



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

004170 - 2011/01

1,009.77 / 17.05

Kindred Hospital The Palm Beaches

Type of Control: Proprietary(1)  
 Fiscal Year : 6/1/2009-5/31/2010  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)  
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,332,406.00	84,553.00	7,646.00	0	Total Bed Days	25,550
2. Routine	10,019,053.00		18,944.00		Total Inpatient Days	12,490
3. Special Care	3,227,926.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	18
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,862
7. Malpractice					Prospective Inflation factor	1.0400649702
8. Adjustments	-297,373.20	-1,221.80	-384.23	0.00	Medicaid Paid Claims	0
9. Total Cost	20,282,011.80	83,331.20	26,205.77	0.00	Property Rate Allowance	0.80
10. Charges	\$65,246,519.00	\$752,946.00	\$52,567.00	0.00	First Semester in effect:	2008/07
11. Fixed Costs	3,180,862.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,389.17	0.00	County Ceiling Base	972.65	NA	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,369.19	NA	Cost Report DRI Index	1.847
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

Rate Calculations			
Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	20,282,011.80	
AB	Total Fixed Costs	(-) 3,180,862.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	17,101,149.80	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	17,786,306.86	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	12,490	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,424.04	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,385.58	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,385.58	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	984.29	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	203.74	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,188.03	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$65,246,519.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,223.90	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,433.20	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$1,188.03	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$178.26	\$2.48
AV	Final Prospective Rates	\$1,009.77	\$17.05

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



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

009496 - 2011/01

811.69 / 17.05

UCHLTACH at Connerton

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

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

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	0.00	0.00	Total Bed Days	0
2. Routine	7,274,672.00		243,100.00		Total Inpatient Days	4,964
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	149
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	150,000.00	0.00	4,502.42	0.00	Prospective Inflation factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	7,424,672.00	0.00	247,602.42	0.00	Property Rate Allowance	0.80
10. Charges	\$15,251,119.00	\$0.00	\$457,534.00	0.00	First Semester in effect:	2009/01
11. Fixed Costs	828,665.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,381.83		0.00	County Ceiling Base	811.72	NA
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,611.49	213.89	FPLI	0.9616

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	7,424,672.00	
AB	Total Fixed Costs	(-) 828,665.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,596,007.00	
AE	Variable Operating Cost - NOT Inflated due to Interim status	6,596,007.00	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	4,964	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,328.77	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,328.77	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,611.49	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	821.44	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	821.44	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	821.44	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	133.55	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	954.99	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$15,251,119.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,072.34	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,072.34	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$954.99	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$143.30	\$2.48
AV	Final Prospective Rates	\$811.69	\$17.05

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



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

016815 - 2011/01

1,403.37 / 17.05

Kindred Hospital Melbourne

Type of Control: Proprietary(1)  
 Fiscal Year : 1/13/2010-7/31/2010  
 Hospital Classification: General

Type of Action: Interim Budget [4]

County: Brevard (5)  
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,962,745.00	0.00	172,777.00	0	Total Bed Days	21,900
2. Routine	2,651,150.00		155,240.00		Total Inpatient Days	1,769
3. Special Care	1,607,960.00		207,926.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	120
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	731
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	6,221,855.00	0.00	535,943.00	0.00	Property Rate Allowance	0.80
10. Charges	\$7,782,912.00	\$0.00	\$593,727.00	0.00	First Semester in effect:	2009/07
11. Fixed Costs	1,589,643.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,809.60		0.00	County Ceiling Base	921.20	NA
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.882
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,561.88	207.30	FPLI	0.9320

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,221,855.00	
AB	Total Fixed Costs	(-) 1,589,643.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	4,632,212.00	
AE	Variable Operating Cost - NOT Inflated due to Interim status	4,632,212.00	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		1,769
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,618.55	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,618.55	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,561.88	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	932.23	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	932.23	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	932.23	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	718.89	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,651.12	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$7,782,912.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,399.61	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	4,399.61	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (I)	\$1,651.12	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$247.75	\$2.48
AV	Final Prospective Rates	\$1,403.37	\$17.05

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



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1,2011 through June 30, 2011

020127 - 2011/01

941.77 / 176.77

Sacred Heart Hospital on the Gulf

Type of Control: Proprietary(1)  
 Fiscal Year : 7/10/2010-6/30/2011  
 Hospital Classification: General

Type of Action: Interim Budget [4]

County: Gulf (23)  
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	7,864,917.00	0.00	316,412	Total Bed Days	0
2. Routine	3,908,500.00		302,397.00		Total Inpatient Days	3,077
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	238
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,245
9. Total Cost	3,908,500.00	7,864,917.00	302,397.00	316,412.00	Property Rate Allowance	0.80
10. Charges	\$11,485,453.00	\$23,111,715.00	\$888,620.00	929,820.00	First Semester in effect:	2010/01
11. Fixed Costs	2,500,000.00		193,422.93		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	503.04	279.22	County Ceiling Base	Exempt	Exempt	Semester DRI Index 1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 1.910
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,525.35	202.46	FPLI 0.9102

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	302,397.00	316,412.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 193,422.93	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	108,974.07	316,412.00
AE	Variable Operating Cost - NOT Inflated due to Interim status	108,974.07	316,412.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	238	1,245
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	457.87	254.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	457.87	254.15
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9102) for Gulf county	1,525.35	202.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	9999	0.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,525.35	202.46
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	457.87	202.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	650.16	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,108.03	202.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$888,620.00	929,820.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,733.70	746.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,733.70	746.84
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,108.03	\$202.46
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$166.26	\$25.69
AV	Final Prospective Rates	\$941.77	\$176.77





Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

100030 - 2011/01

2,386.97 / 246.24

Shands Teaching Hospital

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

Fiscal Year : 7/1/2008-6/30/2009

Type of Action: Unaudited Cost Report [1]

County: Alachua (1)

District: 3

Hospital Classification: Specialized: Statutory Teaching

: Rate Includes Buy Back

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	429,957,687.00	201,148,011.00	71,309,770.00	27,793,948	Total Bed Days	315,795
2. Routine	169,713,866.00		31,875,094.00		Total Inpatient Days	248,139
3. Special Care	91,886,639.00		8,754,532.00		Total Newborn Days	22,763
4. Newborn Routine	18,170,724.00		13,599,262.00		Medicaid Inpatient Days	42,223
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	12,523
6. Home Health					Medicare Inpatient Days	89,980
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-8,969,371.24	-2,542,056.76	-1,586,525.23	-351,252.76	Medicaid Paid Claims	119,939
9. Total Cost	700,759,544.76	198,605,954.24	123,952,132.77	27,442,695.24	Property Rate Allowance	0.80
10. Charges	1,694,121,700.00	\$693,605,151.00	284,012,065.00	84,988,899.00	First Semester in effect:	2010/07
11. Fixed Costs	58,720,210.00		9,844,185.40		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,544.09	279.28	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,477.59	196.12	FPLI	0.8817
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	123,952,132.77	27,442,695.24
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 9,844,185.40	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	114,107,947.37	27,442,695.24
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	122,801,886.22	29,533,567.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	54,746	119,939
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,243.12	246.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,243.12	246.24
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,243.12	246.24
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	143.85	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,386.97	246.24
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$284,012,065.00	84,988,899.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,187.81	708.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,583.07	762.59
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,386.97	\$246.24
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,386.97	\$246.24



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100030 - 2011/01**

**1,345.55 / 129.36**

## County Billing ONLY

**Shands Teaching Hospital**

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

Fiscal Year : 7/1/2008-6/30/2009

Type of Action: Unaudited Cost Report [1]

County: Alachua (1)

District: 3

Hospital Classification: Specialized: Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	429,957,687.00	201,148,011.00	71,309,770.00	27,793,948	Total Bed Days	315,795
2. Routine	169,713,866.00		31,875,094.00		Total Inpatient Days	248,139
3. Special Care	91,886,639.00		8,754,532.00		Total Newborn Days	22,763
4. Newborn Routine	18,170,724.00		13,599,262.00		Medicaid Inpatient Days	42,223
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	12,523
6. Home Health					Medicare Inpatient Days	89,980
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-8,969,371.24	-2,542,056.76	-1,586,525.23	-351,252.76	Medicaid Paid Claims	119,939
9. Total Cost	700,759,544.76	198,605,954.24	123,952,132.77	27,442,695.24	Property Rate Allowance	0.80
10. Charges	1,694,121,700.00	\$693,605,151.00	284,012,065.00	84,988,899.00	First Semester in effect:	2010/07
11. Fixed Costs		58,720,210.00		9,844,185.40	Last Rate Semester in Effect:	2011/01

Ceiling and Target Information								
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	2,544.09		279.28	Exempt	145.58	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,422.22	210.44	Cost Report DRI Index	1.785	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,477.59	196.12	FPLI	0.8817	

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	123,952,132.77	27,442,695.24
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 9,844,185.40	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	114,107,947.37	27,442,695.24
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	122,801,886.22	29,533,567.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	54,746	119,939
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,243.12	246.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,439.24	214.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,439.24	214.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county	Exempt	196.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	148.16
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	148.16
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,439.24	148.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	143.85	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,583.09	148.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$284,012,065.00	84,988,899.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,187.81	708.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,583.07	762.59
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,583.09	\$148.16
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$237.54	\$18.80
AV	Final Prospective Rates	\$1,345.55	\$129.36



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

100048 - 2011/01

14,567.96 / 106.66

Ed Fraser Memorial Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Baker (2)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	120,366.00	8,561,048.00	0.00	1,065,736	Total Bed Days	8,760
2. Routine	1,241,584.00		14,271.00		Total Inpatient Days	43
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	24
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	10,741
9. Total Cost	1,361,950.00	8,561,048.00	14,271.00	1,065,736.00	Property Rate Allowance	1.00
10. Charges	\$587,745.00	\$29,655,024.00	\$0.00	3,154,193.00	First Semester in effect:	2011/01
11. Fixed Costs	1,204,091.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	4,138.01		111.84	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,598.25	212.13	FPLI	0.9537

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,361,950.00	1,065,736.00
AB	Total Fixed Costs	(-) 1,204,091.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	157,859.00	1,065,736.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	169,696.22	1,145,651.29
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	43	10,741
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	3,946.42	106.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	3,946.42	106.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9537) for Baker county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	3,946.42	106.66
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	28,002.12	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	31,948.54	106.66
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$587,745.00	3,154,193.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	13,668.49	293.66
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	14,693.43	315.68
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$14,693.43	\$106.66
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$125.47	\$0.00
AV	Final Prospective Rates	\$14,567.96	\$106.66



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100064 - 2011/01**

**1,417.07 / 131.16**

## Bay Medical Center

Type of Control: Government (4)

Fiscal Year: 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,220,661.00	57,700,192.00	9,335,284.00	5,951,744	Total Bed Days	150,745
2. Routine	43,924,952.00		7,098,632.00		Total Inpatient Days	84,936
3. Special Care	22,497,652.00		1,730,999.00		Total Newborn Days	854
4. Newborn Routine	560,928.00		340,233.00		Medicaid Inpatient Days	13,254
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	8
6. Home Health					Medicare Inpatient Days	47,794
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,730,126.60	-772,642.40	-247,795.74	-79,697.65	Medicaid Paid Claims	48,127
9. Total Cost	127,474,066.40	56,927,549.60	18,257,352.26	5,872,046.35	Property Rate Allowance	0.80
10. Charges	\$466,492,183.00	\$348,648,456.00	\$64,232,343.00	35,480,271.00	First Semester in effect:	2010/07
11. Fixed Costs	22,006,980.00		3,030,189.87		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,377.70	146.40	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,501.38	199.28	FPLI	0.8959
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,257,352.26	5,872,046.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,030,189.87	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,227,162.39	5,872,046.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,368,986.54	6,312,367.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,262	48,127
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,234.28	131.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,234.28	131.16
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,234.28	131.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	182.79	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,417.07	131.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$64,232,343.00	35,480,271.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,843.34	737.22
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,206.52	792.50
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,417.07	\$131.16
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,417.07	\$131.16



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100064 - 2011/01**

**816.06 / 93.83**

## County Billing ONLY

**Bay Medical Center**

Type of Control: Government (4)

Fiscal Year: 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,220,661.00	57,700,192.00	9,335,284.00	5,951,744	Total Bed Days	150,745
2. Routine	43,924,952.00		7,098,632.00		Total Inpatient Days	84,936
3. Special Care	22,497,652.00		1,730,999.00		Total Newborn Days	854
4. Newborn Routine	560,928.00		340,233.00		Medicaid Inpatient Days	13,254
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	8
6. Home Health					Medicare Inpatient Days	47,794
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,730,126.60	-772,642.40	-247,795.74	-79,697.65	Medicaid Paid Claims	48,127
9. Total Cost	127,474,066.40	56,927,549.60	18,257,352.26	5,872,046.35	Property Rate Allowance	0.80
10. Charges	\$466,492,183.00	\$348,648,456.00	\$64,232,343.00	35,480,271.00	First Semester in effect:	2010/07
11. Fixed Costs	22,006,980.00		3,030,189.87		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,377.70		146.40	884.19	147.73	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	768.14	105.60	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,501.38	199.28	FPLI	0.8959

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,257,352.26	5,872,046.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,030,189.87	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,227,162.39	5,872,046.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,368,986.54	6,312,367.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,262	48,127
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,234.28	131.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	777.33	107.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	777.33	107.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	1,501.38	199.28
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	894.77	150.35
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	894.77	150.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	777.33	107.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	182.79	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	960.12	107.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$64,232,343.00	35,480,271.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,843.34	737.22
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,206.52	792.50
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$960.12	\$107.47
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$144.06	\$13.64
AV	Final Prospective Rates	\$816.06	\$93.83



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100072 - 2011/01**

**1,897.99 / 112.25**

### Shands at Starke

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

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Bradford (4)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,737,582.00	11,166,157.00	330,103.00	1,789,199	Total Bed Days	9,125
2. Routine	4,022,252.00		264,680.00		Total Inpatient Days	3,998
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	324
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,317
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-93,355.59	-154,208.41	-8,214.15	-24,709.44	Medicaid Paid Claims	16,917
9. Total Cost	6,666,478.41	11,011,948.59	586,568.85	1,764,489.56	Property Rate Allowance	1.00
10. Charges	\$15,439,635.00	\$37,820,007.00	\$1,482,636.00	5,840,126.00	First Semester in effect:	2010/07
11. Fixed Costs	1,505,408.00		144,561.20		Last Rate Semester in Effect:	2011/01

#### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,640.95		125.46	Variable Cost Base	Exempt	Exempt
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,499.37	199.01	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712				FPLI	0.8947

#### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	586,568.85	1,764,489.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 144,561.20	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	442,007.65	1,764,489.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	475,684.43	1,898,926.86
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	324	16,917
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,468.16	112.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,468.16	112.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8947) for Bradford county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,468.16	112.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	446.18	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,914.34	112.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,482,636.00	5,840,126.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,576.04	345.22
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,924.69	371.52
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,914.34	\$112.25
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$16.35	\$0.00
AV	Final Prospective Rates	\$1,897.99	\$112.25



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100081 - 2011/01**

**1,825.56 / 170.92**

## Holmes Regional Medical Center

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	160,178,960.00	126,550,999.00	11,955,307.00	7,438,952	Total Bed Days	213,558
2. Routine	131,910,889.00		8,276,312.00		Total Inpatient Days	155,531
3. Special Care	27,017,965.00		961,201.00		Total Newborn Days	7,652
4. Newborn Routine	4,910,370.00		2,115,076.00		Medicaid Inpatient Days	11,149
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	138
6. Home Health					Medicare Inpatient Days	65,768
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-4,487,427.35	-1,752,643.65	-322,798.21	-103,024.33	Medicaid Paid Claims	40,781
9. Total Cost	319,530,756.65	124,798,355.35	22,985,097.79	7,335,927.67	Property Rate Allowance	0.80
10. Charges	1,070,019,932.00	\$682,178,769.00	\$71,694,380.00	31,798,150.00	First Semester in effect:	2010/07
11. Fixed Costs	46,798,561.00		3,135,636.74		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	1.9210
1. Normalized Rate	2,028.41	207.48	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,561.88	207.30	FPLI	0.9320
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	22,985,097.79	7,335,927.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,135,636.74	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	19,849,461.05	7,335,927.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	21,337,892.93	7,886,019.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,287	40,781
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,890.48	193.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,890.48	193.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,890.48	193.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	222.25	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,112.73	193.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$71,694,380.00	31,798,150.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,351.94	779.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,828.25	838.20
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,112.73	\$193.37
AU	Medicaid Trend Adjustment IP% : 13.592 OP% : 11.610	\$287.17	\$22.45
AV	Final Prospective Rates	\$1,825.56	\$170.92



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100081 - 2011/01**

**981.25 / 107.05**

## County Billing ONLY

**Holmes Regional Medical Center**

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	160,178,960.00	126,550,999.00	11,955,307.00	7,438,952	Total Bed Days	213,558
2. Routine	131,910,889.00		8,276,312.00		Total Inpatient Days	155,531
3. Special Care	27,017,965.00		961,201.00		Total Newborn Days	7,652
4. Newborn Routine	4,910,370.00		2,115,076.00		Medicaid Inpatient Days	11,149
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	138
6. Home Health					Medicare Inpatient Days	65,768
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-4,487,427.35	-1,752,643.65	-322,798.21	-103,024.33	Medicaid Paid Claims	40,781
9. Total Cost	319,530,756.65	124,798,355.35	22,985,097.79	7,335,927.67	Property Rate Allowance	0.80
10. Charges	1,070,019,932.00	\$682,178,769.00	\$71,694,380.00	31,798,150.00	First Semester in effect:	2010/07
11. Fixed Costs	46,798,561.00		3,135,636.74		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	2,028.41	207.48	921.20	164.14	1.9210	Cost Report DRI Index	1.787
2. Base Rate Semester	2010/01	2010/07	943.75	120.47	2008	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	0.9320	FPLI	0.9320
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,561.88	207.30			

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	22,985,097.79	7,335,927.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,135,636.74	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	19,849,461.05	7,335,927.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	21,337,892.93	7,886,019.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,287	40,781
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,890.48	193.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	955.05	122.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	955.05	122.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,561.88	207.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	932.23	167.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	932.23	167.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	932.23	122.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	222.25	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,154.48	122.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$71,694,380.00	31,798,150.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,351.94	779.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,828.25	838.20
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,154.48	\$122.60
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$173.23	\$15.55
AV	Final Prospective Rates	\$981.25	\$107.05





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

100099 - 2011/01
952.19 / 114.28

## Cape Canaveral Hospital

Type of Control: Non-Profit (Other) (3)  
 Fiscal Year : 10/1/2008-9/30/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)  
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,973,021.00	45,307,256.00	2,367,665.00	1,124,022	Total Bed Days	54,750
2. Routine	32,296,173.00		1,656,041.00		Total Inpatient Days	27,965
3. Special Care	5,239,897.00		170,675.00		Total Newborn Days	1,757
4. Newborn Routine	1,201,050.00		425,187.00		Medicaid Inpatient Days	1,694
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	6
6. Home Health					Medicare Inpatient Days	12,081
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-803,994.07	-537,980.93	-54,853.01	-13,346.70	Medicaid Paid Claims	6,652
9. Total Cost	66,906,146.93	44,769,275.07	4,564,714.99	1,110,675.30	Property Rate Allowance	0.80
10. Charges	\$169,060,850.00	\$218,895,181.00	\$8,810,075.00	4,213,268.00	First Semester in effect:	2010/07
11. Fixed Costs	15,327,091.00		798,723.19		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,555.16		192.59	921.20	164.14	Semester DRJ Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	735.62	128.61	Cost Report DRJ Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,561.88	207.30	FPLI	0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,564,714.99	1,110,675.30
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 798,723.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,765,991.80	1,110,675.30
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,048,388.50	1,193,960.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,700	6,652
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,381.41	179.49
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	744.42	130.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	744.42	130.89
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,561.88	207.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	932.23	167.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	932.23	167.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	744.42	130.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	375.87	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,120.29	130.89
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,810,075.00	4,213,268.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,182.40	633.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,571.01	680.87
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,120.29	\$130.89
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$168.10	\$16.61
AV	Final Prospective Rates	\$952.19	\$114.28



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100102 - 2011/01**

**1,771.80 / 93.18**

## Parrish Medical Center

Type of Control: Government (4)

Fiscal Year: 10/1/2008-9/30/2009

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,661,810.00	64,917,330.00	2,335,373.00	2,274,239.00	Total Bed Days	76,650
2. Routine	39,011,983.00		3,376,714.00		Total Inpatient Days	38,916
3. Special Care	5,734,853.00		0.00		Total Newborn Days	1,555
4. Newborn Routine	1,157,748.00		652,953.00		Medicaid Inpatient Days	3,546
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	58
6. Home Health					Medicare Inpatient Days	19,504
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,029,228.26	-896,043.74	-87,855.65	-31,390.96	Medicaid Paid Claims	25,874
9. Total Cost	73,537,165.74	64,021,286.26	6,277,184.35	2,242,848.04	Property Rate Allowance	0.80
10. Charges	\$167,808,534.00	\$305,605,514.00	\$12,256,420.00	9,749,449.00	First Semester in effect:	2010/07
11. Fixed Costs	18,038,996.00		1,317,534.37		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,587.27	99.98	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,561.88	207.30	FPLI	0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,277,184.35	2,242,848.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,317,534.37	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,959,649.98	2,242,848.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,331,554.34	2,411,030.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,604	25,874
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,479.34	93.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,479.34	93.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,479.34	93.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	292.46	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,771.80	93.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$12,256,420.00	9,749,449.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,400.78	376.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,655.79	405.05
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,771.80	\$93.18
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,771.80	\$93.18



# Florida Agency For Health Care Administration

**100102 - 2011/01**

Office of Medicaid Cost Reimbursement Planning and Analysis

895.98 / 80.90

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

## County Billing ONLY

**Parrish Medical Center**

Type of Control: Government (4)

County: Brevard (5)

Fiscal Year : 10/1/2008-9/30/2009

Type of Action: Unaudited Cost Report [1]

District: 7

Hospital Classification: Special-Public

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	28,661,810.00	64,917,330.00	2,335,373.00	2,274,239	Total Bed Days	76,650
2. Routine	39,011,983.00		3,376,714.00		Total Inpatient Days	38,916
3. Special Care	5,734,853.00		0.00		Total Newborn Days	1,555
4. Newborn Routine	1,157,748.00		652,953.00		Medicaid Inpatient Days	3,546
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	58
6. Home Health					Medicare Inpatient Days	19,504
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,029,228.26	-896,043.74	-87,855.65	-31,390.96	Medicaid Paid Claims	25,874
9. Total Cost	73,537,165.74	64,021,286.26	6,277,184.35	2,242,848.04	Property Rate Allowance	0.80
10. Charges	\$167,808,534.00	\$305,605,514.00	\$12,256,420.00	9,749,449.00	First Semester in effect:	2010/07
11. Fixed Costs	18,038,996.00		1,317,534.37		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,587.27	99.98	921.20	164.14		Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	752.69	91.05		FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43		FPLI	0.9320
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,561.88	207.30			

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,277,184.35	2,242,848.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,317,534.37	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,959,649.98	2,242,848.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,331,554.34	2,411,030.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,604	25,874
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,479.34	93.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	761.70	92.66
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	761.70	92.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,561.88	207.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	932.23	167.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	932.23	167.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	761.70	92.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	292.46	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,054.16	92.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$12,256,420.00	9,749,449.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,400.78	376.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,655.79	405.05
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,054.16	\$92.66
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$158.18	\$11.76
AV	Final Prospective Rates	\$895.98	\$80.90



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100111 - 2011/01**

773.46 / 84.72

## Wuesthoff Memorial Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,528,543.00	39,731,534.00	3,253,959.00	1,920,409	Total Bed Days	106,215
2. Routine	23,984,249.00		1,164,199.00		Total Inpatient Days	61,549
3. Special Care	12,704,336.00		949,170.00		Total Newborn Days	1,300
4. Newborn Routine	243,859.00		238,039.00		Medicaid Inpatient Days	3,795
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	388
6. Home Health					Medicare Inpatient Days	31,056
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,131,436.22	-558,701.78	-78,822.24	-27,004.64	Medicaid Paid Claims	16,973
9. Total Cost	79,329,550.78	39,172,832.22	5,526,544.76	1,893,404.36	Property Rate Allowance	0.80
10. Charges	\$301,955,756.00	\$227,486,291.00	\$16,502,438.00	13,025,224.00	First Semester in effect:	2010/07
11. Fixed Costs	6,229,010.00		340,426.86		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,430.02		128.67	921.20	164.14	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	834.91	95.34	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,561.88	207.30	FPLI	0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,526,544.76	1,893,404.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 340,426.86	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,186,117.90	1,893,404.36
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,575,004.18	2,035,383.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,183	16,973
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,332.78	119.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	844.90	97.03
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	844.90	97.03
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,561.88	207.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	932.23	167.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	932.23	167.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	844.90	97.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	65.11	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	910.01	97.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,502,438.00	13,025,224.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,945.12	767.41
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,240.95	824.96
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$910.01	\$97.03
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$136.55	\$12.31
AV	Final Prospective Rates	\$773.46	\$84.72



