRG	7/1/2014

\$227.00

Provider Number:

Fiscal Year End:

Audit Status:

Date:

\$105.38

Inpatient Outpatient

<b>Rate Type :</b>
--------------------

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Revised Field Audit
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 10 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Englewood Community Hospital 700 Medical Blvd. Englewood FL 34223

Provider Number:	0102539-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$47.63	\$51.04	7/1/2014

## Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 8 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Southeast Georgia Medical Center 3100 Kemble Avenue Brunswick GA 31520

Provider Number:	0102555-00
Date:	8/18/2014
Fiscal Year End:	4/30/2010
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$56.76	\$60.24	7/1/2014

# **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audit
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Edward White Hospital
2323 9th Avenue North P.O. Box 12018
St. Petersburg Fl 33733

Provider Number:	0102598-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$90.00	\$96.44	7/1/2014

# Rate Type :

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget       X       Unaudited Cost
	Field Audited Cost
	Revised Field Audit Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 5 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Florida Hospital Wauchula 2501 U.S. Hwy 27 North P.O. Box 1200 Avon Park FL 33825

Provider Number:	0102601-00	
Date:	8/18/2014	
Fiscal Year End:	12/31/2012	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$113.78	\$107.84	7/1/2014

## **Rate Type :**

\_

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 6 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

A.G. Holley State Hospital	Provider Number:	0102610-00
1199 Lantana Rd. P.O. Box 3084	Date:	8/18/2014
Lantana FL 33465	Fiscal Year End:	6/30/2010
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

Χ

# **Rate Type :**

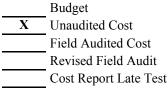
Interim

Total Interim

**Prospective** X Total Prospective

Settlement Based on Cost

**BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 9 Children's Medical Services Florida Hospital Association **AHCA - County Billings** Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Kindred Hosp North Fla	Provider Number:	0102679-00
801 Oak Street	Date:	8/18/2014
Green Cove Springs FL 32043	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audit
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 4 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

HealthSouth Rehab - Dothan 1736 East Main Street Dothan AL 36301

Provider Number:	0102687-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## **Rate Type :**

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget           X         Unaudited Cost
	Field Audited Cost
	Revised Field Audit Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

HealthSouth Rehabililation Hospital - Miami 20601 Old Cutler Road Miami FL 33188

Provider Number:	0102709-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$126.82	\$9.15	7/1/2014

# **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 11 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Brooks Rehabilitation Hospital 3599 University Blvd., S Jacksonville FL 32216

Provider Number:	0102717-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$44.01	\$46.42	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 4 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Healthsouth Emerald Coast Hospital 1847 Florida Avenue Panama City FL 32405

Provider Number:	0102750-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$44.32	\$47.48	7/1/2014

# **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 2 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Kindred Hospital-St. Petersburg 3030 6th Street, South St. Petersburg FL 33705

Provider Number:	0102768-00
Date:	8/18/2014
Fiscal Year End:	8/31/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

# Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 5 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Douglas Gardens HospitalProvider Number:0102776-005200 NE 2nd AvenueDate:8/18/2014Miami FL 33137Fiscal Year End:6/30/2013Audit Status:Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

# **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 11 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Physicians Regional Medical Center 6101 Pine Ridge Road Naples FL 34119

Provider Number:	0103144-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$107.84	<b>\$79.98</b>	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 8 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Physicians Regional Medical Center 6101 Pine Ridge Road Naples FL 34119

Provider Number:	0103144-01
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$107.84	<b>\$79.98</b>	7/1/2014

# Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget
	X Unaudited Cost
	Field Audited Cost Revised Field Audit
	Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 8 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

The Villages Regional Hospital 600 East Dixie Ave Leesburg FL 34748

Provider Number:	0103179-00
Date:	8/18/2014
Fiscal Year End:	6/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$65.05	\$56.46	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 3 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Wuesthoff Medical Center Melbourne 250 N. Wickham Road Melbourne FL 32935

Provider Number:	0103209-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$73.13	\$78.36	7/1/2014

# Rate Type :

-

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget
	X Unaudited Cost
	Field Audited Cost Revised Field Audit
	Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 7 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Sacred Heart Hospital on the Emerald Coast 7800 US Highway 98 West Destin FL 32550-7228

Provider Number:	0103233-00
Date:	8/18/2014
Fiscal Year End:	6/30/2012
Audit Status:	Unaudited Cost Report [1]
Rate Includes Buy Back	