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

100129 - 2011/01

1,557.52 / 212.73

**Broward General Hospital**

Type of Control: Government (4)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	144,053,446.00	119,239,659.00	36,123,066.00	13,493,684	Total Bed Days	233,600
2. Routine	84,950,710.00		16,396,450.00		Total Inpatient Days	155,416
3. Special Care	54,101,786.00		14,685,363.00		Total Newborn Days	6,290
4. Newborn Routine	2,764,798.00		276,037.00		Medicaid Inpatient Days	38,257
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	130
6. Home Health					Medicare Inpatient Days	34,022
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-3,030,118.19	-1,263,893.81	-715,271.35	-143,027.78	Medicaid Paid Claims	59,699
9. Total Cost	282,840,621.81	117,975,765.19	66,765,644.65	13,350,656.22	Property Rate Allowance	0.80
10. Charges	1,150,314,138.00	\$586,410,413.00	277,858,041.00	55,788,403.00	First Semester in effect:	2010/07
11. Fixed Costs		39,855,286.00		9,627,032.59	Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,480.50	222.43	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	66,765,644.65	13,350,656.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 9,627,032.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	57,138,612.06	13,350,656.22
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	61,492,030.13	14,367,849.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	38,387	59,699
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,601.90	240.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,601.90	240.67
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,601.90	240.67
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	200.63	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,802.53	240.67
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$277,858,041.00	55,788,403.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,238.34	934.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,789.83	1,005.69
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,802.53	\$240.67
AU	Medicaid Trend Adjustment IP% : 13.592 OP% : 11.610	\$245.01	\$27.94
AV	Final Prospective Rates	\$1,557.52	\$212.73



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100129 - 2011/01**

975.14 / 105.62

## County Billing ONLY

**Broward General Hospital**

Type of Control: Government (4)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	144,053,446.00	119,239,659.00	36,123,066.00	13,493,684	Total Bed Days	233,600
2. Routine	84,950,710.00		16,396,450.00		Total Inpatient Days	155,416
3. Special Care	54,101,786.00		14,685,363.00		Total Newborn Days	6,290
4. Newborn Routine	2,764,798.00		276,037.00		Medicaid Inpatient Days	38,257
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	130
6. Home Health					Medicare Inpatient Days	34,022
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-3,030,118.19	-1,263,893.81	-715,271.35	-143,027.78	Medicaid Paid Claims	59,699
9. Total Cost	282,840,621.81	117,975,765.19	66,765,644.65	13,350,656.22	Property Rate Allowance	0.80
10. Charges	1,150,314,138.00	\$586,410,413.00	277,858,041.00	55,788,403.00	First Semester in effect:	2010/07
11. Fixed Costs	39,855,286.00		9,627,032.59		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,480.50		222.43	935.46	178.36	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,069.31	118.86	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	66,765,644.65	13,350,656.22
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 9,627,032.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	57,138,612.06	13,350,656.22
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	61,492,030.13	14,367,849.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	38,387	59,699
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,601.90	240.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,082.11	120.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,082.11	120.97
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	181.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	181.52
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	946.66	120.97
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	200.63	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,147.29	120.97
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$277,858,041.00	55,788,403.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,238.34	934.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,789.83	1,005.69
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,147.29	\$120.97
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$172.15	\$15.35
AV	Final Prospective Rates	\$975.14	\$105.62



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

**100188 - 2011/01**

902.85 / 93.60

## Holy Cross Hospital, Inc.

Type of Control: Non-Profit (Church) (2)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)  
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	97,113,900.00	125,224,086.00	3,602,828.00	1,665,279	Total Bed Days	208,415
2. Routine	60,775,583.00		2,222,211.00		Total Inpatient Days	92,963
3. Special Care	22,173,328.00		1,935,960.00		Total Newborn Days	2,465
4. Newborn Routine	842,980.00		239,386.00		Medicaid Inpatient Days	4,480
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	280
6. Home Health					Medicare Inpatient Days	47,923
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,914,610.20	-1,325,304.80	-84,671.80	-17,624.42	Medicaid Paid Claims	9,592
9. Total Cost	178,991,180.80	123,898,781.20	7,915,713.20	1,647,654.58	Property Rate Allowance	0.80
10. Charges	\$914,304,745.00	\$756,938,933.00	\$32,805,455.00	10,706,512.00	First Semester in effect:	2011/01
11. Fixed Costs	31,558,715.00		1,132,333.62		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		935.46	184.78	Semester DRI Index	1.9210
1. Normalized Rate	1,400.94	168.86	Variable Cost Base	861.62	105.33	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,813.26	240.67	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,915,713.20	1,647,654.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,132,333.62	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,783,379.58	1,647,654.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,215,322.35	1,752,571.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,760	9,592
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,515.82	182.71
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	871.93	107.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	871.93	107.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	188.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	188.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	871.93	107.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	190.31	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,062.24	107.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$32,805,455.00	10,706,512.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,891.90	1,116.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,330.75	1,187.27
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,062.24	\$107.20
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$159.39	\$13.60
AV	Final Prospective Rates	\$902.85	\$93.60



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

100196 - 2011/01

784.23 / 17.05

Kindred Hospital-Ft. Lauderdale

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2008-8/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,481,316.00	178,011.00	98,718.00	0	Total Bed Days	25,550
2. Routine	12,081,393.00		153,230.00		Total Inpatient Days	17,718
3. Special Care	2,595,338.00		11,415.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	204
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0755879059
8. Adjustments	-373,062.32	-2,639.68	-3,905.34	0.00	Medicaid Paid Claims	0
9. Total Cost	24,784,984.68	175,371.32	259,457.66	0.00	Property Rate Allowance	0.80
10. Charges	\$111,954,075.00	\$1,902,876.00	\$1,083,286.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	3,672,697.00		35,537.62		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,091.15	0.00	935.46	NA	NA	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	774.06	NA	NA	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	222.43	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,813.26	240.67	240.67		

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	259,457.66	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 35,537.62	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	223,920.04	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	240,845.69	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	204	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,180.62	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	783.32	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	783.32	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	783.32	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	139.36	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	922.68	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,083,286.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,310.23	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,711.62	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (I)	\$922.68	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$138.45	\$2.48
AV	Final Prospective Rates	\$784.23	\$17.05

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





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100200 - 2011/01**

2,092.20 / 258.34

## Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	224,866,807.00	198,724,508.00	35,641,821.00	27,865,585	Total Bed Days	362,781
2. Routine	138,810,874.00		16,591,729.00		Total Inpatient Days	190,516
3. Special Care	40,232,575.00		8,088,996.00		Total Newborn Days	24,468
4. Newborn Routine	22,198,847.00		11,497,548.00		Medicaid Inpatient Days	25,833
5. Intern-Resident	1,673,507.00		216,066.00		Medicaid Newborn IP Days	8,387
6. Home Health					Medicare Inpatient Days	66,248
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-6,183,763.97	-2,872,640.03	-1,041,310.70	-402,807.87	Medicaid Paid Claims	111,043
9. Total Cost	421,598,846.03	195,851,867.97	70,994,849.30	27,462,777.13	Property Rate Allowance	0.80
10. Charges	1,841,921,364.00	\$1,180,801,219.00	315,110,379.00	142,337,063.00	First Semester in effect:	2011/01
11. Fixed Costs	61,310,635.00		10,488,839.43		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,707.01	238.76	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,813.26	240.67	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	70,994,849.30	27,462,777.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 10,488,839.43	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	60,506,009.87	27,462,777.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	63,203,939.62	28,687,327.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	34,220	111,043
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,846.99	258.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,846.99	258.34
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,846.99	258.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	245.21	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,092.20	258.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$315,110,379.00	142,337,063.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,208.37	1,281.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,618.97	1,338.98
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,092.20	\$258.34
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,092.20	\$258.34



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100200 - 2011/01**

983.89 / 110.28

## County Billing ONLY

Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	224,866,807.00	198,724,508.00	35,641,821.00	27,865,585	Total Bed Days	362,781
2. Routine	138,810,874.00		16,591,729.00		Total Inpatient Days	190,516
3. Special Care	40,232,575.00		8,088,996.00		Total Newborn Days	24,468
4. Newborn Routine	22,198,847.00		11,497,548.00		Medicaid Inpatient Days	25,833
5. Intern-Resident	1,673,507.00		216,066.00		Medicaid Newborn IP Days	8,387
6. Home Health					Medicare Inpatient Days	66,248
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-6,183,763.97	-2,872,640.03	-1,041,310.70	-402,807.87	Medicaid Paid Claims	111,043
9. Total Cost	421,598,846.03	195,851,867.97	70,994,849.30	27,462,777.13	Property Rate Allowance	0.80
10. Charges	1,841,921,364.00	\$1,180,801,219.00	315,110,379.00	142,337,063.00	First Semester in effect:	2011/01
11. Fixed Costs	61,310,635.00		10,488,839.43		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,707.01		238.76	935.46	178.36	Semester DRJ Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	901.58	124.10	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	70,994,849.30	27,462,777.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 10,488,839.43	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	60,506,009.87	27,462,777.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	63,203,939.62	28,687,327.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	34,220	111,043
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,846.99	258.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	912.37	126.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	912.37	126.30
AJ	County Rate Ceiling = State Ceiling (70% for inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	181.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	181.52
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	912.37	126.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	245.21	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,157.58	126.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$315,110,379.00	142,337,063.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,208.37	1,281.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,618.97	1,338.98
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,157.58	\$126.30
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$173.69	\$16.02
AV	Final Prospective Rates	\$983.89	\$110.28



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100218 - 2011/01**

**1,445.63 / 148.86**

## North Broward Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	70,624,339.00	47,883,781.00	4,923,943.00	2,966,750	Total Bed Days	125,195
2. Routine	52,827,188.00		3,042,223.00		Total Inpatient Days	75,594
3. Special Care	10,544,304.00		434,065.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	5,173
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,436
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-1,562,299.10	-558,291.90	-97,940.91	-34,590.26	Medicaid Paid Claims	18,737
9. Total Cost	132,433,531.90	47,325,489.10	8,302,290.09	2,932,159.74	Property Rate Allowance	0.80
10. Charges	\$517,719,157.00	\$255,620,712.00	\$35,983,879.00	16,526,216.00	First Semester in effect:	2010/07
11. Fixed Costs	14,600,430.00		1,014,797.50		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,401.19		155.65	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,302,290.09	2,932,159.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,014,797.50	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,287,492.59	2,932,159.74
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,842,730.12	3,155,562.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,173	18,737
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,516.09	168.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,516.09	168.41
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,516.09	168.41
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	156.94	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,673.03	168.41
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$35,983,879.00	16,526,216.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,956.09	882.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,486.08	949.21
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,673.03	\$168.41
AU	Medicaid Trend Adjustment IP% : 13.592 OP% : 11.610	\$227.40	\$19.55
AV	Final Prospective Rates	\$1,445.63	\$148.86



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

100218 - 2011/01

800.76 / 93.92

**County Billing ONLY**

North Broward Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	70,624,339.00	47,883,781.00	4,923,943.00	2,966,750	Total Bed Days	125,195
2. Routine	52,827,188.00		3,042,223.00		Total Inpatient Days	75,594
3. Special Care	10,544,304.00		434,065.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	5,173
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,436
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-1,562,299.10	-558,291.90	-97,940.91	-34,590.26	Medicaid Paid Claims	18,737
9. Total Cost	132,433,531.90	47,325,489.10	8,302,290.09	2,932,159.74	Property Rate Allowance	0.80
10. Charges	\$517,719,157.00	\$255,620,712.00	\$35,983,879.00	16,526,216.00	First Semester in effect:	2010/07
11. Fixed Costs	14,600,430.00		1,014,797.50		Last Rate Semester in Effect:	2011/01

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,401.19	155.65	935.46	178.36	Semester DRI Index	1.9210	
2. Base Rate Semester	2010/01	2010/07	775.89	105.70	Cost Report DRI Index	1.785	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,813.26	240.67	FPLI	1.0820	

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,302,290.09	2,932,159.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,014,797.50	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,287,492.59	2,932,159.74
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,842,730.12	3,155,562.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,173	18,737
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,516.09	168.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	785.18	107.57
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	785.18	107.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	181.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	181.52
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	785.18	107.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	156.94	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	942.12	107.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$35,983,879.00	16,526,216.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,956.09	882.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,486.08	949.21
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$942.12	\$107.57
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$141.36	\$13.65
AV	Final Prospective Rates	\$800.76	\$93.92



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

100269 - 2011/01

1,491.67 / 46.60

Calhoun Liberty Hospital

Type of Control: Government (4)

Fiscal Year : 1/1/2008-12/31/2008

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Calhoun (7)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	865,075.00	2,629,953.00	42,410.00	273,439	Total Bed Days	5,490
2. Routine	1,699,630.00		129,907.00		Total Inpatient Days	1,795
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	156
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,219
7. Malpractice					Prospective Inflation factor	1.0549148819
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	6,190
9. Total Cost	2,564,705.00	2,629,953.00	172,317.00	273,439.00	Property Rate Allowance	1.00
10. Charges	\$4,576,154.00	\$10,108,659.00	\$247,874.00	960,417.00	First Semester in effect:	2010/01
11. Fixed Costs	89,856.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,731.09	55.46	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,408.04	186.89	FPLI	0.8402
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	2,564,705.00	273,439.00
AB	Total Fixed Costs	(-) 89,856.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,474,849.00	273,439.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,610,755.04	288,454.87
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,795	6,190
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,454.46	46.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,454.46	46.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8402) for Calhoun county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,454.46	46.60
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	50.06	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,504.52	46.60
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$4,576,154.00	960,417.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,549.39	155.16
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	2,689.39	163.68
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,504.52	\$46.60
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$12.85	\$0.00
AV	Final Prospective Rates	\$1,491.67	\$46.60



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100277 - 2011/01**

**860.74 / 69.31**

## Charlotte Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2008-9/30/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Charlotte (8)  
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,652,821.00	21,150,806.00	1,348,036.00	1,648,011	Total Bed Days	75,920
2. Routine	29,145,980.00		1,090,850.00		Total Inpatient Days	50,218
3. Special Care	6,687,421.00		414,690.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,096
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	33,007
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,166,865.04	-302,874.96	-40,862.59	-23,599.16	Medicaid Paid Claims	12,422
9. Total Cost	80,319,356.96	20,847,931.04	2,812,713.41	1,624,411.84	Property Rate Allowance	0.80
10. Charges	\$399,262,741.00	\$143,537,994.00	\$11,946,803.00	8,103,990.00	First Semester in effect:	2010/07
11. Fixed Costs	8,950,592.00		267,821.03		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,372.60		147.83	Variable Cost Base	908.30	164.48
2. Base Rate Semester	2010/01	2010/07	State Ceiling	899.70	78.00	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,593.56	211.51	FPLI	0.9509

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,812,713.41	1,624,411.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 267,821.03	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,544,892.38	1,624,411.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,735,723.70	1,746,220.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,096	12,422
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,305.21	140.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	910.47	79.38
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	910.47	79.38
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county	1,593.56	211.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	919.17	167.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	919.17	167.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	910.47	79.38
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	102.22	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,012.69	79.38
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$11,946,803.00	8,103,990.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,699.81	652.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,127.22	701.31
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,012.69	\$79.38
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$151.95	\$10.07
AV	Final Prospective Rates	\$860.74	\$69.31



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100285 - 2011/01**

749.69 / 70.10

## Peace River Regional Medical Center

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Charlotte (8)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,935,019.00	28,420,238.00	3,478,605.00	2,959,441	Total Bed Days	68,985
2. Routine	24,313,130.00		3,555,036.00		Total Inpatient Days	40,582
3. Special Care	3,655,359.00		1,407,740.00		Total Newborn Days	3,075
4. Newborn Routine	1,796,249.00		0.00		Medicaid Inpatient Days	6,851
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,812
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	30,374
9. Total Cost	59,699,757.00	28,420,238.00	8,441,381.00	2,959,441.00	Property Rate Allowance	0.80
10. Charges	\$291,043,738.00	\$166,944,923.00	\$33,048,868.00	18,953,984.00	First Semester in effect:	2011/01
11. Fixed Costs	12,292,568.00		1,395,857.06		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,150.36		108.99	908.30	161.74	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	710.54	78.89	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,593.56	211.51	FPLI	0.9509

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,441,381.00	2,959,441.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,395,857.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,045,523.94	2,959,441.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,494,159.18	3,147,888.24
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,851	30,374
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,093.88	103.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	719.04	80.29
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	719.04	80.29
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county	1,593.56	211.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	919.17	164.60
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	919.17	164.60
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	719.04	80.29
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	163.00	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	882.04	80.29
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$33,048,868.00	18,953,984.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,823.95	624.02
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,131.12	663.76
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$882.04	\$80.29
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$132.35	\$10.19
AV	Final Prospective Rates	\$749.69	\$70.10



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100315 - 2011/01**

**1,524.50 / 87.62**

## Naples Community Hospital

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

Fiscal Year: 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	159,317,084.00	81,666,914.00	14,238,797.00	5,720,677	Total Bed Days	248,565
2. Routine	107,529,533.00		10,707,920.00		Total Inpatient Days	143,223
3. Special Care	14,939,211.00		1,424,645.00		Total Newborn Days	10,181
4. Newborn Routine	7,378,647.00		4,674,788.00		Medicaid Inpatient Days	16,201
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,735
6. Home Health					Medicare Inpatient Days	87,412
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-4,199,484.00	-1,186,034.00	-450,877.69	-83,080.37	Medicaid Paid Claims	60,393
9. Total Cost	284,964,991.00	80,480,880.00	30,595,272.31	5,637,596.63	Property Rate Allowance	0.80
10. Charges	1,000,880,710.00	\$379,265,285.00	\$91,071,202.00	24,696,378.00	First Semester in effect:	2010/07
11. Fixed Costs	28,734,085.00		2,614,545.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,675.84	100.28	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,677.01	222.59	FPLI	1.0007
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	30,595,272.31	5,637,596.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,614,545.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	27,980,727.31	5,637,596.63
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	30,078,890.41	6,060,337.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,936	60,393
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,677.01	100.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,677.01	100.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,677.01	100.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	116.62	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,793.63	100.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$91,071,202.00	24,696,378.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,077.56	408.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,458.31	439.59
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,793.63	\$100.35
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$269.13	\$12.73
AV	Final Prospective Rates	\$1,524.50	\$87.62





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100315 - 2011/01**

928.00 / 83.37

## County Billing ONLY

**Naples Community Hospital**

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	159,317,084.00	81,666,914.00	14,238,797.00	5,720,677	Total Bed Days	248,565
2. Routine	107,529,533.00		10,707,920.00		Total Inpatient Days	143,223
3. Special Care	14,939,211.00		1,424,645.00		Total Newborn Days	10,181
4. Newborn Routine	7,378,647.00		4,674,788.00		Medicaid Inpatient Days	16,201
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,735
6. Home Health					Medicare Inpatient Days	87,412
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-4,199,484.00	-1,186,034.00	-450,877.69	-83,080.37	Medicaid Paid Claims	60,393
9. Total Cost	284,964,991.00	80,480,880.00	30,595,272.31	5,637,596.63	Property Rate Allowance	0.80
10. Charges	1,000,880,710.00	\$379,265,285.00	\$91,071,202.00	24,696,378.00	First Semester in effect:	2010/07
11. Fixed Costs	28,734,085.00		2,614,545.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,675.84	100.28	County Ceiling Base	963.68	164.88	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,021.97	93.82	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,677.01	222.59	FPLI	1.0007

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	30,595,272.31	5,637,596.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,614,545.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	27,980,727.31	5,637,596.63
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	30,078,890.41	6,060,337.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,936	60,393
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,677.01	100.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,034.20	95.48
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,034.20	95.48
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county	1,677.01	222.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	975.21	167.80
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	975.21	167.80
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	975.21	95.48
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	116.62	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,091.83	95.48
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$91,071,202.00	24,696,378.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,077.56	408.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,458.31	439.59
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,091.83	\$95.48
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$163.83	\$12.11
AV	Final Prospective Rates	\$928.00	\$83.37



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100331 - 2011/01**

**1,393.81 / 101.00**

### Shands At Lake Shore

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

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Columbia (12)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,324,581.00	13,730,857.00	2,146,970.00	3,132,123	Total Bed Days	36,135
2. Routine	11,111,274.00		2,323,250.00		Total Inpatient Days	17,835
3. Special Care	3,191,535.00		353,677.00		Total Newborn Days	1,682
4. Newborn Routine	423,403.00		295,783.00		Medicaid Inpatient Days	3,795
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	84
6. Home Health					Medicare Inpatient Days	8,072
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-312,424.02	-158,584.98	-59,129.91	-36,174.56	Medicaid Paid Claims	32,990
9. Total Cost	26,738,368.98	13,572,272.02	5,060,550.09	3,095,948.44	Property Rate Allowance	1.00
10. Charges	\$79,702,277.00	\$58,261,466.00	\$15,976,801.00	12,483,541.00	First Semester in effect:	2010/07
11. Fixed Costs	2,590,231.00		519,227.39		Last Rate Semester in Effect:	2011/01

#### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,393.44		111.70	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,515.29	201.12	FPLI	0.9042

#### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,060,550.09	3,095,948.44
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 519,227.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,541,322.70	3,095,948.44
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,887,328.24	3,331,830.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,879	32,990
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,259.95	101.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,259.95	101.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9042) for Columbia county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,259.95	101.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	133.86	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,393.81	101.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,976,801.00	12,483,541.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,118.79	378.40
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,432.60	407.23
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,393.81	\$101.00
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,393.81	\$101.00



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

100358 - 2011/01

2,304.73 / 203.94

Baptist Of Miami

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	252,833,908.00	202,885,377.00	21,070,350.00	10,495,552	Total Bed Days	213,962
2. Routine	193,187,852.00		14,809,552.00		Total Inpatient Days	176,010
3. Special Care	37,912,309.00		9,689,365.00		Total Newborn Days	17,396
4. Newborn Routine	14,957,105.00		4,049,658.00		Medicaid Inpatient Days	17,597
5. Intern-Resident	3,670,062.00		299,531.00		Medicaid Newborn IP Days	1,347
6. Home Health					Medicare Inpatient Days	48,417
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-7,614,042.67	-3,073,810.33	-756,288.44	-159,012.62	Medicaid Paid Claims	47,571
9. Total Cost	494,947,193.33	199,811,566.67	49,162,167.56	10,336,539.38	Property Rate Allowance	0.80
10. Charges	2,031,160,358.00	\$962,722,591.00	167,648,892.00	46,366,016.00	First Semester in effect:	2010/07
11. Fixed Costs	65,212,490.00		5,382,539.91		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information.							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,062.17	193.89	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	49,162,167.56	10,336,539.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 5,382,539.91	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	43,779,627.65	10,336,539.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	47,062,487.25	11,111,635.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	18,944	47,571
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,484.30	233.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,484.30	233.58
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,484.30	233.58
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	227.30	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,711.60	233.58
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$167,648,892.00	46,366,016.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,849.71	974.67
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,513.31	1,047.76
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,711.60	\$233.58
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$406.87	\$29.64
AV	Final Prospective Rates	\$2,304.73	\$203.94



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100358 - 2011/01**

1,027.29 / 143.17

## County Billing ONLY

**Baptist Of Miami**

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	252,833,908.00	202,885,377.00	21,070,350.00	10,495,552	Total Bed Days	213,962
2. Routine	193,187,852.00		14,809,552.00		Total Inpatient Days	176,010
3. Special Care	37,912,309.00		9,689,365.00		Total Newborn Days	17,396
4. Newborn Routine	14,957,105.00		4,049,658.00		Medicaid Inpatient Days	17,597
5. Intern-Resident	3,670,062.00		299,531.00		Medicaid Newborn IP Days	1,347
6. Home Health					Medicare Inpatient Days	48,417
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-7,614,042.67	-3,073,810.33	-756,288.44	-159,012.62	Medicaid Paid Claims	47,571
9. Total Cost	494,947,193.33	199,811,566.67	49,162,167.56	10,336,539.38	Property Rate Allowance	0.80
10. Charges	2,031,160,358.00	\$962,722,591.00	167,648,892.00	46,366,016.00	First Semester in effect:	2010/07
11. Fixed Costs	65,212,490.00		5,382,539.91		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,062.17		193.89	969.73	198.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,036.42	161.12	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	49,162,167.56	10,336,539.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 5,382,539.91	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	43,779,627.65	10,336,539.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	47,062,487.25	11,111,635.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	18,944	47,571
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,484.30	233.58
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,048.82	163.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,048.82	163.97
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	981.34	163.97
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	227.30	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,208.64	163.97
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$167,648,892.00	46,366,016.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,849.71	974.67
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,513.31	1,047.76
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,208.64	\$163.97
AU	Medicaid Trend Adjustment . IP% : 15.005 OP% : 12.687	\$181.35	\$20.80
AV	Final Prospective Rates	\$1,027.29	\$143.17



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

<b>100366 - 2011/01</b>
1,548.93 / 168.48

## Cedars Medical Center, Inc.

Type of Control: Non-Profit (Other) (3)  
 Fiscal Year : 6/1/2008-5/31/2009  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)  
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	121,123,099.00	35,674,932.00	9,209,504.00	2,547,859	Total Bed Days	191,625
2. Routine	69,767,748.00		5,816,905.00		Total Inpatient Days	112,918
3. Special Care	21,730,944.00		1,524,046.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	9,293
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	51,186
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-2,197,578.40	-368,722.60	-171,059.24	-26,333.71	Medicaid Paid Claims	13,993
9. Total Cost	210,424,212.60	35,306,209.40	16,379,395.76	2,521,525.29	Property Rate Allowance	0.80
10. Charges	\$995,171,974.00	\$199,864,486.00	\$78,179,976.00	13,880,830.00	First Semester in effect:	2010/07
11. Fixed Costs	28,374,142.00		2,229,051.66		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,353.43	160.17	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	16,379,395.76	2,521,525.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,229,051.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,150,344.10	2,521,525.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,152,068.57	2,700,027.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,293	13,993
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,630.48	192.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,630.48	192.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,630.48	192.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	191.89	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,822.37	192.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$78,179,976.00	13,880,830.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,412.78	991.98
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,008.33	1,062.20
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,822.37	\$192.96
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$273.44	\$24.48
AV	Final Prospective Rates	\$1,548.93	\$168.48



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100366 - 2011/01**

802.70 / 119.04

## County Billing ONLY

Cedars Medical Center, Inc.

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

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	121,123,099.00	35,674,932.00	9,209,504.00	2,547,859	Total Bed Days	191,625
2. Routine	69,767,748.00		5,816,905.00		Total Inpatient Days	112,918
3. Special Care	21,730,944.00		1,524,046.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	9,293
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	51,186
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-2,197,578.40	-368,722.60	-171,059.24	-26,333.71	Medicaid Paid Claims	13,993
9. Total Cost	210,424,212.60	35,306,209.40	16,379,395.76	2,521,525.29	Property Rate Allowance	0.80
10. Charges	\$995,171,974.00	\$199,864,486.00	\$78,179,976.00	13,880,830.00	First Semester in effect:	2010/07
11. Fixed Costs	28,374,142.00		2,229,051.66		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,353.43		160.17	969.73	198.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	743.62	133.97	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	16,379,395.76	2,521,525.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,229,051.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,150,344.10	2,521,525.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,152,068.57	2,700,027.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,293	13,993
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,630.48	192.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	752.52	136.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	752.52	136.34
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	752.52	136.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	191.89	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	944.41	136.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10).	\$78,179,976.00	13,880,830.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,412.78	991.98
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,008.33	1,062.20
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$944.41	\$136.34
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$141.71	\$17.30
AV	Final Prospective Rates	\$802.70	\$119.04



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

**100412 - 2011/01**

**1,533.71 / 103.56**

## Hialeah Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 6/1/2008-5/31/2009  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)  
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,885,686.00	15,207,274.00	8,865,720.00	2,781,107	Total Bed Days	132,130
2. Routine	26,649,126.00		3,727,333.00		Total Inpatient Days	55,730
3. Special Care	12,206,516.00		4,273,741.00		Total Newborn Days	2,905
4. Newborn Routine	1,050,180.00		728,081.00		Medicaid Inpatient Days	10,082
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	22
6. Home Health					Medicare Inpatient Days	22,287
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-1,377,366.25	-259,259.75	-299,964.53	-47,413.44	Medicaid Paid Claims	24,679
9. Total Cost	79,414,141.75	14,948,014.25	17,294,910.47	2,733,693.56	Property Rate Allowance	0.80
10. Charges	\$542,567,946.00	\$124,935,642.00	\$90,877,434.00	21,923,958.00	First Semester in effect:	2010/07
11. Fixed Costs	6,326,909.00		1,059,725.81		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,428.21	98.46	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	17,294,910.47	2,733,693.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,059,725.81	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	16,235,184.66	2,733,693.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	17,384,498.18	2,927,215.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,104	24,679
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,720.56	118.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,720.56	118.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,720.56	118.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	83.91	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,804.47	118.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$90,877,434.00	21,923,958.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,994.20	888.36
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,630.91	951.25
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,804.47	\$118.61
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$270.76	\$15.05
AV	Final Prospective Rates	\$1,533.71	\$103.56



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100412 - 2011/01**

706.45 / 73.23

## County Billing ONLY

Hialeah Hospital

Type of Control: Proprietary(1)

Fiscal Year: 6/1/2008-5/31/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,885,686.00	15,207,274.00	8,865,720.00	2,781,107	Total Bed Days	132,130
2. Routine	26,649,126.00		3,727,333.00		Total Inpatient Days	55,730
3. Special Care	12,206,516.00		4,273,741.00		Total Newborn Days	2,905
4. Newborn Routine	1,050,180.00		728,081.00		Medicaid Inpatient Days	10,082
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	22
6. Home Health					Medicare Inpatient Days	22,287
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-1,377,366.25	-259,259.75	-299,964.53	-47,413.44	Medicaid Paid Claims	24,679
9. Total Cost	79,414,141.75	14,948,014.25	17,294,910.47	2,733,693.56	Property Rate Allowance	0.80
10. Charges	\$542,567,946.00	\$124,935,642.00	\$90,877,434.00	21,923,958.00	First Semester in effect:	2010/07
11. Fixed Costs	6,326,909.00		1,059,725.81		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,428.21		98.46	969.73	198.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	738.42	.82.41	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	17,294,910.47	2,733,693.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,059,725.81	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	16,235,184.66	2,733,693.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	17,384,498.18	2,927,215.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,104	24,679
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,720.56	118.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	747.26	83.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	747.26	83.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	747.26	83.87
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	83.91	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	831.17	83.87
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$90,877,434.00	21,923,958.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,994.20	888.36
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,630.91	951.25
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$831.17	\$83.87
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$124.72	\$10.64
AV	Final Prospective Rates	\$706.45	\$73.23





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

**100421 - 2011/01**

**2,614.19 / 304.50**

## Jackson Memorial Hospital

Type of Control: Government (4)

County: Dade (13)

Fiscal Year: 10/1/2008-9/30/2009

Type of Action: Unaudited Cost Report [1]

District: 11

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

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	546,356,864.00	409,011,771.00	204,056,729.00	51,174,735	Total Bed Days	640,940
2. Routine	374,765,690.00		122,679,128.00		Total Inpatient Days	454,695
3. Special Care	137,346,694.00		30,898,549.00		Total Newborn Days	37,760
4. Newborn Routine	48,769,955.00		21,308,412.00		Medicaid Inpatient Days	147,051
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	5,819
6. Home Health					Medicare Inpatient Days	81,389
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	180,664
9. Total Cost	1,107,239,203.00	409,011,771.00	378,942,818.00	51,174,735.00	Property Rate Allowance	0.80
10. Charges	3,042,177,391.00	\$1,074,024,727.00	992,216,345.00	122,181,662.00	First Semester in effect:	2010/07
11. Fixed Costs	86,150,591.00		28,098,303.79		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,047.94	252.76	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	378,942,818.00	51,174,735.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 28,098,303.79	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	350,844,514.21	51,174,735.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	377,152,944.48	55,012,124.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	152,870	180,664
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,467.15	304.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,467.15	304.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,467.15	304.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	147.04	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,614.19	304.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$992,216,345.00	122,181,662.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,490.59	676.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,977.29	727.00
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,614.19	\$304.50
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,614.19	\$304.50



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100421 - 2011/01**

**1,244.84 / 172.30**

## County Billing ONLY

**Jackson Memorial Hospital**

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	546,356,864.00	409,011,771.00	204,056,729.00	51,174,735	Total Bed Days	640,940
2. Routine	374,765,690.00		122,679,128.00		Total Inpatient Days	454,695
3. Special Care	137,346,694.00		30,898,549.00		Total Newborn Days	37,760
4. Newborn Routine	48,769,955.00		21,308,412.00		Medicaid Inpatient Days	147,051
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	5,819
6. Home Health					Medicare Inpatient Days	81,389
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	180,664
9. Total Cost	1,107,239,203.00	409,011,771.00	378,942,818.00	51,174,735.00	Property Rate Allowance	0.80
10. Charges	3,042,177,391.00	\$1,074,024,727.00	992,216,345.00	122,181,662.00	First Semester in effect:	2010/07
11. Fixed Costs	86,150,591.00		28,098,303.79		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,047.94		252.76	Exempt	198.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,301.98	193.91	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	378,942,818.00	51,174,735.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 28,098,303.79	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	350,844,514.21	51,174,735.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	377,152,944.48	55,012,124.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	152,870	180,664
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,467.15	304.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,317.56	197.34
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,317.56	197.34
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,317.56	197.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	147.04	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,464.60	197.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$992,216,345.00	122,181,662.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,490.59	676.29
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,977.29	727.00
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,464.60	\$197.34
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$219.76	\$25.04
AV	Final Prospective Rates	\$1,244.84	\$172.30



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

**100439 - 2011/01**

923.39 / 136.87

**Mercy Hospital, Inc.**

Type of Control: Non-Profit (Church) (2)  
 Fiscal Year: 1/1/2009-12/31/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)  
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	89,997,607.00	61,273,007.00	4,381,095.00	2,123,159	Total Bed Days	125,195
2. Routine	46,112,019.00		2,253,402.00		Total Inpatient Days	72,757
3. Special Care	15,992,332.00		707,607.00		Total Newborn Days	4,520
4. Newborn Routine	2,445,265.00		544,777.00		Medicaid Inpatient Days	3,688
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	244
6. Home Health					Medicare Inpatient Days	28,857
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-2,244,949.62	-890,050.38	-114,564.66	-30,840.96	Medicaid Paid Claims	12,035
9. Total Cost	152,302,273.38	60,382,956.62	7,772,316.34	2,092,318.04	Property Rate Allowance	0.80
10. Charges	\$706,754,152.00	\$366,537,354.00	\$37,687,086.00	12,499,357.00	First Semester in effect:	2011/01
11. Fixed Costs	17,122,375.00		913,036.62		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,540.27		153.50	969.73	198.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	889.98	154.03	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,772,316.34	2,092,318.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 913,036.62	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,859,279.72	2,092,318.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,296,055.56	2,225,549.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,932	12,035
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,855.56	184.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	900.63	156.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	900.63	156.76
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	900.63	156.76
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	185.77	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,086.40	156.76
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$37,687,086.00	12,499,357.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,584.71	1,038.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,195.03	1,104.71
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,086.40	\$156.76
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$163.01	\$19.89
AV	Final Prospective Rates	\$923.39	\$136.87



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

100463 - 2011/01

1,803.75 / 172.53

Mt. Sinai Medical Center

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

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

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	139,563,528.00	97,346,382.00	6,820,909.00	4,756,304	Total Bed Days	240,360
2. Routine	87,070,850.00		3,947,927.00		Total Inpatient Days	141,216
3. Special Care	22,419,053.00		1,218,635.00		Total Newborn Days	3,753
4. Newborn Routine	4,711,038.00		3,701,791.00		Medicaid Inpatient Days	6,602
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,218
6. Home Health					Medicare Inpatient Days	74,936
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	25,919
9. Total Cost	253,764,469.00	97,346,382.00	15,689,262.00	4,756,304.00	Property Rate Allowance	0.80
10. Charges	1,105,734,334.00	\$619,382,352.00	\$58,712,249.00	31,698,679.00	First Semester in effect:	2011/01
11. Fixed Costs		26,008,629.00		1,381,005.41	Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,615.51	162.02	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,689,262.00	4,756,304.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,381,005.41	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,308,256.59	4,756,304.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,219,358.20	5,059,169.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,820	25,919
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,946.21	195.19
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,946.21	195.19
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,946.21	195.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.28	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,087.49	195.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$58,712,249.00	31,698,679.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,507.96	1,222.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,986.04	1,300.87
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,087.49	\$195.19
AU	Medicaid Trend Adjustment IP% : 13.592 OP% : 11.610	\$283.74	\$22.66
AV	Final Prospective Rates	\$1,803.75	\$172.53



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100463 - 2011/01**

1,047.60 / 149.05

## County Billing ONLY

Mt. Sinai Medical Center

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

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

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	139,563,528.00	97,346,382.00	6,820,909.00	4,756,304	Total Bed Days	240,360
2. Routine	87,070,850.00		3,947,927.00		Total Inpatient Days	141,216
3. Special Care	22,419,053.00		1,218,635.00		Total Newborn Days	3,753
4. Newborn Routine	4,711,038.00		3,701,791.00		Medicaid Inpatient Days	6,602
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,218
6. Home Health					Medicare Inpatient Days	74,936
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	25,919
9. Total Cost	253,764,469.00	97,346,382.00	15,689,262.00	4,756,304.00	Property Rate Allowance	0.80
10. Charges	1,105,734,334.00	\$619,382,352.00	\$58,712,249.00	31,698,679.00	First Semester in effect:	2011/01
11. Fixed Costs		26,008,629.00		1,381,005.41	Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	1,615.51	162.02	Variable Cost Base	1,078.35	167.74	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,689,262.00	4,756,304.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,381,005.41	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,308,256.59	4,756,304.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,219,358.20	5,059,169.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,820	25,919
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,946.21	195.19
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,091.26	170.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,091.26	170.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,091.26	170.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.28	
AO	Plus Rate For Return on-Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,232.54	170.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$58,712,249.00	31,698,679.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,507.96	1,222.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,986.04	1,300.87
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,232.54	\$170.71
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$184.94	\$21.66
AV	Final Prospective Rates	\$1,047.60	\$149.05



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100471 - 2011/01**

**2,812.29 / 416.20**

## University Of Miami Hospital and Clinics

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

Fiscal Year : 6/1/2008-5/31/2009

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Hospital Classification: Statutory Teaching Hospital

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,338,596.00	166,915,102.00	1,100,931.00	6,487,964	Total Bed Days	14,600
2. Routine	14,307,282.00		994,490.00		Total Inpatient Days	7,942
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	564
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,319
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-330,014.02	-1,858,076.98	-23,325.95	-72,223.16	Medicaid Paid Claims	14,412
9. Total Cost	29,315,863.98	165,057,025.02	2,072,095.05	6,415,740.84	Property Rate Allowance	0.80
10. Charges	\$89,177,219.00	\$736,385,392.00	\$6,245,536.00	29,862,105.00	First Semester in effect:	2010/07
11. Fixed Costs	18,594,093.00		1,302,239.28		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,213.26	395.68	Exempt	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,072,095.05	6,415,740.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,302,239.28	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	769,855.77	6,415,740.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	824,355.04	6,869,920.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	564	14,412
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,461.62	476.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,461.62	476.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,461.62	476.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	1,847.15	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	3,308.77	476.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,245,536.00	29,862,105.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,073.65	2,072.03
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,857.57	2,218.71
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$3,308.77	\$476.68
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$496.48	\$60.48
AV	Final Prospective Rates	\$2,812.29	\$416.20



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100471 - 2011/01**

2,211.12 / 124.73

## County Billing ONLY

University Of Miami Hospital and Clinics

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

Fiscal Year : 6/1/2008-5/31/2009

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Hospital Classification: Statutory Teaching Hospital

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,338,596.00	166,915,102.00	1,100,931.00	6,487,964	Total Bed Days	14,600
2. Routine	14,307,282.00		994,490.00		Total Inpatient Days	7,942
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	564
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,319
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-330,014.02	-1,858,076.98	-23,325.95	-72,223.16	Medicaid Paid Claims	14,412
9. Total Cost	29,315,863.98	165,057,025.02	2,072,095.05	6,415,740.84	Property Rate Allowance	0.80
10. Charges	\$89,177,219.00	\$736,385,392.00	\$6,245,536.00	29,862,105.00	First Semester in effect:	2010/07
11. Fixed Costs	18,594,093.00		1,302,239.28		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information.

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,213.26		395.68	Exempt	198.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	745.40	140.37	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,072,095.05	6,415,740.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,302,239.28	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	769,855.77	6,415,740.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	824,355.04	6,869,920.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	564	14,412
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,461.62	476.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	754.32	142.86
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	754.32	142.86
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	754.32	142.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	1,847.15	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,601.47	142.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,245,536.00	29,862,105.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,073.65	2,072.03
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,857.57	2,218.71
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,601.47	\$142.86
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$390.35	\$18.13
AV	Final Prospective Rates	\$2,211.12	\$124.73



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

100498 - 2011/01

1,333.19 / 93.78

Northshore Medical Center

Type of Control: Proprietary(I)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,693,383.00	27,324,169.00	9,262,775.00	2,529,838	Total Bed Days	123,735
2. Routine	25,491,294.00		3,845,213.00		Total Inpatient Days	65,097
3. Special Care	21,752,814.00		6,300,178.00		Total Newborn Days	3,812
4. Newborn Routine	1,373,244.00		860,253.00		Medicaid Inpatient Days	13,313
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	78
6. Home Health					Medicare Inpatient Days	20,891
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-1,377,273.06	-431,021.94	-319,721.82	-39,906.64	Medicaid Paid Claims	24,822
9. Total Cost	85,933,461.94	26,893,147.06	19,948,697.18	2,489,931.36	Property Rate Allowance	0.80
10. Charges	\$435,733,429.00	\$219,899,277.00	\$86,832,728.00	18,228,154.00	First Semester in effect:	2010/07
11. Fixed Costs	6,604,943.00		1,316,229.56		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,236.76	89.16	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,948,697.18	2,489,931.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,316,229.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,632,467.62	2,489,931.36
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,951,488.46	2,666,197.40
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,391	24,822
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,489.92	107.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,489.92	107.41
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,489.92	107.41
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	78.63	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,568.55	107.41
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$86,832,728.00	18,228,154.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,484.41	734.35
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,943.45	786.34
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,568.55	\$107.41
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$235.36	\$13.63
AV	Final Prospective Rates	\$1,333.19	\$93.78





Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

100498 - 2011/01

713.19 / 44.14

**County Billing ONLY**

Northshore Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,693,383.00	27,324,169.00	9,262,775.00	2,529,838	Total Bed Days	123,735
2. Routine	25,491,294.00		3,845,213.00		Total Inpatient Days	65,097
3. Special Care	21,752,814.00		6,300,178.00		Total Newborn Days	3,812
4. Newborn Routine	1,373,244.00		860,253.00		Medicaid Inpatient Days	13,313
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	78
6. Home Health					Medicare Inpatient Days	20,891
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-1,377,273.06	-431,021.94	-319,721.82	-39,906.64	Medicaid Paid Claims	24,822
9. Total Cost	85,933,461.94	26,893,147.06	19,948,697.18	2,489,931.36	Property Rate Allowance	0.80
10. Charges	\$435,733,429.00	\$219,899,277.00	\$86,832,728.00	18,228,154.00	First Semester in effect:	2010/07
11. Fixed Costs	6,604,943.00		1,316,229.56		Last Rate Semester in Effect:	2011/01

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,236.76		89.16	969.73	198.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	751.48	49.67	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,948,697.18	2,489,931.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,316,229.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,632,467.62	2,489,931.36
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,951,488.46	2,666,197.40
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,391	24,822
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,489.92	107.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	760.47	50.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	760.47	50.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	760.47	50.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	78.63	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	839.10	50.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$86,832,728.00	18,228,154.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,484.41	734.35
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,943.45	786.34
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$839.10	\$50.55
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$125.91	\$6.41
AV	Final Prospective Rates	\$713.19	\$44.14



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100536 - 2011/01**

652.06 / 39.74

## Palm Springs General Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,530,379.00	10,537,788.00	1,051,212.00	644,153	Total Bed Days	90,155
2. Routine	21,183,402.00		995,553.00		Total Inpatient Days	36,956
3. Special Care	4,416,785.00		296,118.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,929
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	23,597
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-763,457.74	-186,530.26	-41,471.57	-11,402.21	Medicaid Paid Claims	8,887
9. Total Cost	42,367,108.26	10,351,257.74	2,301,411.43	632,750.79	Property Rate Allowance	0.80
10. Charges	\$149,387,850.00	\$58,625,349.00	\$7,336,463.00	2,597,037.00	First Semester in effect:	2011/01
11. Fixed Costs	2,577,266.00		126,569.98		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	995.47		62.86	969.73	198.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	706.23	44.72	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,301,411.43	632,750.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 126,569.98	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,174,841.45	632,750.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,313,328.04	673,042.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,929	8,887
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,199.24	75.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	714.68	45.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	714.68	45.51
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	714.68	45.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	52.49	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	767.17	45.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$7,336,463.00	2,597,037.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,803.25	292.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,045.43	310.84
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$767.17	\$45.51
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$115.11	\$5.77
AV	Final Prospective Rates	\$652.06	\$39.74



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

100544 - 2011/01

836.97 / 101.37

Metropolitan Hospital Miami

Type of Control: Proprietary(I)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,873,866.00	11,192,442.00	1,110,309.00	1,434,217	Total Bed Days	53,290
2. Routine	9,603,493.00		862,182.00		Total Inpatient Days	22,811
3. Special Care	5,154,761.00		409,665.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,064
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,015
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-457,298.40	-161,806.60	-34,438.29	-20,734.15	Medicaid Paid Claims	10,277
9. Total Cost	31,174,821.60	11,030,635.40	2,347,717.71	1,413,482.85	Property Rate Allowance	0.80
10. Charges	\$139,162,400.00	\$50,897,061.00	\$9,213,022.00	6,524,864.00	First Semester in effect:	2011/01
11. Fixed Costs	4,785,376.00		316,808.09		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	868.78		121.44	969.73	198.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	851.75	114.08	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,347,717.71	1,413,482.85
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 316,808.09	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,030,909.62	1,413,482.85
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,160,231.11	1,503,488.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,064	10,277
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,046.62	146.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	861.94	116.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	861.94	116.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	861.94	116.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	122.79	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	984.73	116.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$9,213,022.00	6,524,864.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,463.67	634.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,747.90	675.33
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$984.73	\$116.10
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$147.76	\$14.73
AV	Final Prospective Rates	\$836.97	\$101.37



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

100587 - 2011/01

1,058.60 / 110.49

South Miami Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	128,921,733.00	132,490,206.00	12,129,375.00	6,338,253	Total Bed Days	156,054
2. Routine	76,115,628.00		6,019,995.00		Total Inpatient Days	70,837
3. Special Care	24,024,099.00		4,313,348.00		Total Newborn Days	19,891
4. Newborn Routine	16,751,330.00		6,818,127.00		Medicaid Inpatient Days	6,483
5. Intern-Resident	2,120,414.00		150,246.00		Medicaid Newborn IP Days	3,923
6. Home Health					Medicare Inpatient Days	19,303
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-3,652,419.87	-1,951,775.13	-433,563.15	-93,371.77	Medicaid Paid Claims	21,210
9. Total Cost	244,280,784.13	130,538,430.87	28,997,527.85	6,244,881.23	Property Rate Allowance	0.80
10. Charges	\$890,290,254.00	\$605,974,621.00	\$84,379,865.00	25,113,016.00	First Semester in effect:	2010/07
11. Fixed Costs	37,144,744.00		3,520,501.85		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		969.73	198.00	Semester DRI Index	1.9210
1. Normalized Rate	2,184.69	262.73	Variable Cost Base	963.30	124.34	Cost Report DRI Index	1.787
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)							

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	28,997,527.85	6,244,881.23
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,520,501.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	25,477,026.00	6,244,881.23
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	27,387,446.53	6,713,159.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,406	21,210
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,631.89	316.51
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	974.83	126.54
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	974.83	126.54
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	974.83	126.54
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	270.65	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,245.48	126.54
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$84,379,865.00	25,113,016.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,108.77	1,184.02
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,716.81	1,272.80
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,245.48	\$126.54
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$186.88	\$16.05
AV	Final Prospective Rates	\$1,058.60	\$110.49