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$104.45	\$106.64	7/1/2014

# **Rate Type :**

-

Interim	<b>X Prospective</b>
Total Interim Settlement Based on Cost	X Total Prospective
	<u>BASIS :</u>
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 1 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Sister Emmanuel Hospital	Provider Number:	0103284-00
3663 South Miami Ave, 4th Floor	Date:	8/18/2014
Miami FL 33133	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

# **Rate Type :**

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X       Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 11 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

### Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Miami 955 NW 3rd Street, 8th Floor Miami FL 33128

Provider Number:	0103373-00
Date:	8/18/2014
Fiscal Year End:	8/31/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## **Rate Type :**

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X       Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 11 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Select Specialty Hospital - Orlando 601 E Rollins Street Orlando FL 32803

Provider Number:	0103390-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

-

Interim	<u>x</u> Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget X Unaudited Cost
	Field Audited Cost Revised Field Audit Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 7 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Charlton Memorial Hospital Post Office Box 188 Folkston GA 31537

Provider Number:	0103411-00
Date:	8/18/2014
Fiscal Year End:	6/30/2012
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$145.01	\$153.66	7/1/2014

## **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Lakewood Ranch Medical Center 8330 Lakewood Ranch Boulevard Bradenton FL 34202

Provider Number:	0103420-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$96.15	\$103.03	7/1/2014

## Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget
	X Unaudited Cost
	Field Audited Cost Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 6 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Panama City 615 N Bonita Avenue Panama City FL 32401

Provider Number:	0103438-00
Date:	8/18/2014
Fiscal Year End:	7/31/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

-

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 2 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

Memorial Hospital Miramar 1901 SW 172nd Avenue Miramar FL 33029

Provider Number:	0103454-00	
Date:	8/18/2014	
Fiscal Year End:	4/30/2013	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$184.31	\$96.35	7/1/2014

## Rate Type :

\_

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 10 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

St. Cloud Regional Medical Center 2906 17th Street Saint Cloud FL 34769

Provider Number:	0103462-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$58.11	\$62.26	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 7 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Kindred Hospital Ocala 1500 SW 1st Avenue, 5th Floor Ocala FL 34474

Provider Number:	0103535-00
Date:	8/18/2014
Fiscal Year End:	5/31/2013
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Munaudited Cost
 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 3 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Doctors Hospital	Provider Number:	0103543-00
5000 University Drive	Date:	8/18/2014
Coral Gables FL 33146	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$167.48	\$179.44	7/1/2014

## Rate Type :

\_

Interim	X <u>Prospective</u>
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget X Unaudited Cost
	Field Audited Cost Revised Field Audit Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 11 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

Healthsouth Hospital of Spring Hill 12440 Cortez Boulrvard Brooksville FL 34613

Provider Number:	0103551-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$93.71	\$100.41	7/1/2014

## Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget       X     Unaudited Cost
	Field Audited Cost
	Revised Field Audit Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 3 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

Healthsouth Ridgelake Hospital 6150 Edgelake Drive Sarasota FL 34240

Provider Number:	0103560-00
Date:	8/18/2014
Fiscal Year End:	5/31/2013
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 8 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Pensacola 7000 Cobble Creek Drive Pensacola Fl 32504

Provider Number:	0103683-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audit
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 1 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

BayCare Alliant HospitalProvider Number:0103721-00601 Main Street, MS 469Date:8/18/2014Dunedin FL 34698Fiscal Year End:12/31/2012Audit Status:Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

# **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 5 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

St. Luke's-St. Vincent's Healthcare 4201 Belfort Road Jacksonville FL 32215

Provider Number:	0103730-00
Date:	8/18/2014
Fiscal Year End:	6/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$70.45	\$75.48	7/1/2014

## Rate Type :

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget           X         Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 4 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Tallahassee 1554 Surgeon's Drive Tallahassee FL 32308

Provider Number:	0103748-00
Date:	8/18/2014
Fiscal Year End:	2/28/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audit
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 2 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Palm Beach 3060 Melaleuca Lane Lake Worth FL 33461

Provider Number:	0103764-00
Date:	8/18/2014
Fiscal Year End:	11/30/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

<u>Interim</u>	<u>X</u> Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X         Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 9 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Select Speciality Hospital Gainesville 2708 SW Archer Road Gainesville FL 32608