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100609 - 2011/01**

2,713.08 / 159.70

## Miami Childrens Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: Specialized: Children's

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	96,171,388.00	82,114,051.00	34,311,025.00	33,112,174	Total Bed Days	96,360
2. Routine	56,378,275.00		22,774,025.00		Total Inpatient Days	64,819
3. Special Care	49,902,870.00		26,050,068.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	29,765
5. Intern-Resident	419,987.00		156,514.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-3,231,453.80	-1,307,953.20	-1,326,710.29	-527,427.08	Medicaid Paid Claims	212,980
9. Total Cost	199,641,066.20	80,806,097.80	81,964,921.71	32,584,746.92	Property Rate Allowance	0.80
10. Charges	\$632,032,554.00	\$362,964,428.00	288,647,786.00	114,598,150.00	First Semester in effect:	2010/07
11. Fixed Costs	29,295,231.00		13,379,063.33		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,034.51	135.09	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	81,964,921.71	32,584,746.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 13,379,063.33	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	68,585,858.38	32,584,746.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	72,953,174.94	34,659,633.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	29,765	212,980
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,450.97	162.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,450.97	162.74
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,450.97	162.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	359.59	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,810.56	162.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$288,647,786.00	114,598,150.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,697.56	538.07
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,315.07	572.33
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,810.56	\$162.74
AU	Medicaid Trend Adjustment IP% : 3.468 OP% : 1.868	\$97.48	\$3.04
AV	Final Prospective Rates	\$2,713.08	\$159.70



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100609 - 2011/01**

1,700.73 / 122.20

## County Billing ONLY

**Miami Childrens Hospital**

Type of Control: Proprietary(1)

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

Hospital Classification: Specialized: Children's

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	96,171,388.00	82,114,051.00	34,311,025.00	33,112,174	Total Bed Days	96,360
2. Routine	56,378,275.00		22,774,025.00		Total Inpatient Days	64,819
3. Special Care	49,902,870.00		26,050,068.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	29,765
5. Intern-Resident	419,987.00		156,514.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-3,231,453.80	-1,307,953.20	-1,326,710.29	-527,427.08	Medicaid Paid Claims	212,980
9. Total Cost	199,641,066.20	80,806,097.80	81,964,921.71	32,584,746.92	Property Rate Allowance	0.80
10. Charges	\$632,032,554.00	\$362,964,428.00	288,647,786.00	114,598,150.00	First Semester in effect:	2010/07
11. Fixed Costs	29,295,231.00		13,379,063.33		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	2,034.51	135.09	Variable Cost Base	1,555.67	133.10	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	81,964,921.71	32,584,746.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 13,379,063.33	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	68,585,858.38	32,584,746.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	72,953,174.94	34,659,633.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	29,765	212,980
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,450.97	162.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,574.29	135.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,574.29	135.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,574.29	135.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	359.59	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,933.88	135.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$288,647,786.00	114,598,150.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,697.56	538.07
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,315.07	572.33
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,933.88	\$135.46
AU	Medicaid Trend Adjustment IP% : 12.056 OP% : 9.792	\$233.15	\$13.26
AV	Final Prospective Rates	\$1,700.73	\$122.20



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100625 - 2011/01**

**884.28 / 114.70**

## Westchester General Hospital

Type of Control: Proprietary(1)

Fiscal Year: 1/1/2008-12/31/2008

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,070,168.00	5,922,811.00	1,767,035.00	387,882	Total Bed Days	72,102
2. Routine	30,631,245.00		2,262,723.00		Total Inpatient Days	52,455
3. Special Care	2,482,727.00		199,330.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,126
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,923
7. Malpractice					Prospective Inflation factor	1.0549148819
8. Adjustments	-833,968.69	-96,503.31	-68,906.64	-6,319.95	Medicaid Paid Claims	3,064
9. Total Cost	50,350,171.31	5,826,307.69	4,160,181.36	381,562.05	Property Rate Allowance	0.80
10. Charges	\$136,176,895.00	\$23,148,310.00	\$12,582,883.00	1,555,067.00	First Semester in effect:	2010/07
11. Fixed Costs	4,075,498.00		376,580.14		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	803.00	109.05	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,160,181.36	381,562.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 376,580.14	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,783,601.22	381,562.05
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,991,377.23	402,515.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,126	3,064
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	967.37	131.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	967.37	131.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	967.37	131.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	73.02	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,040.39	131.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$12,582,883.00	1,555,067.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,049.66	507.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,217.13	535.40
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,040.39	\$131.37
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$156.11	\$16.67
AV	Final Prospective Rates	\$884.28	\$114.70



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100625 - 2011/01**

**398.80 / 114.06**

## County Billing ONLY

Westchester General Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2008-12/31/2008  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)  
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	18,070,168.00	5,922,811.00	1,767,035.00	387,882	Total Bed Days	72,102
2. Routine	30,631,245.00		2,262,723.00		Total Inpatient Days	52,455
3. Special Care	2,482,727.00		199,330.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,126
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,923
7. Malpractice					Prospective Inflation factor	1.0549148819
8. Adjustments	-833,968.69	-96,503.31	-68,906.64	-6,319.95	Medicaid Paid Claims	3,064
9. Total Cost	50,350,171.31	5,826,307.69	4,160,181.36	381,562.05	Property Rate Allowance	0.80
10. Charges	\$136,176,895.00	\$23,148,310.00	\$12,582,883.00	1,555,067.00	First Semester in effect:	2010/07
11. Fixed Costs	4,075,498.00		376,580.14		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	803.00	109.05	969.73	198.00	Semester DRI Index	1.9210	
2. Base Rate Semester	2010/01	2010/07	391.49	128.36	Cost Report DRI Index	1.821	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	FPLI	1.2047	

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,160,181.36	381,562.05
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 376,580.14	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,783,601.22	381,562.05
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,991,377.23	402,515.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,126	3,064
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	967.37	131.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	396.18	130.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	396.18	130.63
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	396.18	130.63
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	73.02	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	469.20	130.63
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$12,582,883.00	1,555,067.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,049.66	507.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,217.13	535.40
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$469.20	\$130.63
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$70.40	\$16.57
AV	Final Prospective Rates	\$398.80	\$114.06





Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

100641 - 2011/01

1,356.32 / 102.99

Baptist Medical Center

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	203,076,700.00	174,604,962.00	21,607,416.00	16,398,747	Total Bed Days	296,015
2. Routine	128,030,092.00		13,324,849.00		Total Inpatient Days	184,429
3. Special Care	24,818,364.00		3,596,611.00		Total Newborn Days	24,805
4. Newborn Routine	20,168,699.00		8,231,403.00		Medicaid Inpatient Days	22,896
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	7,130
6. Home Health					Medicare Inpatient Days	62,746
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-5,684,820.05	-2,639,228.95	-706,801.69	-247,874.10	Medicaid Paid Claims	147,183
9. Total Cost	370,409,034.95	171,965,733.05	46,053,477.31	16,150,872.90	Property Rate Allowance	0.80
10. Charges	1,285,941,959.00	\$926,384,053.00	159,522,252.00	73,669,575.00	First Semester in effect:	2010/07
11. Fixed Costs	46,682,916.00		5,791,057.55		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,454.56	119.03	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,660.76	220.43	FPLI	0.9910
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	46,053,477.31	16,150,872.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 5,791,057.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	40,262,419.76	16,150,872.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	43,281,537.97	17,361,962.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	30,026	147,183
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,441.47	117.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,441.47	117.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,441.47	117.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	154.29	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,595.76	117.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$159,522,252.00	73,669,575.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,312.80	500.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,711.19	538.06
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,595.76	\$117.96
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$239.44	\$14.97
AV	Final Prospective Rates	\$1,356.32	\$102.99



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100641 - 2011/01**

832.29 / 102.42

## County Billing ONLY

**Baptist Medical Center**

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	203,076,700.00	174,604,962.00	21,607,416.00	16,398,747	Total Bed Days	296,015
2. Routine	128,030,092.00		13,324,849.00		Total Inpatient Days	184,429
3. Special Care	24,818,364.00		3,596,611.00		Total Newborn Days	24,805
4. Newborn Routine	20,168,699.00		8,231,403.00		Medicaid Inpatient Days	22,896
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	7,130
6. Home Health					Medicare Inpatient Days	62,746
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-5,684,820.05	-2,639,228.95	-706,801.69	-247,874.10	Medicaid Paid Claims	147,183
9. Total Cost	370,409,034.95	171,965,733.05	46,053,477.31	16,150,872.90	Property Rate Allowance	0.80
10. Charges	1,285,941,959.00	\$926,384,053.00	159,522,252.00	73,669,575.00	First Semester in effect:	2010/07
11. Fixed Costs	46,682,916.00		5,791,057.55		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,454.56		119.03	847.93	163.68	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	815.17	115.26	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,660.76	220.43	FPLI	0.9910

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	46,053,477.31	16,150,872.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 5,791,057.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	40,262,419.76	16,150,872.90
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	43,281,537.97	17,361,962.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	30,026	147,183
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,441.47	117.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	824.93	117.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	824.93	117.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,660.76	220.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	858.08	166.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	858.08	166.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	824.93	117.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	154.29	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	979.22	117.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$159,522,252.00	73,669,575.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,312.80	500.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,711.19	538.06
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$979.22	\$117.30
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$146.93	\$14.88
AV	Final Prospective Rates	\$832.29	\$102.42



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

100676 - 2011/01

1,740.84 / 254.60

Shands Jacksonville

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

Fiscal Year : 7/1/2008-6/30/2009

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Hospital Classification: Specialized/Statutory Teaching

: Rate Includes Buy Back

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	133,072,032.00	141,662,862.00	29,670,120.00	25,564,688	Total Bed Days	206,590
2. Routine	79,203,490.00		22,129,916.00		Total Inpatient Days	123,665
3. Special Care	37,888,052.00		7,595,105.00		Total Newborn Days	19,355
4. Newborn Routine	15,178,000.00		6,925,827.00		Medicaid Inpatient Days	34,518
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	5,362
6. Home Health					Medicare Inpatient Days	32,915
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	108,061
9. Total Cost	265,341,574.00	141,662,862.00	66,320,968.00	25,564,688.00	Property Rate Allowance	0.80
10. Charges	1,007,118,518.00	\$649,831,045.00	216,513,698.00	105,653,789.00	First Semester in effect:	2010/07
11. Fixed Costs	32,829,417.00		7,057,777.56		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,613.78	256.91	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,660.76	220.43	FPLI	0.9910
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	66,320,968.00	25,564,688.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 7,057,777.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	59,263,190.44	25,564,688.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	63,778,481.14	27,512,473.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	39,880	108,061
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,599.26	254.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,599.26	254.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,599.26	254.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.58	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,740.84	254.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$216,513,698.00	105,653,789.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,429.13	977.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,842.78	1,052.21
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,740.84	\$254.60
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,740.84	\$254.60



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100676 - 2011/01**

**1,094.51 / 104.72**

## County Billing ONLY

Shands Jacksonville

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

Fiscal Year : 7/1/2008-6/30/2009

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	133,072,032.00	141,662,862.00	29,670,120.00	25,564,688	Total Bed Days	206,590
2. Routine	79,203,490.00		22,129,916.00		Total Inpatient Days	123,665
3. Special Care	37,888,052.00		7,595,105.00		Total Newborn Days	19,355
4. Newborn Routine	15,178,000.00		6,925,827.00		Medicaid Inpatient Days	34,518
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	5,362
6. Home Health					Medicare Inpatient Days	32,915
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	108,061
9. Total Cost	265,341,574.00	141,662,862.00	66,320,968.00	25,564,688.00	Property Rate Allowance	0.80
10. Charges	1,007,118,518.00	\$649,831,045.00	216,513,698.00	105,653,789.00	First Semester in effect:	2010/07
11. Fixed Costs	32,829,417.00		7,057,777.56		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,613.78		256.91	Exempt	163.68	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,132.59	117.85	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,660.76	220.43	FPLI	0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	66,320,968.00	25,564,688.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 7,057,777.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	59,263,190.44	25,564,688.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	63,778,481.14	27,512,473.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	39,880	108,061
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,599.26	254.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,146.15	119.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,146.15	119.94
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	220.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	166.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	166.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,146.15	119.94
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.58	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,287.73	119.94
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$216,513,698.00	105,653,789.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,429.13	977.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,842.78	1,052.21
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,287.73	\$119.94
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$193.22	\$15.22
AV	Final Prospective Rates	\$1,094.51	\$104.72



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100722 - 2011/01**

**2,852.33 / 146.71**

**Mayo Clinic**

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

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

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Hospital Classification: Specialized: Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	114,169,316.00	68,283,123.00	534,882.00	341,114	Total Bed Days	74,460
2. Routine	62,288,737.00		278,898.00		Total Inpatient Days	53,824
3. Special Care	52,982,759.00		227,876.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	320
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,486
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-3,566,076.68	-1,061,288.32	-16,189.91	-5,301.75	Medicaid Paid Claims	2,152
9. Total Cost	225,874,735.32	67,221,834.68	1,025,466.09	335,812.25	Property Rate Allowance	0.80
10. Charges	\$522,033,636.00	\$279,409,840.00	\$2,672,783.00	1,353,917.00	First Semester in effect:	2011/01
11. Fixed Costs	25,512,066.00		130,620.35		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	3,001.47	167.49	Exempt	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,660.76	220.43	FPLI	0.9910

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,025,466.09	335,812.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 130,620.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	894,845.74	335,812.25
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	951,826.50	357,195.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	320	2,152
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,974.46	165.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,974.46	165.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,974.46	165.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	326.55	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	3,301.01	165.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,672,783.00	1,353,917.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,352.45	629.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,884.31	669.20
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$3,301.01	\$165.98
AU	Medicaid Trend Adjustment IP% : 13.592 OP% : 11.610	\$448.68	\$19.27
AV	Final Prospective Rates	\$2,852.33	\$146.71



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100722 - 2011/01**

1,271.93 / 97.56

## County Billing ONLY

Mayo Clinic

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

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

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Hospital Classification: Specialized: Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	114,169,316.00	68,283,123.00	534,882.00	341,114	Total Bed Days	74,460
2. Routine	62,288,737.00		278,898.00		Total Inpatient Days	53,824
3. Special Care	52,982,759.00		227,876.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	320
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,486
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-3,566,076.68	-1,061,288.32	-16,189.91	-5,301.75	Medicaid Paid Claims	2,152
9. Total Cost	225,874,735.32	67,221,834.68	1,025,466.09	335,812.25	Property Rate Allowance	0.80
10. Charges	\$522,033,636.00	\$279,409,840.00	\$2,672,783.00	1,353,917.00	First Semester in effect:	2011/01
11. Fixed Costs	25,512,066.00		130,620.35		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	3,001.47	167.49	Variable Cost Base	1,156.08	109.80	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,660.76	220.43	FPLI	0.9910
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,025,466.09	335,812.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 130,620.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	894,845.74	335,812.25
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	951,826.50	357,195.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	320	2,152
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,974.46	165.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,169.92	111.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,169.92	111.74
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	220.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	166.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	166.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,169.92	111.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	326.55	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,496.47	111.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,672,783.00	1,353,917.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,352.45	629.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,884.31	669.20
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,496.47	\$111.74
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$224.54	\$14.18
AV	Final Prospective Rates	\$1,271.93	\$97.56



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

100731 - 2011/01

1,273.76 / 88.60

St. Vincent's Hospital

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

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	136,046,253.00	98,982,633.00	6,010,454.00	2,933,055	Total Bed Days	189,070
2. Routine	81,946,140.00		5,280,675.00		Total Inpatient Days	126,460
3. Special Care	20,015,662.00		1,142,529.00		Total Newborn Days	5,803
4. Newborn Routine	3,419,570.00		1,288,755.00		Medicaid Inpatient Days	8,579
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	778
6. Home Health					Medicare Inpatient Days	64,837
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-4,349,747.89	-1,783,348.11	-247,233.67	-52,844.20	Medicaid Paid Claims	30,549
9. Total Cost	237,077,877.11	97,199,284.89	13,475,179.33	2,880,210.80	Property Rate Allowance	0.80
10. Charges	\$914,399,593.00	\$529,134,341.00	\$45,596,524.00	18,713,572.00	First Semester in effect:	2010/07
11. Fixed Costs	34,788,123.00		1,734,709.31		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,362.58	102.39	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,660.76	220.43	FPLI	0.9910
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,475,179.33	2,880,210.80
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,734,709.31	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,740,470.02	2,880,210.80
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	12,634,982.02	3,099,655.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,357	30,549
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,350.32	101.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,350.32	101.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,350.32	101.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	148.31	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,498.63	101.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$45,596,524.00	18,713,572.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,872.99	612.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,244.27	659.25
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,498.63	\$101.47
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$224.87	\$12.87
AV	Final Prospective Rates	\$1,273.76	\$88.60



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100731 - 2011/01**

**834.84 / 67.38**

## County Billing ONLY

St. Vincent's Hospital

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

Fiscal Year : 7/1/2008-6/30/2009

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Hospital Classification: CHEP

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	136,046,253.00	98,982,633.00	6,010,454.00	2,933,055	Total Bed Days	189,070
2. Routine	81,946,140.00		5,280,675.00		Total Inpatient Days	126,460
3. Special Care	20,015,662.00		1,142,529.00		Total Newborn Days	5,803
4. Newborn Routine	3,419,570.00		1,288,755.00		Medicaid Inpatient Days	8,579
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	778
6. Home Health					Medicare Inpatient Days	64,837
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-4,349,747.89	-1,783,348.11	-247,233.67	-52,844.20	Medicaid Paid Claims	30,549
9. Total Cost	237,077,877.11	97,199,284.89	13,475,179.33	2,880,210.80	Property Rate Allowance	0.80
10. Charges	\$914,399,593.00	\$529,134,341.00	\$45,596,524.00	18,713,572.00	First Semester in effect:	2010/07
11. Fixed Costs	34,788,123.00		1,734,709.31		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,362.58	102.39	Variable Cost Base	847.93	163.68	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	824.05	75.83	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI	0.9910
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		1,660.76	220.43		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,475,179.33	2,880,210.80
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,734,709.31	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,740,470.02	2,880,210.80
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	12,634,982.02	3,099,655.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,357	30,549
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,350.32	101.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	833.91	77.17
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	833.91	77.17
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,660.76	220.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	858.08	166.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	858.08	166.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	833.91	77.17
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	148.31	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	982.22	77.17
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$45,596,524.00	18,713,572.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,872.99	612.58
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,244.27	659.25
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$982.22	\$77.17
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$147.38	\$9.79
AV	Final Prospective Rates	\$834.84	\$67.38





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**100749 - 2011/01**

1,555.02 / 107.65

## Baptist Hospital (Pensacola)

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	76,046,788.00	92,019,969.00	7,075,937.00	6,932,015	Total Bed Days	203,305
2. Routine	54,894,208.00		5,884,284.00		Total Inpatient Days	89,362
3. Special Care	23,000,903.00		1,153,325.00		Total Newborn Days	3,671
4. Newborn Routine	3,359,748.00		1,912,789.00		Medicaid Inpatient Days	9,704
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	862
6. Home Health					Medicare Inpatient Days	40,415
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-2,231,008.96	-1,305,119.04	-227,301.48	-98,316.76	Medicaid Paid Claims	68,244
9. Total Cost	155,070,638.04	90,714,849.96	15,799,033.52	6,833,698.24	Property Rate Allowance	0.80
10. Charges	\$567,954,403.00	\$577,453,587.00	\$48,635,388.00	41,914,503.00	First Semester in effect:	2010/07
11. Fixed Costs	23,500,783.00		2,012,432.15		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,491.23	114.45	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,576.30	209.22	FPLI	0.9406

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,799,033.52	6,833,698.24
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,012,432.15	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,786,601.37	6,833,698.24
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,820,403.60	7,346,130.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,566	68,244
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,402.65	107.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,402.65	107.65
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,402.65	107.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	152.37	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,555.02	107.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$48,635,388.00	41,914,503.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,603.01	614.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,948.17	660.25
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,555.02	\$107.65
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,555.02	\$107.65



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

100749 - 2011/01

710.53 / 76.62

## County Billing ONLY

Baptist Hospital (Pensacola)

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

Fiscal Year: 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	76,046,788.00	92,019,969.00	7,075,937.00	6,932,015	Total Bed Days	203,305
2. Routine	54,894,208.00		5,884,284.00		Total Inpatient Days	89,362
3. Special Care	23,000,903.00		1,153,325.00		Total Newborn Days	3,671
4. Newborn Routine	3,359,748.00		1,912,789.00		Medicaid Inpatient Days	9,704
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	862
6. Home Health					Medicare Inpatient Days	40,415
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-2,231,008.96	-1,305,119.04	-227,301.48	-98,316.76	Medicaid Paid Claims	68,244
9. Total Cost	155,070,638.04	90,714,849.96	15,799,033.52	6,833,698.24	Property Rate Allowance	0.80
10. Charges	\$567,954,403.00	\$577,453,587.00	\$48,635,388.00	41,914,503.00	First Semester in effect:	2010/07
11. Fixed Costs	23,500,783.00		2,012,432.15		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,491.23	114.45	County Ceiling Base	887.77	158.86	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	675.51	86.22	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,576.30	209.22	FPLI	0.9406

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,799,033.52	6,833,698.24
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,012,432.15	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,786,601.37	6,833,698.24
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,820,403.60	7,346,130.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,566	68,244
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,402.65	107.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	683.60	87.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	683.60	87.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	1,576.30	209.22
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	898.40	161.67
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	898.40	161.67
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	683.60	87.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	152.37	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	835.97	87.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$48,635,388.00	41,914,503.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,603.01	614.19
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,948.17	660.25
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$835.97	\$87.75
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$125.44	\$11.13
AV	Final Prospective Rates	\$710.53	\$76.62



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100765 - 2011/01**

**1,616.51 / 161.24**

## Sacred Heart Hospital

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

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	109,076,487.00	160,574,583.00	17,668,030.00	10,724,013	Total Bed Days	167,170
2. Routine	56,207,437.00		8,976,264.00		Total Inpatient Days	99,379
3. Special Care	17,392,993.00		2,518,028.00		Total Newborn Days	23,143
4. Newborn Routine	16,512,205.00		11,774,221.00		Medicaid Inpatient Days	15,654
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10,981
6. Home Health					Medicare Inpatient Days	36,723
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	71,576
9. Total Cost	199,189,122.00	160,574,583.00	40,936,543.00	10,724,013.00	Property Rate Allowance	0.80
10. Charges	\$666,503,966.00	\$533,856,467.00	\$95,744,888.00	42,424,104.00	First Semester in effect:	2010/07
11. Fixed Costs	25,199,808.00		3,620,012.66		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,603.00	171.42	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,576.30	209.22	FPLI	0.9406

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	40,936,543.00	10,724,013.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,620,012.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	37,316,530.34	10,724,013.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	40,159,694.56	11,541,080.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	26,635	71,576
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,507.78	161.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,507.78	161.24
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,507.78	161.24
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	108.73	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,616.51	161.24
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$95,744,888.00	42,424,104.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,594.70	592.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,868.58	637.87
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,616.51	\$161.24
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,616.51	\$161.24



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

100765 - 2011/01

844.42 / 113.51

## County Billing ONLY

Sacred Heart Hospital

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

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	109,076,487.00	160,574,583.00	17,668,030.00	10,724,013	Total Bed Days	167,170
2. Routine	56,207,437.00		8,976,264.00		Total Inpatient Days	99,379
3. Special Care	17,392,993.00		2,518,028.00		Total Newborn Days	23,143
4. Newborn Routine	16,512,205.00		11,774,221.00		Medicaid Inpatient Days	15,654
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10,981
6. Home Health					Medicare Inpatient Days	36,723
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	71,576
9. Total Cost	199,189,122.00	160,574,583.00	40,936,543.00	10,724,013.00	Property Rate Allowance	0.80
10. Charges	\$666,503,966.00	\$533,856,467.00	\$95,744,888.00	42,424,104.00	First Semester in effect:	2010/07
11. Fixed Costs	25,199,808.00		3,620,012.66		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,603.00	171.42	County Ceiling Base	887.77	158.86	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	874.30	127.74	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,576.30	209.22	FPLI	0.9406

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	40,936,543.00	10,724,013.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,620,012.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	37,316,530.34	10,724,013.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	40,159,694.56	11,541,080.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	26,635	71,576
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,507.78	161.24
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	884.76	130.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	884.76	130.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	1,576.30	209.22
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	898.40	161.67
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	898.40	161.67
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	884.76	130.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	108.73	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	993.49	130.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$95,744,888.00	42,424,104.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,594.70	592.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,868.58	637.87
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$993.49	\$130.00
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$149.07	\$16.49
AV	Final Prospective Rates	\$844.42	\$113.51



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

<b>100803 - 2011/01</b>
2,882.88 / 89.16

## George E. Weems Memorial Hospital

Type of Control: Government (4)  
 Fiscal Year : 1/1/2009-9/30/2009  
 Hospital Classification: Rural Hospital

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

County: Franklin (19)  
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	304,405.00	2,723,951.00	46,854.00	410,044	Total Bed Days	6,825
2. Routine	1,447,068.00		101,574.00		Total Inpatient Days	639
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	69
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	508
7. Malpractice					Prospective Inflation factor	1.0695991091
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	4,919
9. Total Cost	1,751,473.00	2,723,951.00	148,428.00	410,044.00	Property Rate Allowance	1.00
10. Charges	\$1,991,244.00	\$9,779,814.00	\$199,113.00	1,014,304.00	First Semester in effect:	2010/07
11. Fixed Costs	220,470.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,487.32		86.54	Exempt	Exempt	Exempt
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.796
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,726.62	229.17	FPLI	1.0303