Provider Number:	0103772-00
Date:	8/18/2014
Fiscal Year End:	7/31/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audit
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 3 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Northwest Medical CenterProvider Number:0104591-005801 North State Road 7Date:8/18/2014Margate FL 33063Fiscal Year End:12/31/2012Audit Status:Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$49.50	\$52.28	7/1/2014

## **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 10 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Palmetto General Hospital	Provider Number:	0104604-00
2001 West 68th St.	Date:	8/18/2014
Hialeah FL 33016	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$89.01	\$90.64	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

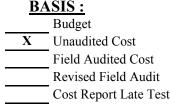
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

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<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 11 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Community Hospital of New Port Richey 5637 Marine Parkway New Port Richey FL 34652

Provider Number:	0105520-00
Date:	8/18/2014
Fiscal Year End:	6/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$38.88	\$41.66	7/1/2014
	DRG	DRG	

Χ

## **Rate Type :**

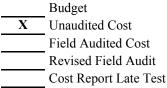
Interim

Total Interim

**Prospective** X Total Prospective

Settlement Based on Cost

### **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 5 Children's Medical Services Florida Hospital Association **AHCA** - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Specialty Hospital Jacksonville 4901 Richard Street Jacksonville FL 32207

Provider Number:	0106470-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 4 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Imperial Point Hospital	Provider Number:	0108219-00
1608 S.E. 3rd Avenue	Date:	8/18/2014
Ft. Lauderdale FL 33316	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$166.95	\$119.27	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

Total Interim

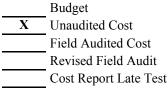
X Total Prospective

**X Prospective** 

Settlement Based on Cost

\_\_\_\_\_

#### BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 10 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Imperial Point Hospital	Provider Number:	0108219-05
1608 S.E. 3rd Avenue	Date:	8/18/2014
Ft. Lauderdale FL 33316	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]
	Rate	Includes Buy Back

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$166.95	\$119.27	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

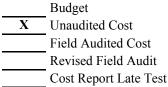
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

## BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 10 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Lake Butler Hospital 850 EAST MAIN ST. P.O.B. 748 Lake Butler FL 32954

Provider Number:	0108227-00	
Date:	8/18/2014	
Fiscal Year End:	12/31/2012	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$113.88	\$116.87	7/1/2014

## **Rate Type :**

Interim	<u>X</u> Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 3 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

North Florida Regional Medical Center P.O. Box NFR Gainesville FL 32602

Provider Number:	0108626-00
Date:	8/18/2014
Fiscal Year End:	2/28/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$92.20	\$98.80	7/1/2014

## Rate Type :

<u>Interim</u>	x Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 3 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Pasco Community HospitalProvider Number:0109592-0013100 Fort King RoadDate:8/18/2014Dade City FL 33525Fiscal Year End:9/30/2013Audit Status:Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$60.84	\$65.19	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Munaudited Cost
 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 5 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Coral Gables Hospital	Provider Number:	0109606-00
P.O. BOX 610	Date:	8/18/2014
Coral Gables FL 33134	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$120.62	\$120.23	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

Χ

## **Rate Type :**

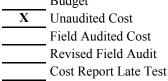
Interim

Total Interim

**Prospective** X Total Prospective

Settlement Based on Cost

**BASIS**: Budget



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 11 Children's Medical Services Florida Hospital Association **AHCA - County Billings** Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

Ocala Regional Medical Center	Provider Number:	0109886-00
1431 SW 1st Avenue Post Office Box 2200	Date:	8/18/2014
Ocala FL 32678	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$91.94	\$57.58	7/1/2014

## **Rate Type :**

\_

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget           X         Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 3 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

Blake Memorial HospitalProvider Number:0110213-002020 59th St. WestDate:8/18/2014Bradenton FL 33505Fiscal Year End:4/30/2013Audit Status:Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$119.97	\$69.27	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 6 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

Ft. Walton Beach Medical Center 1000 Mar-Walt Drive Ft. Walton FL 32547

Provider Number:	0111325-00
Date:	8/18/2014
Fiscal Year End:	5/31/2013
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$41.18	\$44.12	7/1/2014

## Rate Type :

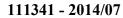
\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

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#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 1 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation





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#### Medicaid Reimbursement Rate Change Form

Gulf Coast Medical Center	Provider Number:	0111341-00
PO Box 151247	Date:	8/18/2014
Cape Coral FL 33915	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$115.78	\$85.46	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

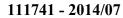
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#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 8 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation





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#### Medicaid Reimbursement Rate Change Form

Orange Park Medical CenterProvider Number:0111741-002001 Kingsley AvenueDate:8/18/2014Orange Park FL 32073Fiscal Year End:6/30/2013Audit Status:Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$74.65	\$79.99	7/1/2014

## **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

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#### **DISTRIBUTION:**

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#### Medicaid Reimbursement Rate Change Form

Westside Regional Medical Center 8201 West Broward Blvd. Plantation FL 33324

Provider Number:	0112305-00
Date:	8/18/2014
Fiscal Year End:	1/31/2013
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$49.88	\$50.86	7/1/2014

## **Rate Type :**

-

Interim	<u>X</u> <u>Prospective</u>
Total Interim Settlement Based on Cost	X Total Prospective
	<u>BASIS :</u>
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

Memorial Hospital Of Tampa 2901 Swann Avenue Tampa FL 33609-0409

Provider Number:	0112798-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$120.41	\$129.02	7/1/2014

## Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_\_ Cost Report Late Test

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#### Medicaid Reimbursement Rate Change Form

University Hospital	Provider Number:	0112801-00
7201 University Drive	Date:	8/18/2014
Tamarac FL 33321	Fiscal Year End:	4/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$56.23	\$60.25	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

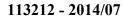
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#### Medicaid Reimbursement Rate Change Form

West Florida Hospital	Provider Number:	0113212-00
8383 North Davis Hwy.	Date:	8/18/2014
Pensacola FL 32514	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$60.22	\$64.53	7/1/2014

## Rate Type :

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

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Hospitals: Managed Care Contract Management Area Adm. 1 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

Putnam Community Hospital P.O. Drawer 778 Palatka FL 32007

Provider Number:	0113514-00	
Date:	8/18/2014	
Fiscal Year End:	2/28/2013	
Audit Status:	Unaudited Cost Report [1]	
Rate Includes Buy Back		

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$96.81	\$102.96	7/1/2014

## **Rate Type :**

-

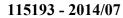
Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X       Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

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For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Northside Hospital	Provider Number:	0115193-00
6000 49th St. North	Date:	8/18/2014
St. Petersburg FL 33709	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$83.20	\$83.68	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

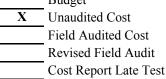
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

#### BASIS : Budget



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### Medicaid Reimbursement Rate Change Form

Anne Bates Leach Eye Hospital	Provider Number:	0116483-00
900 NW 17th St.	Date:	8/18/2014
Miami FL 33136	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$298.17	\$202.61	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

Total Interim

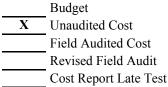
X Prospective

X Total Prospective

Settlement Based on Cost

\_\_\_\_\_

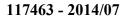
### BASIS :



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#### Medicaid Reimbursement Rate Change Form

Fawcett Memorial Hospital	Provider Number:	0117463-00
PO BOX 494960	Date:	8/18/2014
Port Charlotte FL 33952	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$74.60	\$79.93	7/1/2014

## **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

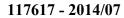
 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

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#### **DISTRIBUTION:**





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### Medicaid Reimbursement Rate Change Form

Gulf Coast Medical Center	Provider Number:	0117617-00
449 West 23rd Street	Date:	8/18/2014
Panama City FL 32405	Fiscal Year End:	1/31/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$76.72	\$71.42	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

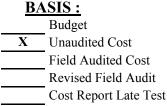
<u>Interim</u>

Total Interim

X Prospective

Settlement Based on Cost

X Total Prospective



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### Medicaid Reimbursement Rate Change Form

Brandon Regional Hospital	Provider Number:	0118079-00
119 Oakfield Drive	Date:	8/18/2014
Brandon FL 33511	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$77.58	\$84.21	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

Interim

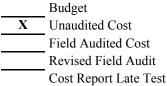
Total Interim

**X Prospective** 

X Total Prospective

Settlement Based on Cost

# **BASIS**:



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### Medicaid Reimbursement Rate Change Form

Lawnwood Regional Medical Center	Provider Number:	0119695-00	
P.O. Box 188	Date:	8/18/2014	
Ft Pierce FL 33450	Fiscal Year End:	9/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate Includes Buy Back		

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$87.16	\$90.02	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