Rate Calculations			
Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,751,473.00	410,044.00
AB	Total Fixed Costs	(-) 220,470.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,531,003.00	410,044.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,637,559.44	438,582.70
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	639	4,919
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,562.69	89.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,562.69	89.16
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0303) for Franklin county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,562.69	89.16
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	345.02	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,907.71	89.16
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$1,991,244.00	1,014,304.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,116.19	206.20
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,333.07	220.55
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,907.71	\$89.16
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$24.83	\$0.00
AV	Final Prospective Rates	\$2,882.88	\$89.16



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

**100862 - 2011/01**

**1,866.62 / 62.03**

## Hendry Regional Medical Center

Type of Control: Government (4)

County: Hendry (26)

Fiscal Year : 10/1/2008-9/30/2009

Type of Action: Unaudited Cost Report [1]

District: 8

Hospital Classification: Rural Hospital

: Rate Includes Buy Back

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,586,727.00	9,055,719.00	327,762.00	671,412	Total Bed Days	9,125
2. Routine	3,074,708.00		269,751.00		Total Inpatient Days	3,847
3. Special Care	1,014,551.00		87,858.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	386
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,785
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-81,638.93	-110,740.07	-8,381.23	-8,210.53	Medicaid Paid Claims	11,493
9. Total Cost	6,594,347.07	8,944,978.93	676,989.77	663,201.47	Property Rate Allowance	1.00
10. Charges	\$14,820,451.00	\$38,473,617.00	\$1,534,445.00	2,850,653.00	First Semester in effect:	2010/07
11. Fixed Costs	932,344.00		96,530.84		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,795.96	68.91	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,508.42	200.21	FPLI	0.9001
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	676,989.77	663,201.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 96,530.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	580,458.93	663,201.47
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	623,985.23	712,932.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	386	11,493
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,616.54	62.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,616.54	62.03
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9001) for Hendry county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,616.54	62.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/Af) x E9	250.08	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,866.62	62.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,534,445.00	2,850,653.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,975.25	248.03
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,273.34	266.63
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,866.62	\$62.03
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,866.62	\$62.03



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1,2011 through June 30, 2011

<b>100871 - 2011/01</b>
1,172.41 / 75.89

**Brooksville Regional Hospital**

Type of Control: Proprietary(I)  
 Fiscal Year : 10/1/2008-9/30/2009  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hernando (27)  
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	35,137,516.00	25,998,712.00	4,165,488.00	3,393,325	Total Bed Days	89,060
2. Routine	23,755,916.00		2,086,578.00		Total Inpatient Days	48,621
3. Special Care	6,631,216.00		1,441,233.00		Total Newborn Days	6,028
4. Newborn Routine	2,896,206.00		1,924,212.00		Medicaid Inpatient Days	5,231
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,897
6. Home Health					Medicare Inpatient Days	19,366
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,191,147.91	-452,615.09	-167,432.55	-59,074.85	Medicaid Paid Claims	41,237
9. Total Cost	67,229,706.09	25,546,096.91	9,450,078.45	3,334,250.15	Property Rate Allowance	0.80
10. Charges	\$555,956,883.00	\$280,100,628.00	\$66,699,929.00	29,343,952.00	First Semester in effect:	2010/07
11. Fixed Costs	9,896,826.00		1,187,353.93		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,374.04	95.84	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,519.82	201.72	FPLI	0.9069

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,450,078.45	3,334,250.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,187,353.93	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,262,724.52	3,334,250.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,882,313.26	3,584,272.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,128	41,237
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,246.12	86.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,246.12	86.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,246.12	86.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	133.26	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,379.38	86.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$66,699,929.00	29,343,952.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,357.45	711.59
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,059.13	764.95
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,379.38	\$86.92
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$206.97	\$11.03
AV	Final Prospective Rates	\$1,172.41	\$75.89



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

100871 - 2011/01

791.05 / 69.41

County Billing ONLY

Brooksville Regional Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hernando (27)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	35,137,516.00	25,998,712.00	4,165,488.00	3,393,325	Total Bed Days	89,060
2. Routine	23,755,916.00		2,086,578.00		Total Inpatient Days	48,621
3. Special Care	6,631,216.00		1,441,233.00		Total Newborn Days	6,028
4. Newborn Routine	2,896,206.00		1,924,212.00		Medicaid Inpatient Days	5,231
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,897
6. Home Health					Medicare Inpatient Days	19,366
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,191,147.91	-452,615.09	-167,432.55	-59,074.85	Medicaid Paid Claims	41,237
9. Total Cost	67,229,706.09	25,546,096.91	9,450,078.45	3,334,250.15	Property Rate Allowance	0.80
10. Charges	\$555,956,883.00	\$280,100,628.00	\$66,699,929.00	29,343,952.00	First Semester in effect:	2010/07
11. Fixed Costs	9,896,826.00		1,187,353.93		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,374.04	95.84	845.48	160.55	Semester DRI Index	1.9210	
2. Base Rate Semester	2010/01	2010/07	788.01	78.12	Cost Report DRI Index	1.787	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,519.82	201.72	FPLI	0.9069	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,450,078.45	3,334,250.15
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,187,353.93	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,262,724.52	3,334,250.15
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,882,313.26	3,584,272.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,128	41,237
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,246.12	86.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	797.44	79.50
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	797.44	79.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	1,519.82	201.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	855.60	163.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	855.60	163.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	797.44	79.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	133.26	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	930.70	79.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$66,699,929.00	29,343,952.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,357.45	711.59
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,059.13	764.95
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$930.70	\$79.50
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$139.65	\$10.09
AV	Final Prospective Rates	\$791.05	\$69.41





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100897 - 2011/01**

680.69 / 77.28

## Highlands Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Highlands (28)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,209,004.00	16,650,613.00	1,935,787.00	1,335,095	Total Bed Days	45,990
2. Routine	10,282,330.00		1,160,319.00		Total Inpatient Days	19,423
3. Special Care	3,032,491.00		378,371.00		Total Newborn Days	872
4. Newborn Routine	150,653.00		114,028.00		Medicaid Inpatient Days	2,337
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	18
6. Home Health					Medicare Inpatient Days	11,805
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-402,264.32	-233,585.68	-50,341.89	-18,729.59	Medicaid Paid Claims	15,898
9. Total Cost	28,272,213.68	16,417,027.32	3,538,163.11	1,316,365.41	Property Rate Allowance	0.80
10. Charges	\$136,148,696.00	\$113,823,721.00	\$14,190,844.00	9,395,902.00	First Semester in effect:	2010/07
11. Fixed Costs	4,990,372.00		520,148.87		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		849.76	151.41	Semester DRI Index	1.9210
1. Normalized Rate	1,527.64	98.70	Variable Cost Base	616.78	86.97	Cost Report DRI Index	1.787
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,511.27	200.59	FPLI	0.9018
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,538,163.11	1,316,365.41
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 520,148.87	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,018,014.24	1,316,365.41
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,244,323.08	1,415,074.40
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,355	15,898
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,377.63	89.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	624.16	88.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	624.16	88.51
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county	1,511.27	200.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	859.93	154.09
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	859.93	154.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	624.16	88.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	176.70	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	800.86	88.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,190,844.00	9,395,902.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,025.84	591.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,477.69	635.33
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$800.86	\$88.51
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$120.17	\$11.23
AV	Final Prospective Rates	\$680.69	\$77.28



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100901 - 2011/01**

807.73 / 97.87

## Florida Hospital Heartland Medical Center

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Highlands (28)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,391,549.00	39,043,531.00	4,328,659.00	2,574,313	Total Bed Days	58,035
2. Routine	25,528,120.00		3,011,685.00		Total Inpatient Days	45,637
3. Special Care	7,653,704.00		804,546.00		Total Newborn Days	2,064
4. Newborn Routine	680,747.00		490,113.00		Medicaid Inpatient Days	5,459
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	165
6. Home Health					Medicare Inpatient Days	28,096
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,104,966.16	-581,001.84	-128,496.39	-38,308.03	Medicaid Paid Claims	24,066
9. Total Cost	73,149,153.84	38,462,529.16	8,506,506.61	2,536,004.97	Property Rate Allowance	0.80
10. Charges	\$318,767,618.00	\$185,249,317.00	\$33,754,254.00	15,345,515.00	First Semester in effect:	2011/01
11. Fixed Costs	9,478,420.00		1,003,668.43		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRJ Index
1. Normalized Rate	1,573.54	124.30	849.76	151.41	115.78	Cost Report DRJ Index	1.9210
2. Base Rate Semester	2010/01	2010/07	798.01	222.43	200.59	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	1,511.27		FPLI	0.9018
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,506,506.61	2,536,004.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,003,668.43	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,502,838.18	2,536,004.97
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,980,593.65	2,697,489.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,624	24,066
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,419.02	112.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	807.56	117.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	807.56	112.09
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9018) for Highlands county	1,511.27	200.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	859.93	154.09
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	859.93	154.09
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	807.56	112.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	142.77	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	950.33	112.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$33,754,254.00	15,345,515.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,001.82	637.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,384.00	678.24
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$950.33	\$112.09
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$142.60	\$14.22
AV	Final Prospective Rates	\$807.73	\$97.87



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100943 - 2011/01**

**1,087.51 / 102.28**

## University Community Hospital Carrollwood

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

Fiscal Year: 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	34,066,685.00	30,291,391.00	547,874.00	1,056,974	Total Bed Days	39,785
2. Routine	12,320,244.00		311,517.00		Total Inpatient Days	19,608
3. Special Care	1,984,720.00		93,425.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	583
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,598
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-682,296.14	-427,268.86	-13,439.75	-14,908.92	Medicaid Paid Claims	10,891
9. Total Cost	47,689,352.86	29,864,122.14	939,376.25	1,042,065.08	Property Rate Allowance	0.80
10. Charges	\$243,208,032.00	\$164,988,740.00	\$5,051,497.00	7,639,516.00	First Semester in effect:	2010/07
11. Fixed Costs	6,293,014.00		130,707.61		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,594.92		110.02	897.41	161.53	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,115.75	100.50	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,566.74	207.95	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	939,376.25	1,042,065.08
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 130,707.61	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	808,668.64	1,042,065.08
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	869,307.47	1,120,205.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	583	10,891
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,491.09	102.86
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,129.10	102.28
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,129.10	102.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,566.74	207.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	908.15	164.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	908.15	164.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	908.15	102.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	179.36	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,087.51	102.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,051,497.00	7,639,516.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,664.66	701.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,314.39	754.05
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,087.51	\$102.28
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,087.51	\$102.28



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100978 - 2011/01**

**1,767.31 / 144.47**

## St. Joseph's Hospital

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

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

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	211,770,588.00	145,641,397.00	28,751,993.00	11,034,891	Total Bed Days	322,295
2. Routine	134,110,940.00		15,846,714.00		Total Inpatient Days	225,229
3. Special Care	51,470,406.00		9,969,722.00		Total Newborn Days	18,083
4. Newborn Routine	6,233,895.00		1,649,581.00		Medicaid Inpatient Days	32,006
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	58
6. Home Health					Medicare Inpatient Days	57,325
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-6,106,374.89	-2,203,598.11	-850,595.39	-166,961.22	Medicaid Paid Claims	80,019
9. Total Cost	397,479,454.11	143,437,798.89	55,367,414.61	10,867,929.78	Property Rate Allowance	0.80
10. Charges	1,586,123,037.00	\$736,138,110.00	229,568,753.00	56,664,349.00	First Semester in effect:	2010/07
11. Fixed Costs	58,322,617.00		8,441,369.39		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,665.10		154.53	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,566.74	207.95	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	55,367,414.61	10,867,929.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 8,441,369.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	46,926,045.22	10,867,929.78
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	49,914,137.80	11,559,962.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	32,064	80,019
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,556.70	144.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,556.70	144.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,556.70	144.47
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	210.61	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,767.31	144.47
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$229,568,753.00	56,664,349.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,159.70	708.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,615.61	753.23
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,767.31	\$144.47
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,767.31	\$144.47



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100978 - 2011/01**

**950.89 / 122.68**

## County Billing ONLY

St. Joseph's Hospital

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

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

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cos/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	211,770,588.00	145,641,397.00	28,751,993.00	11,034,891	Total Bed Days	322,295
2. Routine	134,110,940.00		15,846,714.00		Total Inpatient Days	225,229
3. Special Care	51,470,406.00		9,969,722.00		Total Newborn Days	18,083
4. Newborn Routine	6,233,895.00		1,649,581.00		Medicaid Inpatient Days	32,006
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	58
6. Home Health					Medicare Inpatient Days	57,325
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-6,106,374.89	-2,203,598.11	-850,595.39	-166,961.22	Medicaid Paid Claims	80,019
9. Total Cost	397,479,454.11	143,437,798.89	55,367,414.61	10,867,929.78	Property Rate Allowance	0.80
10. Charges	1,586,123,037.00	\$736,138,110.00	229,568,753.00	56,664,349.00	First Semester in effect:	2010/07
11. Fixed Costs	58,322,617.00		8,441,369.39		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,665.10	154.53	County Ceiling Base	897.41	161.53	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,035.08	138.06	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,566.74	207.95	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	55,367,414.61	10,867,929.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 8,441,369.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	46,926,045.22	10,867,929.78
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	49,914,137.80	11,559,962.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	32,064	80,019
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,556.70	144.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,047.47	140.51
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,047.47	140.51
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,566.74	207.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	908.15	164.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	908.15	164.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	908.15	140.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	210.61	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,118.76	140.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$229,568,753.00	56,664,349.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,159.70	708.14
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,615.61	753.23
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,118.76	\$140.51
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$167.87	\$17.83
AV	Final Prospective Rates	\$950.89	\$122.68



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**100986 - 2011/01**

**1,994.32 / 93.10**

## South Florida Baptist

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

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

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,477,604.00	25,811,869.00	3,444,061.00	1,918,169	Total Bed Days	53,655
2. Routine	17,983,470.00		2,115,604.00		Total Inpatient Days	27,566
3. Special Care	4,768,736.00		303,265.00		Total Newborn Days	911
4. Newborn Routine	526,776.00		289,698.00		Medicaid Inpatient Days	3,132
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	17
6. Home Health					Medicare Inpatient Days	8,502
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-659,234.49	-380,191.51	-90,624.08	-28,253.34	Medicaid Paid Claims	21,592
9. Total Cost	44,097,351.51	25,431,677.49	6,062,003.92	1,889,915.66	Property Rate Allowance	0.80
10. Charges	\$191,651,842.00	\$171,464,742.00	\$20,515,217.00	11,638,975.00	First Semester in effect:	2010/07
11. Fixed Costs	5,948,568.00		636,759.67		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,960.16	99.58	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,566.74	207.95	FPLI	0.9349
4. Rate of Increase (Year/Scm.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,062,003.92	1,889,915.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 636,759.67	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,425,244.25	1,889,915.66
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,770,705.54	2,010,259.13
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,149	21,592
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,832.55	93.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,832.55	93.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,832.55	93.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	161.77	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,994.32	93.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,515,217.00	11,638,975.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,514.84	539.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,929.68	573.36
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,994.32	\$93.10
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,994.32	\$93.10



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100986 - 2011/01**

833.85 / 68.26

## County Billing ONLY

South Florida Baptist

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

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

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,477,604.00	25,811,869.00	3,444,061.00	1,918,169	Total Bed Days	53,655
2. Routine	17,983,470.00		2,115,604.00		Total Inpatient Days	27,566
3. Special Care	4,768,736.00		303,265.00		Total Newborn Days	911
4. Newborn Routine	526,776.00		289,698.00		Medicaid Inpatient Days	3,132
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	17
6. Home Health					Medicare Inpatient Days	8,502
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-659,234.49	-380,191.51	-90,624.08	-28,253.34	Medicaid Paid Claims	21,592
9. Total Cost	44,097,351.51	25,431,677.49	6,062,003.92	1,889,915.66	Property Rate Allowance	0.80
10. Charges	\$191,651,842.00	\$171,464,742.00	\$20,515,217.00	11,638,975.00	First Semester in effect:	2010/07
11. Fixed Costs	5,948,568.00		636,759.67		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,960.16	99.58	County Ceiling Base	897.41	161.53	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	809.60	76.82	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,566.74	207.95	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,062,003.92	1,889,915.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 636,759.67	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,425,244.25	1,889,915.66
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,770,705.54	2,010,259.13
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,149	21,592
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,832.55	93.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	819.29	78.18
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	819.29	78.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,566.74	207.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	908.15	164.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	908.15	164.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	819.29	78.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	161.77	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	981.06	78.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$20,515,217.00	11,638,975.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,514.84	539.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,929.68	573.36
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$981.06	\$78.18
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$147.21	\$9.92
AV	Final Prospective Rates	\$833.85	\$68.26



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**100994 - 2011/01**

**2,225.86 / 222.85**

## Tampa General Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District 6

Hospital Classification: Specialized/Statutory Teaching

Type of Cos/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	330,928,129.00	162,682,795.00	52,936,419.00	12,483,993	Total Bed Days	327,770
2. Routine	183,843,633.00		29,098,235.00		Total Inpatient Days	237,365
3. Special Care	98,292,975.00		9,174,382.00		Total Newborn Days	27,211
4. Newborn Routine	22,073,964.00		11,375,594.00		Medicaid Inpatient Days	36,759
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	11,171
6. Home Health					Medicare Inpatient Days	75,353
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-6,447,981.57	-1,651,569.43	-1,041,447.80	-126,738.55	Medicaid Paid Claims	59,608
9. Total Cost	628,690,719.43	161,031,225.57	101,543,182.20	12,357,254.45	Property Rate Allowance	0.80
10. Charges	2,856,697,395.00	\$936,057,807.00	391,952,798.00	67,005,895.00	First Semester in effect:	2010/07
11. Fixed Costs	65,522,325.00		8,989,982.16		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,220.36	238.37	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,566.74	207.95	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	101,543,182.20	12,357,254.45
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 8,989,982.16	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	92,553,200.04	12,357,254.45
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	99,493,395.23	13,283,875.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	47,930	59,608
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,075.81	222.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,075.81	222.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,075.81	222.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	150.05	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,225.86	222.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$391,952,798.00	67,005,895.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,177.61	1,124.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,790.82	1,208.40
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,225.86	\$222.85
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,225.86	\$222.85





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**100994 - 2011/01**

**1,046.00 / 142.39**

## County Billing ONLY

**Tampa General Hospital**

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

Fiscal Year : 10/1/2008-9/30/2009

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District 6

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	330,928,129.00	162,682,795.00	52,936,419.00	12,483,993	Total Bed Days	327,770
2. Routine	183,843,633.00		29,098,235.00		Total Inpatient Days	237,365
3. Special Care	98,292,975.00		9,174,382.00		Total Newborn Days	27,211
4. Newborn Routine	22,073,964.00		11,375,594.00		Medicaid Inpatient Days	36,759
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	11,171
6. Home Health					Medicare Inpatient Days	75,353
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-6,447,981.57	-1,651,569.43	-1,041,447.80	-126,738.55	Medicaid Paid Claims	59,608
9. Total Cost	628,690,719.43	161,031,225.57	101,543,182.20	12,357,254.45	Property Rate Allowance	0.80
10. Charges	2,856,697,395.00	\$936,057,807.00	391,952,798.00	67,005,895.00	First Semester in effect:	2010/07
11. Fixed Costs	65,522,325.00		8,989,982.16		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,220.36	238.37	County Ceiling Base	Exempt	161.53	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,067.83	160.24	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,566.74	207.95	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	101,543,182.20	12,357,254.45
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 8,989,982.16	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	92,553,200.04	12,357,254.45
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	99,493,395.23	13,283,875.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	47,930	59,608
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,075.81	222.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,080.61	163.08
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,080.61	163.08
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	207.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	164.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	164.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,080.61	163.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	150.05	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,230.66	163.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$391,952,798.00	67,005,895.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,177.61	1,124.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,790.82	1,208.40
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,230.66	\$163.08
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$184.66	\$20.69
AV	Final Prospective Rates	\$1,046.00	\$142.39



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101028 - 2011/01
1,030.56 / 91.95

## University Community Hospital-Tampa

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	110,380,677.00	63,182,439.00	5,586,778.00	2,393,929	Total Bed Days	173,375
2. Routine	65,200,700.00		3,753,734.00		Total Inpatient Days	115,535
3. Special Care	15,507,264.00		1,442,148.00		Total Newborn Days	6,835
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	7,798
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	216
6. Home Health					Medicare Inpatient Days	43,973
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-2,912,730.28	-963,078.72	-164,358.17	-36,490.24	Medicaid Paid Claims	25,636
9. Total Cost	188,175,910.72	62,219,360.28	10,618,301.83	2,357,438.76	Property Rate Allowance	0.80
10. Charges	\$998,771,520.00	\$421,865,121.00	\$53,358,454.00	17,075,029.00	First Semester in effect:	2010/07
11. Fixed Costs	22,953,509.00		1,226,270.20		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,347.56	105.73	County Ceiling Base	897.41	161.53	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	923.34	90.35	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,566.74	207.95	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,618,301.83	2,357,438.76
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,226,270.20	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,392,031.63	2,357,438.76
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,096,302.61	2,534,213.69
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,014	25,636
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,259.83	98.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	934.39	91.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	934.39	91.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,566.74	207.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	908.15	164.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	908.15	164.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	908.15	91.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	122.41	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,030.56	91.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$53,358,454.00	17,075,029.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,658.15	666.06
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,157.42	716.01
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,030.56	\$91.95
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,030.56	\$91.95



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101036 - 2011/01**

**1,380.26 / 211.99**

## Doctors Memorial Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Holmes (30)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,109,168.00	5,378,366.00	568,533.00	2,002,624.00	Total Bed Days	9,125
2. Routine	2,326,242.00		391,975.00		Total Inpatient Days	4,864
3. Special Care	700,824.00		91,107.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	790
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,094
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	10,155
9. Total Cost	6,136,234.00	5,378,366.00	1,051,615.00	2,002,624.00	Property Rate Allowance	1.00
10. Charges	\$14,091,466.00	\$16,515,660.00	\$2,471,923.00	3,791,042.00	First Semester in effect:	2010/07
11. Fixed Costs	2,332,208.00		409,115.60		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,038.46	251.80	Exempt	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI	0.8419
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,410.89	187.26		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,051,615.00	2,002,624.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 409,115.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	642,499.40	2,002,624.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	690,677.86	2,152,792.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	790	10,155
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	874.28	211.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	874.28	211.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8419) for Holmes county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	874.28	211.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	517.87	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,392.15	211.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,471,923.00	3,791,042.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,129.02	373.32
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,363.65	401.31
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,392.15	\$211.99
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$11.89	\$0.00
AV	Final Prospective Rates	\$1,380.26	\$211.99



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101044 - 2011/01**

**881.39 / 103.74**

## Indian River Memorial Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Indian River (31)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	51,305,654.00	50,054,696.00	5,473,597.00	4,242,092	Total Bed Days	122,275
2. Routine	40,215,116.00		3,714,363.00		Total Inpatient Days	65,940
3. Special Care	6,623,040.00		358,264.00		Total Newborn Days	2,654
4. Newborn Routine	1,224,382.00		775,957.00		Medicaid Inpatient Days	6,138
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	115
6. Home Health					Medicare Inpatient Days	37,819
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,274,394.04	-641,949.96	-132,381.66	-54,404.70	Medicaid Paid Claims	36,645
9. Total Cost	98,093,797.96	49,412,746.04	10,189,799.34	4,187,687.30	Property Rate Allowance	0.80
10. Charges	\$269,626,543.00	\$205,900,413.00	\$23,270,523.00	15,023,562.00	First Semester in effect:	2010/07
11. Fixed Costs	12,179,835.00		1,051,198.92		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,655.84		129.48	891.83	151.56	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	961.71	116.75	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,590.04	211.04	FPLI	0.9488

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,189,799.34	4,187,687.30
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,051,198.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,138,600.42	4,187,687.30
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,823,867.60	4,501,705.26
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,253	36,645
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,571.06	122.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	973.22	118.82
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	973.22	118.82
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county	1,590.04	211.04
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	902.50	154.24
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	902.50	154.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	902.50	118.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	134.49	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,036.99	118.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$23,270,523.00	15,023,562.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,721.50	409.98
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,000.56	440.72
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,036.99	\$118.82
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$155.60	\$15.08
AV	Final Prospective Rates	\$881.39	\$103.74



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101061 - 2011/01**

2,264.04 / 124.11

## Jackson Hospital

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

Fiscal Year : 10/1/2007-9/30/2008

Hospital Classification: Rural

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Jackson (32)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,342,352.00	19,163,386.00	3,306,040.00	2,779,220	Total Bed Days	32,208
2. Routine	7,002,062.00		1,137,197.00		Total Inpatient Days	12,908
3. Special Care	1,808,425.00		380,277.00		Total Newborn Days	1,396
4. Newborn Routine	535,934.00		370,473.00		Medicaid Inpatient Days	2,369
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	35
6. Home Health					Medicare Inpatient Days	7,502
7. Malpractice					Prospective Inflation factor	1.0767937220
8. Adjustments	-208,434.18	-239,340.82	-64,870.22	-34,711.03	Medicaid Paid Claims	23,812
9. Total Cost	16,480,338.82	18,924,045.18	5,129,116.78	2,744,508.97	Property Rate Allowance	1.00
10. Charges	\$38,527,610.00	\$66,101,708.00	\$6,641,676.00	8,364,187.00	First Semester in effect:	2010/07
11. Fixed Costs	2,520,350.00		434,476.68		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	2,458.85	145.12	Exempt	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI	0.8552
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,433.18	190.22		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,129,116.78	2,744,508.97
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 434,476.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,694,640.10	2,744,508.97
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,055,158.99	2,955,270.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,404	23,812
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,102.81	124.11
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,102.81	124.11
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8552) for Jackson county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,102.81	124.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	180.73	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,283.54	124.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,641,676.00	8,364,187.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,762.76	351.26
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,974.92	378.23
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,283.54	\$124.11
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$19.50	\$0.00
AV	Final Prospective Rates	\$2,264.04	\$124.11



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101079 - 2011/01**

853.16 / 95.75

## Leesburg Regional Medical Center

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

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	95,265,999.00	61,761,853.00	6,054,949.00	3,572,787	Total Bed Days	112,785
2. Routine	58,425,379.00		3,064,817.00		Total Inpatient Days	83,059
3. Special Care	14,220,822.00		812,057.00		Total Newborn Days	3,271
4. Newborn Routine	1,316,344.00		641,473.00		Medicaid Inpatient Days	4,458
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	508
6. Home Health					Medicare Inpatient Days	53,396
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-2,266,051.22	-827,020.78	-141,581.50	-47,841.33	Medicaid Paid Claims	30,358
9. Total Cost	166,962,492.78	60,934,832.22	10,431,714.50	3,524,945.67	Property Rate Allowance	0.80
10. Charges	\$540,790,566.00	\$282,130,462.00	\$27,614,445.00	16,953,876.00	First Semester in effect:	2010/07
11. Fixed Costs	19,243,736.00		982,644.90		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		876.49	159.34	Semester DRI Index	1.9210
1. Normalized Rate	2,209.45	134.83	Variable Cost Base	835.48	107.75	Cost Report DRI Index	1.785
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	1,553.17	206.15	FPLI	0.9268
4. Rate of Increase (Year/Sem.)							