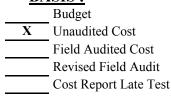
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

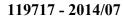
BASIS :



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#### Medicaid Reimbursement Rate Change Form

Cape Coral Hospital	Provider Number:	0119717-00
PO Box 151247	Date:	8/18/2014
Cape Coral FL 33915	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$105.96	\$61.64	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

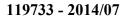
 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**





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#### Medicaid Reimbursement Rate Change Form

Venice Hospital	Provider Number:	0119733-00
540 THE RIALTO	Date:	8/18/2014
Venice FL 34285	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$51.94	\$55.65	7/1/2014

## Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

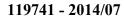
 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**





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#### Medicaid Reimbursement Rate Change Form

Largo Medical Center	Provider Number:	0119741-00	
201 14th St., SW	Date:	8/18/2014	
Largo FL 33540	Fiscal Year End:	2/28/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$90.33	\$89.23	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

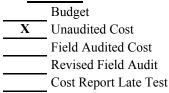
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

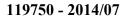
### **BASIS**:



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**





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#### Medicaid Reimbursement Rate Change Form

Raulerson Hospital	Provider Number:	0119750-00	
P.O.Box 1307	Date:	8/18/2014	
Okeechobee FL 34974	Fiscal Year End:	4/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$106.51	\$100.78	7/1/2014

## Rate Type :

Interim	<u>X</u> <u>Prospective</u>
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Lake City Medical CenterProvider Number:0119768-001050 N. Commerce BlvdDate:8/18/2014Lake City FL 32055Fiscal Year End:10/31/2013Audit Status:Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$86.66	\$84.81	7/1/2014

# **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

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#### Medicaid Reimbursement Rate Change Form

Florida State Hospital-Med Medicaid Billing Office Chattahoochee FL 32324

Provider Number:	0119784-00	
Date:	8/18/2014	
Fiscal Year End:	6/30/2013	
Audit Status:	Unaudited Cost Report [1]	

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient			7/1/2014

# **Rate Type :**

Interim	X <u>Prospective</u>
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget X Unaudited Cost
	Field Audited Cost Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Capital Regional Medical Center 2626 CAPITAL MEDICAL BLVD Tallahassee FL 32308

Provider Number:	0119806-00
Date:	8/18/2014
Fiscal Year End:	4/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$79.92	\$78.40	7/1/2014

## **Rate Type :**

\_

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget       X     Unaudited Cost
	Field Audited Cost
	Revised Field Audit Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

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#### Medicaid Reimbursement Rate Change Form

Town and Country HospitalProvider Number:0119849-006001 Webb RoadDate:8/18/2014Tampa FL 33615Fiscal Year End:12/31/2012Audit Status:Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$96.90	\$75.97	7/1/2014

# Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audit
 Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

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### Medicaid Reimbursement Rate Change Form

Regional Medical Center Bayonet Point 14000 FIVAY RD Hudson FL 34667

Provider Number:	0119881-00
Date:	8/18/2014
Fiscal Year End:	2/28/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$80.90	\$82.96	7/1/2014

# **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Kindred Hospital - Coral Gables	Provider Number:	0119938-00
5190 SW 8TH ST	Date:	8/18/2014
Coral Gables FL 33134	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

## Rate Type :

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X       Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

South Bay Hospital 4016 STATE RD 674 EAST Sun City Center FL 33570

Provider Number:	0119946-00
Date:	8/18/2014
Fiscal Year End:	8/31/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$107.74	\$75.97	7/1/2014

## **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Doctors Hospital Of Sarasota 5731 Bee Ridge Road Sarasota FL 34233

Provider Number:	0119954-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$69.66	\$74.64	7/1/2014

# Rate Type :

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget           X         Unaudited Cost
	Field Audited Cost Revised Field Audit
	Cost Report Late Test

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For Information Only (No Change In Rate)

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### Medicaid Reimbursement Rate Change Form

St. Lucie Medical Center	Provider Number:	0119971-00
1800 SE TIFFANY AVE.	Date:	8/18/2014
Port St Lucie FL 34952	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$81.69	\$81.88	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

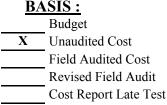
Total Interim

X Prospective

Settlement Based on Cost

X Total Prospective

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<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Seven Rivers Community Hospital 6201 N Suncoast Blvd. Crystal River FL 32629