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,431,714.50	3,524,945.67
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 982,644.90	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,449,069.60	3,524,945.67
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,168,998.72	3,793,512.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,966	30,358
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,047.72	124.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	845.48	109.66
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	845.48	109.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	1,553.17	206.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	886.98	162.16
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	886.98	162.16
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	845.48	109.66
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	158.30	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,003.78	109.66
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$27,614,445.00	16,953,876.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,560.70	558.46
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,984.37	601.01
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,003.78	\$109.66
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$150.62	\$13.91
AV	Final Prospective Rates	\$853.16	\$95.75



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101087 - 2011/01**

**981.37 / 107.74**

## South Lake Memorial Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	25,746,777.00	37,978,010.00	2,363,077.00	1,876,444	Total Bed Days	37,960
2. Routine	19,827,465.00		1,135,620.00		Total Inpatient Days	26,066
3. Special Care	4,170,349.00		204,390.00		Total Newborn Days	878
4. Newborn Routine	740,199.00		140,789.00		Medicaid Inpatient Days	1,603
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,235
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-860,651.11	-647,438.89	-65,529.36	-31,989.11	Medicaid Paid Claims	15,978
9. Total Cost	49,624,138.89	37,330,571.11	3,778,346.64	1,844,454.89	Property Rate Allowance	0.80
10. Charges	\$209,512,592.00	\$245,512,977.00	\$9,419,928.00	10,714,321.00	First Semester in effect:	2010/07
11. Fixed Costs	11,927,542.00		536,276.06		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,345.88		133.89	876.49	159.34	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,708.75	121.25	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,553.17	206.15	FPLI	0.9268

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,778,346.64	1,844,454.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 536,276.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,242,070.58	1,844,454.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,485,180.52	1,982,763.20
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,603	15,978
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,174.16	124.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,729.20	123.40
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,729.20	123.40
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	1,553.17	206.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	886.98	162.16
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	886.98	162.16
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	886.98	123.40
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	267.64	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,154.62	123.40
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$9,419,928.00	10,714,321.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,876.44	670.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,317.09	720.85
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,154.62	\$123.40
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$173.25	\$15.66
AV	Final Prospective Rates	\$981.37	\$107.74



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101095 - 2011/01**

803.29 / 85.26

## Florida Hospital Waterman

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Lake (35)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,439,861.00	60,948,960.00	4,491,465.00	2,682,700	Total Bed Days	74,460
2. Routine	31,362,209.00		2,380,243.00		Total Inpatient Days	51,565
3. Special Care	8,849,832.00		618,857.00		Total Newborn Days	1,963
4. Newborn Routine	953,759.00		693,822.00		Medicaid Inpatient Days	4,020
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	19
6. Home Health					Medicare Inpatient Days	30,780
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,351,874.25	-880,238.75	-118,200.78	-38,744.16	Medicaid Paid Claims	20,827
9. Total Cost	92,253,786.75	60,068,721.25	8,066,186.22	2,643,955.84	Property Rate Allowance	0.80
10. Charges	\$344,254,324.00	\$342,105,633.00	\$22,207,328.00	14,890,243.00	First Semester in effect:	2011/01
11. Fixed Costs	13,917,365.00		897,788.26		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	2,036.91	145.69	876.49	159.34	193.34	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	758.21	95.95	95.95	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	222.43	FPLI	0.9268
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,553.17	206.15		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,066,186.22	2,643,955.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 897,788.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,168,397.96	2,643,955.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,624,857.41	2,812,314.05
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,039	20,827
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,887.81	135.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	767.28	97.65
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	767.28	97.65
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9268) for Lake county	1,553.17	206.15
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	886.98	162.16
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	886.98	162.16
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	767.28	97.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	177.82	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	945.10	97.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$22,207,328.00	14,890,243.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,498.22	714.95
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,848.33	760.48
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$945.10	\$97.65
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$141.81	\$12.39
AV	Final Prospective Rates	\$803.29	\$85.26





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101109 - 2011/01**

**1,620.17 / 148.02**

## Lee Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Lec (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	169,311,617.00	95,184,734.00	17,747,153.00	7,806,224	Total Bed Days	285,795
2. Routine	107,864,101.00		11,014,565.00		Total Inpatient Days	163,196
3. Special Care	24,684,467.00		2,340,487.00		Total Newborn Days	22,029
4. Newborn Routine	31,276,393.00		16,447,625.00		Medicaid Inpatient Days	20,128
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10,174
6. Home Health					Medicare Inpatient Days	65,181
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-4,381,585.02	-1,251,918.98	-625,400.02	-102,671.51	Medicaid Paid Claims	55,945
9. Total Cost	328,754,992.98	93,932,815.02	46,924,429.98	7,703,552.49	Property Rate Allowance	0.80
10. Charges	1,178,980,562.00	\$549,826,563.00	163,455,402.00	39,104,096.00	First Semester in effect:	2010/07
11. Fixed Costs	35,379,704.00		4,905,088.28		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,572.77		156.17	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,588.36	210.82	FPLI	0.9478

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	46,924,429.98	7,703,552.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,905,088.28	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	42,019,341.70	7,703,552.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	45,170,204.48	8,281,211.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	30,302	55,945
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,490.67	148.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,490.67	148.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,490.67	148.02
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	129.50	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,620.17	148.02
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$163,455,402.00	39,104,096.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,394.21	698.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,798.70	751.38
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,620.17	\$148.02
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,620.17	\$148.02



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101109 - 2011/01

916.81 / 91.68

## County Billing ONLY

Lee Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	169,311,617.00	95,184,734.00	17,747,153.00	7,806,224	Total Bed Days	285,795
2. Routine	107,864,101.00		11,014,565.00		Total Inpatient Days	163,196
3. Special Care	24,684,467.00		2,340,487.00		Total Newborn Days	22,029
4. Newborn Routine	31,276,393.00		16,447,625.00		Medicaid Inpatient Days	20,128
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10,174
6. Home Health					Medicare Inpatient Days	65,181
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-4,381,585.02	-1,251,918.98	-625,400.02	-102,671.51	Medicaid Paid Claims	55,945
9. Total Cost	328,754,992.98	93,932,815.02	46,924,429.98	7,703,552.49	Property Rate Allowance	0.80
10. Charges	1,178,980,562.00	\$549,826,563.00	163,455,402.00	39,104,096.00	First Semester in effect:	2010/07
11. Fixed Costs	35,379,704.00		4,905,088.28		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)		County Ceiling Base	OP (G)		Inflation/FPLI Data (H)	
	2010/01	2010/07		IP (G)	OP (G)	Semester DRI Index	Cost Report DRI Index
1. Normalized Rate	1,572.77	156.17	937.93	166.37	FPLI Year Used	2008	
2. Base Rate Semester	2010/01	2010/07	1,023.46	103.17	FPLI	0.9478	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43			
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,588.36	210.82			

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	46,924,429.98	7,703,552.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,905,088.28	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	42,019,341.70	7,703,552.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	45,170,204.48	8,281,211.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	30,302	55,945
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,490.67	148.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,035.71	105.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,035.71	105.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	1,588.36	210.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	949.16	169.32
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	949.16	169.32
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	949.16	105.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	129.50	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,078.66	105.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$163,455,402.00	39,104,096.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,394.21	698.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,798.70	751.38
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,078.66	\$105.00
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$161.85	\$13.32
AV	Final Prospective Rates	\$916.81	\$91.68



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

101117 - 2011/01

918.22 / 55.69

Lehigh Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Lee (36)  
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,173,039.00	17,942,482.00	986,156.00	1,812,906	Total Bed Days	32,120
2. Routine	9,482,019.00		602,969.00		Total Inpatient Days	13,875
3. Special Care	2,261,186.00		283,337.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,062
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,694
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	27,165
9. Total Cost	22,916,244.00	17,942,482.00	1,872,462.00	1,812,906.00	Property Rate Allowance	0.80
10. Charges	\$115,510,485.00	\$123,150,008.00	\$9,492,395.00	13,369,182.00	First Semester in effect:	2011/01
11. Fixed Costs	3,342,889.00		274,711.19		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		937.93	166.37	Semester DRI Index	1.9210
1. Normalized Rate	1,688.40	74.90	Variable Cost Base	863.05	62.67	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,588.36	210.82	FPLI	0.9478
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,872,462.00	1,812,906.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 274,711.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,597,750.81	1,812,906.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,699,490.20	1,928,345.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,062	27,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,600.27	70.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	873.38	63.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	873.38	63.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	1,588.36	210.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	949.16	169.32
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	949.16	169.32
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	873.38	63.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	206.94	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,080.32	63.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$9,492,395.00	13,369,182.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,938.23	492.15
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,507.39	523.49
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,080.32	\$63.78
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$162.10	\$8.09
AV	Final Prospective Rates	\$918.22	\$55.69



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101133 - 2011/01

1,485.72 / 121.47

Tallahassee Memorial Regional M.C.

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Leon (37)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	104,550,015.00	122,616,007.00	12,431,320.00	5,482,917	Total Bed Days	178,850
2. Routine	78,972,539.00		12,011,735.00		Total Inpatient Days	101,499
3. Special Care	16,090,553.00		2,102,103.00		Total Newborn Days	17,410
4. Newborn Routine	10,456,358.00		4,992,466.00		Medicaid Inpatient Days	15,149
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,943
6. Home Health					Medicare Inpatient Days	30,273
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-2,427,100.96	-1,416,681.04	-364,379.46	-63,348.54	Medicaid Paid Claims	42,391
9. Total Cost	207,642,364.04	121,199,325.96	31,173,244.54	5,419,568.46	Property Rate Allowance	0.80
10. Charges	\$673,310,741.00	\$553,396,655.00	\$84,205,849.00	22,638,003.00	First Semester in effect:	2010/07
11. Fixed Costs	19,873,118.00		2,485,379.59		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,682.07	143.11	Exempt	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,609.31	213.60	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	31,173,244.54	5,419,568.46
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,485,379.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	28,687,864.95	5,419,568.46
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	30,839,053.48	5,825,960.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	19,092	42,391
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,615.29	137.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,615.29	137.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,615.29	137.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	104.14	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,719.43	137.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$84,205,849.00	22,638,003.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,410.53	534.03
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,741.26	574.07
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,719.43	\$137.43
AU	Medicaid Trend Adjustment IP% : 13.592 OP% : 11.610	\$233.71	\$15.96
AV	Final Prospective Rates	\$1,485.72	\$121.47



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

101133 - 2011/01

786.45 / 106.83

County Billing ONLY

Tallahassee Memorial Regional M.C.

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Leon (37)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	104,550,015.00	122,616,007.00	12,431,320.00	5,482,917	Total Bed Days	178,850
2. Routine	78,972,539.00		12,011,735.00		Total Inpatient Days	101,499
3. Special Care	16,090,553.00		2,102,103.00		Total Newborn Days	17,410
4. Newborn Routine	10,456,358.00		4,992,466.00		Medicaid Inpatient Days	15,149
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,943
6. Home Health					Medicare Inpatient Days	30,273
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-2,427,100.96	-1,416,681.04	-364,379.46	-63,348.54	Medicaid Paid Claims	42,391
9. Total Cost	207,642,364.04	121,199,325.96	31,173,244.54	5,419,568.46	Property Rate Allowance	0.80
10. Charges	\$673,310,741.00	\$553,396,655.00	\$84,205,849.00	22,638,003.00	First Semester in effect:	2010/07
11. Fixed Costs	19,873,118.00		2,485,379.59		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,682.07	143.11	910.72	159.98	Semester DRI Index	1.9210	
2. Base Rate Semester	2010/01	2010/07	811.44	120.22	Cost Report DRI Index	1.787	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,609.31	213.60	FPLI	0.9603	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	31,173,244.54	5,419,568.46
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,485,379.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	28,687,864.95	5,419,568.46
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	30,839,053.48	5,825,960.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	19,092	42,391
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,615.29	137.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	821.15	122.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	821.15	122.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	1,609.31	213.60
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	921.62	162.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	921.62	162.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	821.15	122.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	104.14	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	925.29	122.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$84,205,849.00	22,638,003.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,410.53	534.03
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,741.26	574.07
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$925.29	\$122.35
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$138.84	\$15.52
AV	Final Prospective Rates	\$786.45	\$106.83



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101141 - 2011/01**

889.76 / 52.87

## Tri-County Hospital Williston

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Levy (38)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	752,374.00	1,851,662.00	145,729.00	283,390	Total Bed Days	7,300
2. Routine	677,323.00		154,742.00		Total Inpatient Days	1,520
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	358
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	532
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	5,762
9. Total Cost	1,429,697.00	1,851,662.00	300,471.00	283,390.00	Property Rate Allowance	1.00
10. Charges	\$3,628,439.00	\$5,617,913.00	\$742,331.00	986,944.00	First Semester in effect:	2011/01
11. Fixed Costs	112,488.00		23,013.57		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		Exempt	Exempt	Semester DRI Index	1.9210
1. Normalized Rate	965.62	61.28	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,445.91	191.91	FPLI	0.8628
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	300,471.00	283,390.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 23,013.57	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	277,457.43	283,390.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	298,262.86	304,640.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	358	5,762
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	833.14	52.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	833.14	52.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8628) for Levy county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	833.14	52.87
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	64.28	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	897.42	52.87
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$742,331.00	986,944.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,073.55	171.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,229.04	184.12
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$897.42	\$52.87
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$7.66	\$0.00
AV	Final Prospective Rates.	\$889.76	\$52.87



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101150 - 2011/01**

1,062.48 / 44.73

## Madison County Memorial Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Madison (40)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	681,206.00	2,700,372.00	44,910.00	211,884	Total Bed Days	9,125
2. Routine	845,019.00		32,700.00		Total Inpatient Days	1,485
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	76
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,275
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-24,355.12	-43,091.88	-1,238.48	-3,381.19	Medicaid Paid Claims	5,011
9. Total Cost	1,501,869.88	2,657,280.12	76,371.52	208,502.81	Property Rate Allowance	1.00
10. Charges	\$4,687,761.00	\$11,846,754.00	\$230,076.00	753,722.00	First Semester in effect:	2010/07
11. Fixed Costs	308,416.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	991.78	51.35	Exempt	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI	0.8711
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,459.82	193.76		

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,501,869.88	208,502.81
AB	Total Fixed Costs	(-) 308,416.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,193,453.88	208,502.81
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,282,946.22	224,137.60
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,485	5,011
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	863.94	44.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	863.94	44.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8711) for Madison county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	863.94	44.73
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	207.69	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,071.63	44.73
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$4,687,761.00	753,722.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,156.74	150.41
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,393.45	161.69
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,071.63	\$44.73
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$9.15	\$0.00
AV	Final Prospective Rates	\$1,062.48	\$44.73



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**101168 - 2011/01**

1,660.20 / 111.64

## Manatee Memorial Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)  
 District 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,923,168.00	41,007,929.00	9,632,539.00	3,061,092	Total Bed Days	116,435
2. Routine	54,043,935.00		6,961,710.00		Total Inpatient Days	74,860
3. Special Care	10,619,071.00		2,570,025.00		Total Newborn Days	3,149
4. Newborn Routine	1,078,992.00		795,976.00		Medicaid Inpatient Days	11,163
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,276
6. Home Health					Medicare Inpatient Days	32,434
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	29,165
9. Total Cost	135,665,166.00	41,007,929.00	19,960,250.00	3,061,092.00	Property Rate Allowance	0.80
10. Charges	\$476,642,244.00	\$213,125,749.00	\$51,875,794.00	18,371,641.00	First Semester in effect:	2011/01
11. Fixed Costs	20,210,184.00		2,199,593.84		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,563.78	114.95	County Ceiling Base	Exempt	Exempt	Semester DRI Index 1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,627.58	216.02	FPLI 0.9712

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,960,250.00	3,061,092.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,199,593.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,760,656.16	3,061,092.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,891,594.96	3,256,012.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,439	29,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,518.74	111.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,518.74	111.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,518.74	111.64
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.46	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,660.20	111.64
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,875,794.00	18,371,641.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,170.42	629.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,435.98	670.03
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,660.20	\$111.64
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,660.20	\$111.64





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101168 - 2011/01**

776.75 / 85.80

## County Billing ONLY

**Manatee Memorial Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)  
 District 6

Type of Cos/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,923,168.00	41,007,929.00	9,632,539.00	3,061,092.00	Total Bed Days	116,435
2. Routine	54,043,935.00		6,961,710.00		Total Inpatient Days	74,860
3. Special Care	10,619,071.00		2,570,025.00		Total Newborn Days	3,149
4. Newborn Routine	1,078,992.00		795,976.00		Medicaid Inpatient Days	11,163
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,276
6. Home Health					Medicare Inpatient Days	32,434
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	29,165
9. Total Cost	135,665,166.00	41,007,929.00	19,960,250.00	3,061,092.00	Property Rate Allowance	0.80
10. Charges	\$476,642,244.00	\$213,125,749.00	\$51,875,794.00	18,371,641.00	First Semester in effect:	2011/01
11. Fixed Costs	20,210,184.00		2,199,593.84		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,563.78	114.95	County Ceiling Base	916.78	159.22	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	763.28	96.56	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,627.58	216.02	FPLI	0.9712

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,960,250.00	3,061,092.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,199,593.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,760,656.16	3,061,092.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,891,594.96	3,256,012.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,439	29,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,518.74	111.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	772.42	98.27
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	772.42	98.27
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	1,627.58	216.02
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.75	162.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.75	162.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	772.42	98.27
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.46	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	913.88	98.27
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,875,794.00	18,371,641.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,170.42	629.92
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,435.98	670.03
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$913.88	\$98.27
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$137.13	\$12.47
AV	Final Prospective Rates	\$776.75	\$85.80



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101176 - 2011/01

2,283.36 / 109.65

Munroe Regional Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Marion (42)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	102,674,835.00	72,777,702.00	10,977,599.00	6,702,281	Total Bed Days	145,635
2. Routine	63,251,552.00		3,884,597.00		Total Inpatient Days	105,184
3. Special Care	14,380,045.00		1,514,484.00		Total Newborn Days	7,407
4. Newborn Routine	3,671,794.00		2,197,031.00		Medicaid Inpatient Days	7,161
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,202
6. Home Health					Medicare Inpatient Days	54,363
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-2,441,148.75	-965,664.25	-246,448.68	-88,930.44	Medicaid Paid Claims	64,837
9. Total Cost	181,537,077.25	71,812,037.75	18,327,262.32	6,613,350.56	Property Rate Allowance	0.80
10. Charges	\$694,280,589.00	\$360,307,696.00	\$74,006,680.00	29,460,403.00	First Semester in effect:	2010/07
11. Fixed Costs	20,667,212.00		2,203,016.72		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,196.74	116.22	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,581.15	209.86	FPLI	0.9435

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,327,262.32	6,613,350.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,203,016.72	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	16,124,245.60	6,613,350.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	17,333,338.44	7,109,259.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,363	64,837
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,072.62	109.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,072.62	109.65
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,072.62	109.65
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	210.74	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,283.36	109.65
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$74,006,680.00	29,460,403.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,849.30	454.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,512.87	488.45
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,283.36	\$109.65
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,283.36	\$109.65



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101176 - 2011/01**

**920.29 / 90.68**

## County Billing ONLY

**Munroe Regional Medical Center**

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Marion (42)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	102,674,835.00	72,777,702.00	10,977,599.00	6,702,281	Total Bed Days	145,635
2. Routine	63,251,552.00		3,884,597.00		Total Inpatient Days	105,184
3. Special Care	14,380,045.00		1,514,484.00		Total Newborn Days	7,407
4. Newborn Routine	3,671,794.00		2,197,031.00		Medicaid Inpatient Days	7,161
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,202
6. Home Health <sup>2</sup>					Medicare Inpatient Days	54,363
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-2,441,148.75	-965,664.25	-246,448.68	-88,930.44	Medicaid Paid Claims	64,837
9. Total Cost	181,537,077.25	71,812,037.75	18,327,262.32	6,613,350.56	Property Rate Allowance	0.80
10. Charges	\$694,280,589.00	\$360,307,696.00	\$74,006,680.00	29,460,403.00	First Semester in effect:	2010/07
11. Fixed Costs	20,667,212.00		2,203,016.72		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2.196.74	116.22	County Ceiling Base	1,531.98	168.10	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	861.71	102.05	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,581.15	209.86	FPLI	0.9435

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,327,262.32	6,613,350.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,203,016.72	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	16,124,245.60	6,613,350.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	17,333,338.44	7,109,259.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,363	64,837
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,072.62	109.65
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	872.02	103.86
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	872.02	103.86
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county	1,581.15	209.86
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,550.32	171.08
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,550.32	171.08
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	872.02	103.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	210.74	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,082.76	103.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$74,006,680.00	29,460,403.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,849.30	454.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,512.87	488.45
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,082.76	\$103.86
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$162.47	\$13.18
AV	Final Prospective Rates	\$920.29	\$90.68



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101184 - 2011/01**

**944.88 / 108.99**

## Martin Memorial Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Martin (43)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	95,495,996.00	86,768,779.00	5,904,003.00	4,439,744	Total Bed Days	125,560
2. Routine	38,127,339.00		2,452,703.00		Total Inpatient Days	71,007
3. Special Care	18,598,094.00		1,522,001.00		Total Newborn Days	5,004
4. Newborn Routine	2,161,142.00		919,041.00		Medicaid Inpatient Days	5,298
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	287
6. Home Health					Medicare Inpatient Days	39,321
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,893,244.04	-1,064,073.96	-132,416.32	-54,446.04	Medicaid Paid Claims	34,744
9. Total Cost	152,489,326.96	85,704,705.04	10,665,331.68	4,385,297.96	Property Rate Allowance	0.80
10. Charges	\$686,399,171.00	\$516,735,571.00	\$41,955,539.00	23,817,903.00	First Semester in effect:	2010/07
11. Fixed Costs	25,946,204.00		1,585,938.65		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,830.69		142.13	874.06	165.04	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	938.56	122.66	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,599.76	212.33	FPLI	0.9546

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,665,331.68	4,385,297.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,585,938.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,079,393.03	4,385,297.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,760,220.49	4,714,133.96
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,585	34,744
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,747.58	135.68
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	949.79	124.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	949.79	124.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9546) for Martin county	1,599.76	212.33
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	884.52	167.96
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	884.52	167.96
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	884.52	124.83
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	227.17	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,111.69	124.83
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$41,955,539.00	23,817,903.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,512.18	685.53
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,075.49	736.94
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,111.69	\$124.83
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$166.81	\$15.84
AV	Final Prospective Rates	\$944.88	\$108.99



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101192 - 2011/01**

**1,407.23 / 88.08**

## Lower Florida Keys Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Monroe (44)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,888,859.00	16,051,594.00	2,702,228.00	1,284,858	Total Bed Days	55,480
2. Routine	13,280,835.00		2,236,733.00		Total Inpatient Days	19,669
3. Special Care	2,689,473.00		393,770.00		Total Newborn Days	945
4. Newborn Routine	336,227.00		132,713.00		Medicaid Inpatient Days	3,394
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,489
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-425,853.86	-205,921.14	-70,114.56	-16,483.06	Medicaid Paid Claims	13,516
9. Total Cost	32,769,540.14	15,845,672.86	5,395,329.44	1,268,374.94	Property Rate Allowance	0.80
10. Charges	\$116,130,819.00	\$84,254,401.00	\$17,323,127.00	7,274,970.00	First Semester in effect:	2010/07
11. Fixed Costs	4,402,751.00		656,754.30		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,486.74		99.93	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,691.76	224.54	FPLI	1.0095

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,395,329.44	1,268,374.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 656,754.30	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,738,575.14	1,268,374.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,093,901.98	1,363,485.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,394	13,516
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,500.86	100.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,500.86	100.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,500.86	100.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	154.80	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,655.66	100.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$17,323,127.00	7,274,970.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,104.04	538.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,486.77	578.61
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,655.66	\$100.88
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$248.43	\$12.80
AV	Final Prospective Rates	\$1,407.23	\$88.08



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101192 - 2011/01**

698.70 / 67.24

## County Billing ONLY

Lower Florida Keys Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Monroe (44)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,888,859.00	16,051,594.00	2,702,228.00	1,284,858	Total Bed Days	55,480
2. Routine	13,280,835.00		2,236,733.00		Total Inpatient Days	19,669
3. Special Care	2,689,473.00		393,770.00		Total Newborn Days	945
4. Newborn Routine	336,227.00		132,713.00		Medicaid Inpatient Days	3,394
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,489
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-425,853.86	-205,921.14	-70,114.56	-16,483.06	Medicaid Paid Claims	13,516
9. Total Cost	32,769,540.14	15,845,672.86	5,395,329.44	1,268,374.94	Property Rate Allowance	0.80
10. Charges	\$116,130,819.00	\$84,254,401.00	\$17,323,127.00	7,274,970.00	First Semester in effect:	2010/07
11. Fixed Costs	4,402,751.00		656,754.30		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,486.74		99.93	920.87	173.92	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	659.36	75.67	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,691.76	224.54	FPLI	1.0095

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,395,329.44	1,268,374.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 656,754.30	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,738,575.14	1,268,374.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,093,901.98	1,363,485.32
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,394	13,516
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,500.86	100.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	667.25	77.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	667.25	77.01
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county	1,691.76	224.54
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	931.89	177.00
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	931.89	177.00
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	667.25	77.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	154.80	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	822.05	77.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$17,323,127.00	7,274,970.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,104.04	538.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,486.77	578.61
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$822.05	\$77.01
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$123.35	\$9.77
AV	Final Prospective Rates	\$698.70	\$67.24



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101206 - 2011/01**

2,920.22 / 112.01

## Fishermen's Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2009-2/18/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Monroe (44)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,490,558.00	3,686,664.00	78,907.00	228,610	Total Bed Days	5,604
2. Routine	1,461,333.00		53,112.00		Total Inpatient Days	1,068
3. Special Care	188,908.00		39,830.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	70
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	576
7. Malpractice					Prospective Inflation factor	1.0372570194
8. Adjustments	-108,429.57	-127,274.43	-5,932.73	-7,892.29	Medicaid Paid Claims	2,044
9. Total Cost	3,032,369.43	3,559,389.57	165,916.27	220,717.71	Property Rate Allowance	1.00
10. Charges	\$7,430,138.00	\$14,497,679.00	\$437,931.00	850,081.00	First Semester in effect:	2011/01
11. Fixed Costs	712,853.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		Exempt	Exempt	Semester DRI Index	1.9210
1. Normalized Rate	2,231.55	110.96	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.852
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,691.76	224.54	FPLI	1.0095
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	3,032,369.43	220,717.71
AB	Total Fixed Costs	(-) 712,853.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,319,516.43	220,717.71
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,405,934.70	228,940.99
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,068	2,044
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,252.75	112.01
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,252.75	112.01
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,252.75	112.01
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	667.47	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,920.22	112.01
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$7,430,138.00	850,081.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,957.06	415.89
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	7,216.26	431.38
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,920.22	\$112.01
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,920.22	\$112.01



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101214 - 2011/01**

**3,833.63 / 318.50**

## Mariners Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Monroe (44)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,661,903.00	20,329,301.00	326,124.00	927,924	Total Bed Days	15,330
2. Routine	8,243,322.00		266,554.00		Total Inpatient Days	4,542
3. Special Care	3,266,358.00		189,171.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	213
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,589
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-219,420.41	-232,670.59	-8,948.33	-10,620.17	Medicaid Paid Claims	3,096
9. Total Cost	18,952,162.59	20,096,630.41	772,900.67	917,303.83	Property Rate Allowance	1.00
10. Charges	\$43,196,259.00	\$85,396,101.00	\$2,089,508.00	3,480,439.00	First Semester in effect:	2010/07
11. Fixed Costs	3,940,518.00		190,612.43		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		Exempt	Exempt	Semester DRI Index	1.9210
1. Normalized Rate	2,911.08	315.50	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,691.76	224.54	FPLI	1.0095
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	772,900.67	917,303.83
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 190,612.43	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	582,288.24	917,303.83
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	625,951.71	986,088.78
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	213	3,096
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,938.74	318.50
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,938.74	318.50
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0095) for Monroe county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,938.74	318.50
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	894.89	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	3,833.63	318.50
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,089,508.00	3,480,439.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,809.90	1,124.17
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,545.51	1,208.47
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$3,833.63	\$318.50
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$3,833.63	\$318.50





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

101231 - 2011/01
2,798.32 / 83.96

### Baptist Medical Center - Nassau

Type of Control: Non-Profit (Church) (2)  
 Fiscal Year : 10/1/2008-9/30/2009  
 Hospital Classification: Rural Hospital

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

County: Nassau (45)  
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,511,432.00	19,526,151.00	1,208,974.00	1,085,531	Total Bed Days	19,710
2. Routine	8,111,630.00		657,470.00		Total Inpatient Days	9,504
3. Special Care	1,513,776.00		60,264.00		Total Newborn Days	749
4. Newborn Routine	892,023.00		539,500.00		Medicaid Inpatient Days	901
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	22
6. Home Health					Medicare Inpatient Days	4,713
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-304,086.37	-329,340.63	-41,596.65	-18,309.26	Medicaid Paid Claims	13,665
9. Total Cost	17,724,774.63	19,196,810.37	2,424,611.35	1,067,221.74	Property Rate Allowance	1.00
10. Charges	\$45,872,370.00	\$94,352,386.00	\$4,983,645.00	4,090,855.00	First Semester in effect:	2010/07
11. Fixed Costs	2,893,123.00		314,313.34		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,502.84	85.50	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,645.67	218.43	FPLI	0.9820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,424,611.35	1,067,221.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 314,313.34	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,110,298.01	1,067,221.74
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,268,540.83	1,147,248.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	923	13,665
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,457.79	83.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,457.79	83.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9820) for Nassau county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,457.79	83.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	340.53	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,798.32	83.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,983,645.00	4,090,855.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,399.40	299.37
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,804.28	321.82
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,798.32	\$83.96
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,798.32	\$83.96



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101257 - 2011/01

997.66 / 74.77

Twin Cities Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Okaloosa (46)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,188,859.00	15,227,051.00	601,106.00	920,008	Total Bed Days	18,615
2. Routine	4,606,580.00		240,904.00		Total Inpatient Days	7,528
3. Special Care	3,002,282.00		198,363.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	444
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,855
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-272,870.15	-221,037.85	-15,102.19	-13,354.96	Medicaid Paid Claims	7,877
9. Total Cost	18,524,850.85	15,006,013.15	1,025,270.81	906,653.04	Property Rate Allowance	0.80
10. Charges	\$113,086,235.00	\$122,367,052.00	\$6,116,257.00	7,665,044.00	First Semester in effect:	2010/07
11. Fixed Costs	3,673,888.00		198,701.84		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	2,253.23	139.31	886.21	149.50	84.15	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	1,675.84	222.43	196.78	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,482.62			FPLI	0.8847
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,025,270.81	906,653.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 198,701.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	826,568.97	906,653.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	885,083.05	970,836.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	444	7,877
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,993.43	123.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	815.76	85.64
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	815.76	85.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county	1,482.62	196.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	896.82	152.15
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	896.82	152.15
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	815.76	85.64
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	358.02	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,173.78	85.64
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,116,257.00	7,665,044.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	13,775.35	973.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	14,750.53	1,041.98
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,173.78	\$85.64
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$176.12	\$10.87
AV	Final Prospective Rates	\$997.66	\$74.77



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101265 - 2011/01

884.65 / 95.13

North Okaloosa Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 4/1/2009-3/31/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Okaloosa (46)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	17,641,506.00	27,204,721.00	3,106,808.00	3,297,783	Total Bed Days	40,150
2. Routine	13,159,529.00		1,514,055.00		Total Inpatient Days	21,528
3. Special Care	2,543,185.00		222,154.00		Total Newborn Days	1,008
4. Newborn Routine	342,753.00		221,020.00		Medicaid Inpatient Days	2,416
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	5
6. Home Health					Medicare Inpatient Days	12,090
7. Malpractice					Prospective Inflation factor	1.0497267760
8. Adjustments	-540,925.04	-436,836.96	-81,315.24	-52,953.81	Medicaid Paid Claims	31,265
9. Total Cost	33,146,047.96	26,767,884.04	4,982,721.76	3,244,829.19	Property Rate Allowance	0.80
10. Charges	\$275,486,159.00	\$329,657,186.00	\$29,543,914.00	46,538,555.00	First Semester in effect:	2011/01
11. Fixed Costs	6,446,928.00		691,386.77		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		886.21	149.50	Semester DRI Index	1.9210
1. Normalized Rate	2,103.19	123.15	Variable Cost Base	802.75	107.75	Cost Report DRI Index	1.830
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	1,482.62	196.78	FPLI	0.8847
4. Rate of Increase (Year/Sem.)							

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,982,721.76	3,244,829.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 691,386.77	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,291,334.99	3,244,829.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,504,729.24	3,406,184.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,421	31,265
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,860.69	108.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	812.36	109.66
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	812.36	108.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county	1,482.62	196.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	896.82	152.15
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	896.82	152.15
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	812.36	108.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	228.46	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,040.82	108.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$29,543,914.00	46,538,555.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,203.19	1,488.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,810.02	1,562.54
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,040.82	\$108.95
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$156.17	\$13.82
AV	Final Prospective Rates	\$884.65	\$95.13



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101290 - 2011/01**

**2,017.45 / 140.80**

## Florida Hospital

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

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

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	587,735,764.00	405,281,201.00	49,521,677.00	23,623,058	Total Bed Days	730,368
2. Routine	400,690,120.00		35,019,914.00		Total Inpatient Days	521,893
3. Special Care	126,145,713.00		10,112,179.00		Total Newborn Days	34,331
4. Newborn Routine	28,034,481.00		12,632,128.00		Medicaid Inpatient Days	47,413
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	6,906
6. Home Health					Medicare Inpatient Days	207,240
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-18,239,360.56	-6,469,482.44	-1,712,599.13	-377,093.63	Medicaid Paid Claims	175,614
9. Total Cost	1,124,366,717.44	398,811,718.56	105,573,298.87	23,245,964.37	Property Rate Allowance	0.80
10. Charges	4,800,468,330.00	\$2,306,527,314.00	420,602,095.00	159,920,267.00	First Semester in effect:	2011/01
11. Fixed Costs	117,290,777.00		10,276,652.85		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,905.16	143.75	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,641.49	217.87	FPLI	0.9795

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	105,573,298.87	23,245,964.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 10,276,652.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	95,296,646.02	23,245,964.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	101,364,815.62	24,726,189.12
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	54,319	175,614
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,866.10	140.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,866.10	140.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,866.10	140.80
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	151.35	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,017.45	140.80
AQ	Total Medicaid Charges, Inpatient (C10); Outpatient (D10)	\$420,602,095.00	159,920,267.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,743.19	910.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,236.25	968.63
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,017.45	\$140.80
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,017.45	\$140.80



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101290 - 2011/01**

899.08 / 100.47

## County Billing ONLY

Florida Hospital

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

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

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	587,735,764.00	405,281,201.00	49,521,677.00	23,623,058	Total Bed Days	730,368
2. Routine	400,690,120.00		35,019,914.00		Total Inpatient Days	521,893
3. Special Care	126,145,713.00		10,112,179.00		Total Newborn Days	34,331
4. Newborn Routine	28,034,481.00		12,632,128.00		Medicaid Inpatient Days	47,413
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	6,906
6. Home Health					Medicare Inpatient Days	207,240
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-18,239,360.56	-6,469,482.44	-1,712,599.13	-377,093.63	Medicaid Paid Claims	175,614
9. Total Cost	1,124,366,717.44	398,811,718.56	105,573,298.87	23,245,964.37	Property Rate Allowance	0.80
10. Charges	4,800,468,330.00	\$2,306,527,314.00	420,602,095.00	159,920,267.00	First Semester in effect:	2011/01
11. Fixed Costs	117,290,777.00		10,276,652.85		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)			OP (G)		Inflation/FPLI Data (H)	
	2010/01	2010/07		895.73	163.58	Semester DRI Index	1.9210
1. Normalized Rate	1,905.16	143.75	County Ceiling Base	895.73	163.58	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	929.53	113.07	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI	0.9795
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,641.49	217.87		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	105,573,298.87	23,245,964.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 10,276,652.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	95,296,646.02	23,245,964.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	101,364,815.62	24,726,189.12
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	54,319	175,614
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,866.10	140.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	940.66	115.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	940.66	115.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	1,641.49	217.87
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.45	166.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.45	166.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	906.45	115.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	151.35	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,057.80	115.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$420,602,095.00	159,920,267.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,743.19	910.64
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,236.25	968.63
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,057.80	\$115.07
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$158.72	\$14.60
AV	Final Prospective Rates	\$899.08	\$100.47



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**101338 - 2011/01**

**2,019.49 / 153.92**

## Orlando Health

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

Fiscal Year : 10/1/2008-9/30/2009

Type of Action: Unaudited Cost Report [1]

County: Orange (48)

District: 7

Hospital Classification: Statutory Teaching Hospital : Rate Includes Buy Back

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	465,744,918.00	289,089,374.00	69,670,471.00	18,922,631	Total Bed Days	502,148
2. Routine	295,971,647.00		38,925,584.00		Total Inpatient Days	378,273
3. Special Care	59,148,134.00		9,215,288.00		Total Newborn Days	69,399
4. Newborn Routine	53,032,129.00		25,875,822.00		Medicaid Inpatient Days	51,671
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	21,619
6. Home Health					Medicare Inpatient Days	96,040
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-13,145,065.58	-4,348,452.42	-2,161,327.45	-284,632.26	Medicaid Paid Claims	130,169
9. Total Cost	860,751,762.42	284,740,921.58	141,525,837.55	18,637,998.74	Property Rate Allowance	0.80
10. Charges	3,590,081,371.00	\$1,644,285,771.00	529,849,971.00	107,529,784.00	First Semester in effect:	2010/07
11. Fixed Costs	101,757,753.00		15,018,139.40		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,894.40	157.14	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,641.49	217.87	FPLI	0.9795

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	141,525,837.55	18,637,998.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 15,018,139.40	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	126,507,698.15	18,637,998.74
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	135,994,005.68	20,035,587.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	73,290	130,169
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,855.56	153.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,855.56	153.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,855.56	153.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	163.93	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,019.49	153.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$529,849,971.00	107,529,784.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,229.50	826.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,771.61	888.02
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,019.49	\$153.92
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,019.49	\$153.92



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101338 - 2011/01**

1,096.68 / 123.07

## County Billing ONLY

**Orlando Health**

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

Fiscal Year: 10/1/2008-9/30/2009

Type of Action: Unaudited Cost Report [1]

County: Orange (48)

District: 7

Hospital Classification: Statutory Teaching Hospital

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	465,744,918.00	289,089,374.00	69,670,471.00	18,922,631	Total Bed Days	502,148
2. Routine	295,971,647.00		38,925,584.00		Total Inpatient Days	378,273
3. Special Care	59,148,134.00		9,215,288.00		Total Newborn Days	69,399
4. Newborn Routine	53,032,129.00		25,875,822.00		Medicaid Inpatient Days	51,671
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	21,619
6. Home Health					Medicare Inpatient Days	96,040
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-13,145,065.58	-4,348,452.42	-2,161,327.45	-284,632.26	Medicaid Paid Claims	130,169
9. Total Cost	860,751,762.42	284,740,921.58	141,525,837.55	18,637,998.74	Property Rate Allowance	0.80
10. Charges	3,590,081,371.00	\$1,644,285,771.00	529,849,971.00	107,529,784.00	First Semester in effect:	2010/07
11. Fixed Costs	101,757,753.00		15,018,139.40		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,894.40		157.14	County Ceiling Base	Exempt	163.58
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,113.03	138.50	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,641.49	217.87	FPLI	0.9795

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	141,525,837.55	18,637,998.74
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 15,018,139.40	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	126,507,698.15	18,637,998.74
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	135,994,005.68	20,035,587.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	73,290	130,169
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,855.56	153.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,126.35	140.95
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,126.35	140.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	Exempt	217.87
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	166.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	166.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,126.35	140.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	163.93	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,290.28	140.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$529,849,971.00	107,529,784.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,229.50	826.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,771.61	888.02
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,290.28	\$140.95
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$193.60	\$17.88
AV	Final Prospective Rates	\$1,096.68	\$123.07



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101354 - 2011/01

1,335.24 / 107.69

Health Central

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,229,200.00	44,830,405.00	3,940,845.00	2,573,378	Total Bed Days	62,415
2. Routine	26,026,281.00		2,676,355.00		Total Inpatient Days	41,775
3. Special Care	6,393,127.00		737,849.00		Total Newborn Days	3,239
4. Newborn Routine	1,308,982.00		739,558.00		Medicaid Inpatient Days	4,823
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	465
6. Home Health					Medicare Inpatient Days	15,965
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-819,294.25	-574,275.75	-103,691.60	-32,964.87	Medicaid Paid Claims	22,141
9. Total Cost	63,138,295.75	44,256,129.25	7,990,915.40	2,540,413.13	Property Rate Allowance	0.80
10. Charges	\$259,108,525.00	\$252,792,450.00	\$25,442,731.00	12,682,433.00	First Semester in effect:	2010/07
11. Fixed Costs		10,476,434.00		1,028,716.03	Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,444.95	125.92	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,641.49	217.87	FPLI	0.9795
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,990,915.40	2,540,413.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,028,716.03	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,962,199.37	2,540,413.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,484,266.93	2,730,908.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,288	22,141
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,415.33	123.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,415.33	123.34
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,415.33	123.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	155.63	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,570.96	123.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,442,731.00	12,682,433.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,811.41	572.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,172.20	615.75
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,570.96	\$123.34
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$235.72	\$15.65
AV	Final Prospective Rates	\$1,335.24	\$107.69





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101354 - 2011/01**

902.72 / 83.31

## County Billing ONLY

Health Central

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,229,200.00	44,830,405.00	3,940,845.00	2,573,378	Total Bed Days	62,415
2. Routine	26,026,281.00		2,676,355.00		Total Inpatient Days	41,775
3. Special Care	6,393,127.00		737,849.00		Total Newborn Days	3,239
4. Newborn Routine	1,308,982.00		739,558.00		Medicaid Inpatient Days	4,823
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	465
6. Home Health					Medicare Inpatient Days	15,965
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-819,294.25	-574,275.75	-103,691.60	-32,964.87	Medicaid Paid Claims	22,141
9. Total Cost	63,138,295.75	44,256,129.25	7,990,915.40	2,540,413.13	Property Rate Allowance	0.80
10. Charges	\$259,108,525.00	\$252,792,450.00	\$25,442,731.00	12,682,433.00	First Semester in effect:	2010/07
11. Fixed Costs	10,476,434.00		1,028,716.03		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,444.95		125.92	895.73	163.58	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,080.28	93.76	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,641.49	217.87	FPLI	0.9795

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,990,915.40	2,540,413.13
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,028,716.03	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,962,199.37	2,540,413.13
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,484,266.93	2,730,908.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,288	22,141
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,415.33	123.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,093.21	95.42
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,093.21	95.42
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	1,641.49	217.87
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.45	166.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.45	166.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	906.45	95.42
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	155.63	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,062.08	95.42
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,442,731.00	12,682,433.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,811.41	572.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,172.20	615.75
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,062.08	\$95.42
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$159.36	\$12.11
AV	Final Prospective Rates	\$902.72	\$83.31



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1,2011 through June 30, 2011

101389 - 2011/01

1,454.63 / 105.32

Osceola Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Osceola (49)  
 District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	58,377,561.00	44,122,183.00	7,549,576.00	3,500,523	Total Bed Days	85,775
2. Routine	43,406,254.00		4,834,386.00		Total Inpatient Days	70,968
3. Special Care	14,604,975.00		2,123,032.00		Total Newborn Days	3,706
4. Newborn Routine	1,189,191.00		829,154.00		Medicaid Inpatient Days	9,090
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	84
6. Home Health					Medicare Inpatient Days	23,792
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-2,041,026.61	-765,913.39	-266,218.95	-60,765.29	Medicaid Paid Claims	30,333
9. Total Cost	115,536,954.39	43,356,269.61	15,069,929.05	3,439,757.71	Property Rate Allowance	0.80
10. Charges	\$828,955,383.00	\$465,088,742.00	\$78,672,106.00	44,371,553.00	First Semester in effect:	2011/01
11. Fixed Costs	13,140,674.00		1,247,117.18		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,682.78	126.65	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,596.07	211.84	FPLI	0.9524

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,069,929.05	3,439,757.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,247,117.18	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,822,811.87	3,439,757.71
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,703,002.00	3,658,789.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,174	30,333
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,602.68	120.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,602.68	120.62
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,602.68	120.62
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	108.75	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,711.43	120.62
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$78,672,106.00	44,371,553.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,575.55	1,462.81
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,121.61	1,555.96
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,711.43	\$120.62
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$256.80	\$15.30
AV	Final Prospective Rates	\$1,454.63	\$105.32



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101389 - 2011/01**

835.33 / 90.24

## County Billing ONLY

Osceola Regional Medical Center

Type of Control: Proprietary(1)

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

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Osceola (49)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	58,377,561.00	44,122,183.00	7,549,576.00	3,500,523	Total Bed Days	85,775
2. Routine	43,406,254.00		4,834,386.00		Total Inpatient Days	70,968
3. Special Care	14,604,975.00		2,123,032.00		Total Newborn Days	3,706
4. Newborn Routine	1,189,191.00		829,154.00		Medicaid Inpatient Days	9,090
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	84
6. Home Health					Medicare Inpatient Days	23,792
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-2,041,026.61	-765,913.39	-266,218.95	-60,765.29	Medicaid Paid Claims	30,333
9. Total Cost	115,536,954.39	43,356,269.61	15,069,929.05	3,439,757.71	Property Rate Allowance	0.80
10. Charges	\$828,955,383.00	\$465,088,742.00	\$78,672,106.00	44,371,553.00	First Semester in effect:	2011/01
11. Fixed Costs	13,140,674.00		1,247,117.18		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRJ Index
1. Normalized Rate	1,682.78	126.65	863.71	160.97	1.9210	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	953.10	101.55	2008	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	0.9524	FPLI	0.9524
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,596.07	211.84			

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	15,069,929.05	3,439,757.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,247,117.18	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	13,822,811.87	3,439,757.71
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,703,002.00	3,658,789.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,174	30,333
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,602.68	120.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	964.51	103.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	964.51	103.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county	1,596.07	211.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	874.05	163.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	874.05	163.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	874.05	103.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	108.75	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	982.80	103.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$78,672,106.00	44,371,553.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,575.55	1,462.81
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,121.61	1,555.96
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$982.80	\$103.35
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$147.47	\$13.11
AV	Final Prospective Rates	\$835.33	\$90.24