Provider Number:	0119989-00
Date:	8/18/2014
Fiscal Year End:	5/31/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$68.70	\$64.57	7/1/2014

## **Rate Type :**

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Plantation General Hospital	Provider Number:	0120006-00
401 NW 42ND AVENUE	Date:	8/18/2014
Plantation FL 33317	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$79.04	\$70.23	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

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<u>1919 .</u>
Budget
Unaudited Cost
Field Audited Cost
Revised Field Audit
Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Plantation General Hospital	Provider Number:	0120006-01
401 NW 42ND AVENUE	Date:	8/18/2014
Plantation FL 33317	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$79.04	\$70.23	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

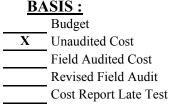
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

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<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Sebastian Hospital	Provider Number:	0120014-00
P.O. BOX 780838	Date:	8/18/2014
Sebastian FL 32978	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$68.15	\$73.03	7/1/2014

# Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audited Cost

 Cost Report Late Test
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

St. Catherine's Rehabilitation Hospital 1050 NE 125 ST North Miami FL 33161

Provider Number:	0120022-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

# Rate Type :

X Prospective
X Total Prospective
BASIS :
Budget
X Unaudited Cost
Field Audited Cost
Revised Field Audit
Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Healthsouth Larkin Hospital-Miami	Provider Number:	0120057-00
7031 SW 62 AVE.	Date:	8/18/2014
South Miami FL 33143	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$205.14	\$218.07	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

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# Rate Type :

**Interim** 

Total Interim

**Prospective** X Total Prospective

Settlement Based on Cost

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BA	<u>ASIS :</u>
	Budget
Х	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Oak Hill Hospital	Provider Number:	0120073-00
P.O. BOX 5300	Date:	8/18/2014
Spring Hill FL 33526	Fiscal Year End:	2/28/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$61.51	\$65.90	7/1/2014

## Rate Type :

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

Mease Hospital CountrysideProvider Number:0120081-0016331 BayVista DriveDate:8/18/2014Clearwater FL 33760Fiscal Year End:12/31/2012Audit Status:Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$72.37	\$75.58	7/1/2014

# **Rate Type :**

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audit
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Delray Comm. Hosp.	Provider Number:	0120090-00	
5352 Linton Blvd	Date:	8/18/2014	
Delray Beach FL 33445	Fiscal Year End:	12/31/2012	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$122.44	\$96.67	7/1/2014

## Rate Type :

-

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

St. Petersburg General Hospital	Provider Number:	0120103-00
6500 38TH AVE., NORTH	Date:	8/18/2014
St Petersburg FL 33710	Fiscal Year End:	4/30/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$87.84	\$95.11	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

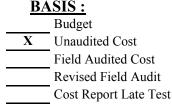
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

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<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Palms Of Pasadena Hospital 1501 Pasadena Ave. South Pasadena FL 33707

Provider Number:	0120111-00
Date:	8/18/2014
Fiscal Year End:	11/30/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$102.30	\$109.61	7/1/2014

# **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Kendall Medical Center	Provider Number:	0120138-00
11750 SW 40TH ST	Date:	8/18/2014
Miami FL 33175	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$83.98	\$83.22	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BA	<u>ASIS :</u>
	Budget
Х	Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

St Anthonys Hospital	Provider Number:	0120227-00
3001 W. ML King Blvd. Post Office Box 4227	Date:	8/18/2014
Tampa FL 33677-4227	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$134.23	\$136.96	7/1/2014
<b>Inpatient County Billing Rate</b>	DRG	DRG	7/1/2014

## **Rate Type :**

<u>Interim</u>

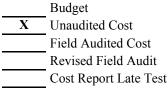
Total Interim

X Prospective

Settlement Based on Cost

X Total Prospective

### BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

W. Boca Med. Ctr.	Provider Number:	0120243-00
21644 STATE RD 7	Date:	8/18/2014
Boca Raton FL 33428	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$112.72	\$88.47	7/1/2014

# Rate Type :

-

Interim	<u>X</u> Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget X Unaudited Cost
	X       Onauthed Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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#### Medicaid Reimbursement Rate Change Form

Palms West Hospital	Provider Number:	0120260-00
P.O. BOX 1150	Date:	8/18/2014
Loxahatchee FL 33470	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited Cost Report [1]

## **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$128.40	\$89.26	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

# **Rate Type :**

<u>Interim</u>

Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

BASIS : Budget

X Unaudited Cost Field Audited Cost Revised Field Audit Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

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#### Medicaid Reimbursement Rate Change Form

HealthSouth Rehabiliation Hospital-Sunrise 4399 NOB HILL RD Ft Lauderdale FL 33351

Provider Number:	0120278-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$45.37	\$36.77	7/1/2014

# Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audit
 Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Jupiter HospitalProvider Number:0120294-001210 S Old Dixie HighwayDate:8/18/2014Jupiter FL 33458Fiscal Year End:9/30/2013Audit Status:Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$107.36	\$76.85	7/1/2014

## **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**



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### Medicaid Reimbursement Rate Change Form

Columbia Hospital	Provider Number:	0120308-00
2201 45TH ST	Date:	8/18/2014
West Palm Beach FL 33407	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]

### **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$122.86	\$83.11	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

### **Rate Type :**

<u>Interim</u>

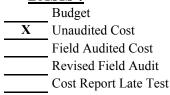
Total Interim

**X Prospective** 

Settlement Based on Cost

X Total Prospective

**BASIS**:



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 9 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

H L Moffitt Cancer Center	Provider Number:	0120324-00
12902 Magnolia Drive	Date:	8/18/2014
Tampa FL 33612-9497	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]

### **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$519.72	\$335.97	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

### **Rate Type :**

<u>Interim</u>

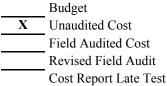
Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost

# BASIS :



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 6 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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

#### Medicaid Reimbursement Rate Change Form

H L Moffitt Cancer Center	Provider Number:	0120324-02
12902 Magnolia Drive	Date:	8/18/2014
Tampa FL 33612-9497	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]

### **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$519.72	\$335.97	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

### **Rate Type :**

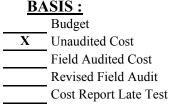
<u>Interim</u>

Total Interim

X Total Prospective

**X Prospective** 

Settlement Based on Cost



<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 6 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

HealthSouth Rehabiliation Hospital-Tallahassee 1675 RIGGINS RD Tallahassee FL 32308

Provider Number:	0120332-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$61.13	\$65.51	7/1/2014

# **Rate Type :**

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 2 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital-Treasure Coast 1600 37TH ST Vero Beach FL 32960

Provider Number:	0120341-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$41.01	\$43.95	7/1/2014

# Rate Type :

\_\_\_\_\_\_ Interim \_\_\_\_\_\_ X Prospective \_\_\_\_\_\_ Total Interim \_\_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Budget \_\_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 9 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

Aventura Hospital & Medical Center 20900 Biscayne Blvd Miami FL 33180

Provider Number:	0120375-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$37.26	\$39.92	7/1/2014

# Rate Type :

\_\_\_\_\_ Interim \_\_\_\_\_ X Prospective \_\_\_\_\_ Total Interim \_\_\_\_\_ X Total Prospective Settlement Based on Cost \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Budget \_\_\_\_\_\_ Unaudited Cost \_\_\_\_\_\_ Field Audited Cost \_\_\_\_\_\_ Revised Field Audit \_\_\_\_\_\_ Cost Report Late Test

> <u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 11 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

HealthSouth Rehabiliation Hospital Sarasota 3660 Grandview Parkway #200 Birmingham AL 35243

Provider Number:	0120383-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$14.66	\$9.15	7/1/2014

# Rate Type :

 Interim
 X
 Prospective

 Total Interim
 X
 Total Prospective

 Settlement Based on Cost
 BASIS :
 Budget

 Budget
 X
 Unaudited Cost

 Field Audited Cost
 Field Audit
 Cost Report Late Test

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 8 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

Coral Springs Medical Center	Provider Number:	0120405-00	
303 South East 17th St.	Date:	8/18/2014	
Ft. Lauderdale FL 33316	Fiscal Year End:	6/30/2013	
	Audit Status:	Unaudited Cost Report [1]	
	Rate	Rate Includes Buy Back	

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$141.51	\$99.64	7/1/2014
Inpatient County Billing Rate	DRG	DRG	7/1/2014

### **Rate Type :**

Interim

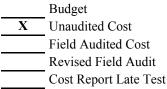
**X Prospective** 

Total Interim

X Total Prospective

Settlement Based on Cost

### **BASIS**:



W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 10 Children's Medical Services Florida Hospital Association **AHCA - County Billings** Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

Bartow Memorial Hospital	Provider Number:	0120413-00
2200 Osprey Blvd Post Office Box 1050	Date:	8/18/2014
Bartow FL 33830	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$76.76	\$53.92	7/1/2014

### Rate Type :

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 6 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

HealthSouth Rehabiliation Hospital-Sea Pines 101 E Florida Ave. Melbourne FL 32901

Provider Number:	0120421-00
Date:	8/18/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient	\$88.33	\$33.12	7/1/2014

# **Rate Type :**

Interim	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 7 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

North Dade Health Center 1611 N.W. 12th Avenue Miami FL 33136-

Provider Number:	0140422-00
Date:	8/18/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited Cost Report [1]

### **Provider Type :**

<u>HOSPITAL</u>	Current Rate	New Rate	Effective Date
Inpatient			7/1/2014
Outpatient	\$291.08	\$204.60	7/1/2014

### **Rate Type :**

\_

Interim	<u>X</u> <u>Prospective</u>
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost

<u>W. Rydell Samuel or Chanda Farcas</u> Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

Revised Field Audit Cost Report Late Test

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 11 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

Florida State Hospital	Provider Number:	0260011-00
Building 260	Date:	8/18/2014
Chattahoochee FL 32324	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		\$709.65	7/1/2014
Outpatient			7/1/2014

# Rate Type :

Interim	X <u>Prospective</u>
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 2 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

Northeast Florida State Hospital HWY 121 SOUTH Macclenny FL 32063

Provider Number:	0260029-00
Date:	8/18/2014
Fiscal Year End:	6/30/2013
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		\$251.48	7/1/2014
Outpatient			7/1/2014

# **Rate Type :**

<u>Interim</u>	<u>X</u> Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X       Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 4 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

So. Fla. State Hosp	Provider Number:	0260045-00
800 East Cypress Dr	Date:	8/18/2014
Pembroke Pines FL 33025	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		\$192.96	7/1/2014
Outpatient			7/1/2014

### **Rate Type :**

Interim	X <u>Prospective</u>
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS : Budget X Unaudited Cost Field Audited Cost
	Revised Field Audit Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 10 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

W. Fla. Comm. Care	Provider Number:	0260053-00
5500 Stewart St.	Date:	8/18/2014
Milton FL 32570	Fiscal Year End:	6/30/2010
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		\$205.71	7/1/2014
Outpatient			7/1/2014

### **Rate Type :**

<u>Interim</u>	X <u>Prospective</u>
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :         Budget         X       Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. 1 Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

University of South Alabama Medical Center	Provider Number:	102814-00
1504 Springhill Ave Suite #3170	Date:	8/18/2014
Mobile AL 36604	Fiscal Year End:	9/30/2012
	Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient		\$82.79	7/1/2014

# **Rate Type :**

<u>Interim</u>	<u>X</u> Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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#### Medicaid Reimbursement Rate Change Form

Infirmary West	Provider Number:	102814-02
5600 Girby Road	Date:	8/18/2014
Mobile AL 36693	Fiscal Year End:	3/31/2000
	Audit Status:	Interim Budget [4]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient		\$15.19	7/1/2014

### Rate Type :

<u>X</u> Interim	<u>Prospective</u>
Total Interim           X         Settlement Based on Cost	Total Prospective
	BASIS :         X       Budget         Unaudited Cost         Field Audited Cost         Revised Field Audit         Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation



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### Medicaid Reimbursement Rate Change Form

U.S.A Children's & Women's Hospital 1504 Springhill Ave #3170 Mobile AL 36604

Provider Number:	102814-01
Date:	8/18/2014
Fiscal Year End:	9/30/2012
Audit Status:	Unaudited Cost Report [1]

# **Provider Type :**

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient		DRG	7/1/2014
Outpatient		\$131.55	7/1/2014

# **Rate Type :**

-

<u>Interim</u>	X Prospective
Total Interim Settlement Based on Cost	X Total Prospective
	BASIS :
	Budget
	X Unaudited Cost
	Field Audited Cost
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Chanda Farcas Medicaid Cost Reimbursement Analysis

For Information Only (No Change In Rate)

#### **DISTRIBUTION:**

Hospitals: Managed Care Contract Management Area Adm. Children's Medical Services Florida Hospital Association AHCA - County Billings Vocational Rehabilitation