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101401 - 2011/01**

**1,543.59 / 115.09**

**Bethesda Mem. Hosp.**

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	79,844,456.00	58,774,467.00	10,644,984.00	4,929,459.00	Total Bed Days	146,365
2. Routine	56,892,621.00		7,838,328.00		Total Inpatient Days	90,575
3. Special Care	13,410,281.00		1,230,908.00		Total Newborn Days	12,190
4. Newborn Routine	7,018,577.00		4,967,353.00		Medicaid Inpatient Days	13,275
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,436
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	46,044
9. Total Cost	157,165,935.00	58,774,467.00	24,681,573.00	4,929,459.00	Property Rate Allowance	0.80
10. Charges	\$772,120,498.00	\$467,685,743.00	107,285,805.00	37,606,717.00	First Semester in effect:	2010/01
11. Fixed Costs	19,297,230.00		2,681,341.66		Last Rate Semester in Effect:	2011/01

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,380.58		112.27	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,681,573.00	4,929,459.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,681,341.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	22,000,231.34	4,929,459.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,649,940.91	5,299,099.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,711	46,044
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,415.23	115.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,415.23	115.09
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,415.23	115.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	128.36	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,543.59	115.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$107,285,805.00	37,606,717.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,420.07	816.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,901.49	878.01
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,543.59	\$115.09
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,543.59	\$115.09



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101401 - 2011/01**

931.67 / 99.02

## County Billing ONLY

**Bethesda Mem. Hosp.**

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

Fiscal Year: 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	79,844,456.00	58,774,467.00	10,644,984.00	4,929,459	Total Bed Days	146,365
2. Routine	56,892,621.00		7,838,328.00		Total Inpatient Days	90,575
3. Special Care	13,410,281.00		1,230,908.00		Total Newborn Days	12,190
4. Newborn Routine	7,018,577.00		4,967,353.00		Medicaid Inpatient Days	13,275
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3,436
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	46,044
9. Total Cost	157,165,935.00	58,774,467.00	24,681,573.00	4,929,459.00	Property Rate Allowance	0.80
10. Charges	\$772,120,498.00	\$467,685,743.00	107,285,805.00	37,606,717.00	First Semester in effect:	2010/01
11. Fixed Costs	19,297,230.00		2,681,341.66		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,380.58	112.27	County Ceiling Base	972.65	174.73	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	956.34	111.44	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,681,573.00	4,929,459.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,681,341.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	22,000,231.34	4,929,459.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,649,940.91	5,299,099.46
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,711	46,044
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,415.23	115.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	967.79	113.41
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	967.79	113.41
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	228.01
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	177.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	177.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	967.79	113.41
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	128.36	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,096.15	113.41
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$107,285,805.00	37,606,717.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,420.07	816.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,901.49	878.01
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,096.15	\$113.41
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$164.48	\$14.39
AV	Final Prospective Rates	\$931.67	\$99.02



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101419 - 2011/01

894.20 / 90.46

Boca Raton Community Hospital

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

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	103,967,595.00	143,639,117.00	1,770,713.00	1,724,806	Total Bed Days	134,685
2. Routine	47,593,955.00		1,123,528.00		Total Inpatient Days	80,722
3. Special Care	20,552,992.00		133,130.00		Total Newborn Days	4,935
4. Newborn Routine	1,188,603.00		47,207.00		Medicaid Inpatient Days	1,821
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	55,515
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-1,846,393.11	-1,530,348.89	-32,756.93	-18,376.30	Medicaid Paid Claims	7,415
9. Total Cost	171,456,751.89	142,108,768.11	3,041,821.07	1,706,429.70	Property Rate Allowance	0.80
10. Charges	\$619,062,186.00	\$787,342,341.00	\$11,309,863.00	7,000,093.00	First Semester in effect:	2010/07
11. Fixed Costs	30,560,508.00		558,320.58		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,431.78		241.61	972.65	174.73	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	797.24	101.80	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,041,821.07	1,706,429.70
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 558,320.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,483,500.49	1,706,429.70
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,672,719.58	1,836,443.39
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,821	7,415
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,467.72	247.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	806.78	103.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	806.78	103.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	228.01
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	177.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	177.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	806.78	103.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	245.28	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,052.06	103.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$11,309,863.00	7,000,093.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,210.80	944.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,684.00	1,015.97
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,052.06	\$103.60
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$157.86	\$13.14
AV	Final Prospective Rates	\$894.20	\$90.46



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**101443 - 2011/01**

1,974.05 / 83.37

## Glades General Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,121,471.00	8,860,361.00	2,210,844.00	1,798,454	Total Bed Days	26,645
2. Routine	8,878,506.00		2,118,038.00		Total Inpatient Days	9,795
3. Special Care	1,593,816.00		125,106.00		Total Newborn Days	1,031
4. Newborn Routine	479,925.00		0.00		Medicaid Inpatient Days	2,401
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,073
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-52,772.90	-25,871.10	-13,005.06	-5,251.25	Medicaid Paid Claims	23,123
9. Total Cost	18,020,945.10	8,834,489.90	4,440,982.94	1,793,202.75	Property Rate Allowance	1.00
10. Charges	\$59,125,016.00	\$49,435,872.00	\$15,623,101.00	9,201,966.00	First Semester in effect:	2010/07
11. Fixed Costs	1,730,632.00		457,299.47		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,739.92	81.33	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,717.90	228.01	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,440,982.94	1,793,202.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 457,299.47	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,983,683.47	1,793,202.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,282,404.00	1,927,667.87
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,401	23,123
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,783.59	83.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,783.59	83.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,783.59	83.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	190.46	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,974.05	83.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,623,101.00	9,201,966.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,506.91	397.96
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,994.84	427.80
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,974.05	\$83.37
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,974.05	\$83.37



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**101460 - 2011/01**

**1,649.04 / 152.25**

## JFK Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	128,566,616.00	65,009,055.00	9,662,650.00	2,556,135	Total Bed Days	163,520
2. Routine	77,095,663.00		7,388,425.00		Total Inpatient Days	115,880
3. Special Care	24,486,934.00		2,521,839.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	12,198
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	43,956
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-3,817,824.82	-1,078,401.18	-324,684.82	-42,402.39	Medicaid Paid Claims	17,769
9. Total Cost	226,331,388.18	63,930,653.82	19,248,229.18	2,513,732.61	Property Rate Allowance	0.80
10. Charges	1,491,490,964.00	\$578,948,317.00	124,921,230.00	25,072,837.00	First Semester in effect:	2010/07
11. Fixed Costs	25,930,295.00		2,171,816.27		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,469.71		148.52	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,248,229.18	2,513,732.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,171,816.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,076,412.91	2,513,732.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,377,472.94	2,705,255.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,198	17,769
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,506.60	152.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,506.60	152.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,506.60	152.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	142.44	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,649.04	152.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$124,921,230.00	25,072,837.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,241.12	1,411.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,021.40	1,518.55
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,649.04	\$152.25
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,649.04	\$152.25





Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101460 - 2011/01

754.08 / 123.23

**County Billing ONLY**

JFK Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	128,566,616.00	65,009,055.00	9,662,650.00	2,556,135	Total Bed Days	163,520
2. Routine	77,095,663.00		7,388,425.00		Total Inpatient Days	115,880
3. Special Care	24,486,934.00		2,521,839.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	12,198
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	43,956
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-3,817,824.82	-1,078,401.18	-324,684.82	-42,402.39	Medicaid Paid Claims	17,769
9. Total Cost	226,331,388.18	63,930,653.82	19,248,229.18	2,513,732.61	Property Rate Allowance	0.80
10. Charges	1,491,490,964.00	\$578,948,317.00	124,921,230.00	25,072,837.00	First Semester in effect:	2010/07
11. Fixed Costs	25,930,295.00		2,171,816.27		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,469.71	148.52	County Ceiling Base	972.65	174.73	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	735.95	138.68	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,248,229.18	2,513,732.61
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,171,816.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,076,412.91	2,513,732.61
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,377,472.94	2,705,255.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,198	17,769
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,506.60	152.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	744.76	141.14
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	744.76	141.14
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	228.01
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	177.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	177.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	744.76	141.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	142.44	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	887.20	141.14
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$124,921,230.00	25,072,837.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,241.12	1,411.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,021.40	1,518.55
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$887.20	\$141.14
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$133.12	\$17.91
AV	Final Prospective Rates	\$754.08	\$123.23



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

<b>101486 - 2011/01</b>
<b>1,452.36 / 119.26</b>

## St. Mary's Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	70,275,283.00	40,859,918.00	19,714,073.00	6,648,370	Total Bed Days	168,995
2. Routine	55,896,919.00		13,144,293.00		Total Inpatient Days	100,571
3. Special Care	21,201,727.00		9,497,348.00		Total Newborn Days	8,025
4. Newborn Routine	1,182,707.00		750,901.00		Medicaid Inpatient Days	30,438
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	63
6. Home Health					Medicare Inpatient Days	13,176
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-2,218,632.00	-610,226.00	-643,779.49	-99,290.66	Medicaid Paid Claims	58,801
9. Total Cost	146,338,004.00	40,249,692.00	42,462,835.51	6,549,079.34	Property Rate Allowance	0.80
10. Charges	\$677,847,406.00	\$235,809,463.00	194,277,906.00	35,276,750.00	First Semester in effect:	2010/07
11. Fixed Costs	15,080,553.00		4,322,238.65		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,306.20	116.34	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	42,462,835.51	6,549,079.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,322,238.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	38,140,596.86	6,549,079.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	40,840,627.96	7,012,698.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	30,501	58,801
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,338.99	119.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,338.99	119.26
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,338.99	119.26
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	113.37	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,452.36	119.26
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$194,277,906.00	35,276,750.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,369.56	599.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,820.47	642.40
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,452.36	\$119.26
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,452.36	\$119.26



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101486 - 2011/01**

932.96 / 83.17

## County Billing ONLY

St. Mary's Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	70,275,283.00	40,859,918.00	19,714,073.00	6,648,370	Total Bed Days	168,995
2. Routine	55,896,919.00		13,144,293.00		Total Inpatient Days	100,571
3. Special Care	21,201,727.00		9,497,348.00		Total Newborn Days	8,025
4. Newborn Routine	1,182,707.00		750,901.00		Medicaid Inpatient Days	30,438
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	63
6. Home Health					Medicare Inpatient Days	13,176
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-2,218,632.00	-610,226.00	-643,779.49	-99,290.66	Medicaid Paid Claims	58,801
9. Total Cost	146,338,004.00	40,249,692.00	42,462,835.51	6,549,079.34	Property Rate Allowance	0.80
10. Charges	\$677,847,406.00	\$235,809,463.00	194,277,906.00	35,276,750.00	First Semester in effect:	2010/07
11. Fixed Costs	15,080,553.00		4,322,238.65		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,306.20	116.34	972.65	174.73		Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	1,028.33	93.60		FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43		FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,717.90	228.01			

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	42,462,835.51	6,549,079.34
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,322,238.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	38,140,596.86	6,549,079.34
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	40,840,627.96	7,012,698.67
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	30,501	58,801
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,338.99	119.26
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,040.64	95.26
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,040.64	95.26
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	228.01
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	177.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	177.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	984.29	95.26
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	113.37	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,097.66	95.26
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$194,277,906.00	35,276,750.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,369.56	599.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,820.47	642.40
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,097.66	\$95.26
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$164.70	\$12.09
AV	Final Prospective Rates	\$932.96	\$83.17



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

**101494 - 2011/01**

**832.55 / 76.42**

## Florida Hospital Zephyrhills

Type of Control: Non-Profit (Church) (2)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)  
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,574,450.00	33,095,591.00	2,997,528.00	2,029,462	Total Bed Days	56,210
2. Routine	25,512,064.00		1,579,809.00		Total Inpatient Days	36,599
3. Special Care	5,359,167.00		452,387.00		Total Newborn Days	1,552
4. Newborn Routine	636,323.00		436,240.00		Medicaid Inpatient Days	2,535
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	301
6. Home Health					Medicare Inpatient Days	17,589
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,212,465.12	-556,688.88	-91,940.99	-34,136.84	Medicaid Paid Claims	18,731
9. Total Cost	70,869,538.88	32,538,902.12	5,374,023.01	1,995,325.16	Property Rate Allowance	0.80
10. Charges	\$381,423,411.00	\$191,913,878.00	\$22,962,728.00	12,157,299.00	First Semester in effect:	2011/01
11. Fixed Costs	9,482,579.00		570,877.08		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,873.42		117.83	811.72	158.10	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	808.81	86.01	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,611.49	213.89	FPLI	0.9616

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,374,023.01	1,995,325.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 570,877.08	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,803,145.93	1,995,325.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,108,994.09	2,122,380.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,836	18,731
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,801.48	113.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	818.49	87.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	818.49	87.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,611.49	213.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	821.44	160.90
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	821.44	160.90
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	818.49	87.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	161.04	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	979.53	87.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$22,962,728.00	12,157,299.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,096.87	649.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,612.45	690.38
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$979.53	\$87.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$146.98	\$11.11
AV	Final Prospective Rates	\$832.55	\$76.42



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101508 - 2011/01**

991.75 / 99.55

## North Bay Medical Center

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

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

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)

District: 5

Hospital Classification: General

: Rate Includes Buy Back

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,560,018.00	16,844,756.00	1,263,203.00	1,153,930	Total Bed Days	44,530
2. Routine	17,515,428.00		700,126.00		Total Inpatient Days	26,136
3. Special Care	3,966,752.00		331,179.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,281
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,647
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-603,698.36	-241,879.64	-32,947.63	-16,569.68	Medicaid Paid Claims	10,275
9. Total Cost	41,438,499.64	16,602,876.36	2,261,560.37	1,137,360.32	Property Rate Allowance	0.80
10. Charges	\$162,720,497.00	\$94,430,372.00	\$8,878,507.00	6,485,899.00	First Semester in effect:	2011/01
11. Fixed Costs	5,915,132.00		322,746.93		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		811.72	158.10	Semester DRI Index	1.9210
1. Normalized Rate	1,674.18	122.44	Variable Cost Base	780.84	97.82	Cost Report DRI Index	1.806
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	1,611.49	213.89	FPLI	0.9616
4. Rate of Increase (Year/Sem.)							

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,261,560.37	1,137,360.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 322,746.93	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,938,813.44	1,137,360.32
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,062,270.55	1,209,783.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,281	10,275
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,609.89	117.74
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	790.19	99.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	790.19	99.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,611.49	213.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	821.44	160.90
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	821.44	160.90
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	790.19	99.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	201.56	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	991.75	99.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,878,507.00	6,485,899.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,930.92	631.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,372.26	671.42
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$991.75	\$99.55
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$991.75	\$99.55



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101516 - 2011/01**

**2,483.32 / 218.73**

## All Children's Hospital

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

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

Hospital Classification: Specialized: Children's

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	114,874,848.00	80,072,518.00	44,696,804.00	27,055,015	Total Bed Days	90,235
2. Routine	40,515,450.00		15,479,740.00		Total Inpatient Days	68,642
3. Special Care	55,072,565.00		29,822,303.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	33,705
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0228966986
8. Adjustments	-2,660,869.79	-1,012,352.21	-1,137,850.21	-342,054.99	Medicaid Paid Claims	122,593
9. Total Cost	207,801,993.21	79,060,165.79	88,860,996.79	26,712,960.01	Property Rate Allowance	0.80
10. Charges	\$618,764,023.00	\$267,133,586.00	294,485,653.00	76,108,868.00	First Semester in effect:	2011/01
11. Fixed Costs	39,476,829.00		18,788,034.43		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,247.53	235.56	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,585.68	210.46	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	88,860,996.79	26,712,960.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 18,788,034.43	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	70,072,962.36	26,712,960.01
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	71,677,401.86	27,324,598.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	33,705	122,593
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,126.61	222.89
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,126.61	222.89
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,126.61	222.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	445.94	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,572.55	222.89
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$294,485,653.00	76,108,868.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,737.15	620.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,937.20	635.04
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,572.55	\$222.89
AU	Medicaid Trend Adjustment IP% : 3.468 OP% : 1.868	\$89.23	\$4.16
AV	Final Prospective Rates	\$2,483.32	\$218.73



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101516 - 2011/01**

**1,752.60 / 147.97**

## County Billing ONLY

All Children's Hospital

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

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

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Hospital Classification: Specialized: Children's

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	114,874,848.00	80,072,518.00	44,696,804.00	27,055,015	Total Bed Days	90,235
2. Routine	40,515,450.00		15,479,740.00		Total Inpatient Days	68,642
3. Special Care	55,072,565.00		29,822,303.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	33,705
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0228966986
8. Adjustments	-2,660,869.79	-1,012,352.21	-1,137,850.21	-342,054.99	Medicaid Paid Claims	122,593
9. Total Cost	207,801,993.21	79,060,165.79	88,860,996.79	26,712,960.01	Property Rate Allowance	0.80
10. Charges	\$618,764,023.00	\$267,133,586.00	294,485,653.00	76,108,868.00	First Semester in effect:	2011/01
11. Fixed Costs	39,476,829.00		18,788,034.43		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
						County Ceiling Base	Exempt
1. Normalized Rate	2,247.53	235.56	County Ceiling Base	Exempt	161.18	Cost Report DRI Index	1.878
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,528.62	184.51	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,585.68	210.46		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	88,860,996.79	26,712,960.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 18,788,034.43	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	70,072,962.36	26,712,960.01
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	71,677,401.86	27,324,598.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	33,705	122,593
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,126.61	222.89
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,546.92	187.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,546.92	187.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,546.92	164.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	445.94	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,992.86	164.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$294,485,653.00	76,108,868.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,737.15	620.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,937.20	635.04
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,992.86	\$164.03
AU	Medicaid Trend Adjustment IP% : 12.056 OP% : 9.792	\$240.26	\$16.06
AV	Final Prospective Rates	\$1,752.60	\$147.97



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

101524 - 2011/01

1,051.83 / 114.19

## Good Samaritan Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,015,177.00	26,151,499.00	2,480,703.00	1,842,020	Total Bed Days	121,545
2. Routine	29,578,233.00		1,939,609.00		Total Inpatient Days	39,602
3. Special Care	5,858,941.00		751,132.00		Total Newborn Days	1,330
4. Newborn Routine	399,286.00		147,408.00		Medicaid Inpatient Days	2,918
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	9
6. Home Health					Medicare Inpatient Days	18,815
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-1,058,553.47	-355,583.53	-72,320.76	-25,046.06	Medicaid Paid Claims	14,009
9. Total Cost	76,793,083.53	25,795,915.47	5,246,531.24	1,816,973.94	Property Rate Allowance	0.80
10. Charges	\$311,895,700.00	\$153,579,865.00	\$18,541,628.00	9,125,721.00	First Semester in effect:	2010/07
11. Fixed Costs	9,745,305.00		579,340.53		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,665.60		135.48	County Ceiling Base	972.65	174.73
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	882.92	112.20	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,246,531.24	1,816,973.94
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 579,340.53	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,667,190.71	1,816,973.94
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,997,588.27	1,945,600.30
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,927	14,009
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,707.41	138.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	893.49	114.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	893.49	114.19
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	228.01
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	177.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	177.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	893.49	114.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	158.34	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,051.83	114.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$18,541,628.00	9,125,721.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,334.69	651.42
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,783.13	697.54
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,051.83	\$114.19
AU	Medicaid Trend Adjustment IP%: 0.000 OP%: 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,051.83	\$114.19





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101541 - 2011/01**

**1,080.81 / 107.00**

## Mease Hospital Clinic

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	30,601,828.00	24,157,290.00	1,272,387.00	734,303	Total Bed Days	45,990
2. Routine	16,978,713.00		699,986.00		Total Inpatient Days	28,762
3. Special Care	6,746,894.00		474,316.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,455
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,446
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-881,687.83	-392,052.17	-39,707.67	-11,917.11	Medicaid Paid Claims	7,181
9. Total Cost	53,445,747.17	23,765,237.83	2,406,981.33	722,385.89	Property Rate Allowance	0.80
10. Charges	\$203,120,210.00	\$124,393,982.00	\$8,925,415.00	4,453,926.00	First Semester in effect:	2011/01
11. Fixed Costs	7,224,058.00		317,436.24		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)		OP (F)		IP (G)		OP (G)		Inflation/FPLI Data (H)	
	2010/01	2010/07	1991/01	1993/01	1,585.55	161.18	107.00	222.43	Semester DRI Index	1.9210
1. Normalized Rate	1,614.42	113.08			County Ceiling Base	895.55	161.18		Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07			Variable Cost Base	937.43	107.00		FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,675.84	222.43		FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.011969	1.017712			County Ceiling	1,585.68	210.46			

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,406,981.33	722,385.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 317,436.24	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,089,545.09	722,385.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,222,600.29	768,384.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,455	7,181
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,527.56	107.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	948.65	108.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	948.65	107.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	906.27	107.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	174.54	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,080.81	107.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,925,415.00	4,453,926.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,134.31	620.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,524.92	659.73
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,080.81	\$107.00
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,080.81	\$107.00



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101567 - 2011/01**

1,688.28 / 86.25

## Bayfront Medical Center

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

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

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	95,970,619.00	49,543,732.00	14,792,389.00	3,123,855	Total Bed Days	139,430
2. Routine	48,066,526.00		7,988,770.00		Total Inpatient Days	91,184
3. Special Care	28,912,139.00		2,720,939.00		Total Newborn Days	7,928
4. Newborn Routine	3,640,862.00		2,252,122.00		Medicaid Inpatient Days	15,631
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,126
6. Home Health					Medicare Inpatient Days	26,799
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-2,538,531.38	-712,204.62	-398,974.46	-44,906.27	Medicaid Paid Claims	37,972
9. Total Cost	174,051,614.62	48,831,527.38	27,355,245.54	3,078,948.73	Property Rate Allowance	0.80
10. Charges	\$813,763,349.00	\$286,353,704.00	126,431,125.00	21,677,121.00	First Semester in effect:	2011/01
11. Fixed Costs	19,690,237.00		3,059,192.60		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		Exempt	Exempt	Semester DRI Index	1.9210
1. Normalized Rate	1,629.92	91.15	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,585.68	210.46	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,355,245.54	3,078,948.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,059,192.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	24,296,052.94	3,078,948.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,843,143.80	3,275,005.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,757	37,972
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,542.23	86.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,542.23	86.25
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,542.23	86.25
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	146.05	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,688.28	86.25
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$126,431,125.00	21,677,121.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,544.97	570.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,025.41	607.22
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,688.28	\$86.25
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,688.28	\$86.25



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101567 - 2011/01**

891.22 / 71.98

## County Billing ONLY

**Bayfront Medical Center**

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

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

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	95,970,619.00	49,543,732.00	14,792,389.00	3,123,855	Total Bed Days	139,430
2. Routine	48,066,526.00		7,988,770.00		Total Inpatient Days	91,184
3. Special Care	28,912,139.00		2,720,939.00		Total Newborn Days	7,928
4. Newborn Routine	3,640,862.00		2,252,122.00		Medicaid Inpatient Days	15,631
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,126
6. Home Health					Medicare Inpatient Days	26,799
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-2,538,531.38	-712,204.62	-398,974.46	-44,906.27	Medicaid Paid Claims	37,972
9. Total Cost	174,051,614.62	48,831,527.38	27,355,245.54	3,078,948.73	Property Rate Allowance	0.80
10. Charges	\$813,763,349.00	\$286,353,704.00	126,431,125.00	21,677,121.00	First Semester in effect:	2011/01
11. Fixed Costs	19,690,237.00		3,059,192.60		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)			OP (F)			IP (G)			OP (G)		Inflation/FPLI Data (H)	
1. Normalized Rate	1,629.92	91.15	County Ceiling Base	895.55	161.18	Semester DRI Index	1.9210						
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	891.84	81.01	Cost Report DRI Index	1.806						
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008						
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,585.68	210.46	FPLI	0.9462						

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	27,355,245.54	3,078,948.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,059,192.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	24,296,052.94	3,078,948.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,843,143.80	3,275,005.82
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,757	37,972
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,542.23	86.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	902.51	82.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	902.51	82.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	902.51	82.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	146.05	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,048.56	82.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$126,431,125.00	21,677,121.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,544.97	570.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,025.41	607.22
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,048.56	\$82.44
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$157.34	\$10.46
AV	Final Prospective Rates	\$891.22	\$71.98



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101583 - 2011/01**

**2,220.06 / 171.12**

## Morton F. Plant Hospital

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

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

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	122,055,224.00	117,898,272.00	6,947,058.00	4,111,986	Total Bed Days	192,720
2. Routine	84,100,104.00		3,629,438.00		Total Inpatient Days	111,100
3. Special Care	16,564,013.00		919,080.00		Total Newborn Days	6,332
4. Newborn Routine	2,609,273.00		1,102,726.00		Medicaid Inpatient Days	5,658
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	53
6. Home Health					Medicare Inpatient Days	44,873
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-3,208,971.70	-1,679,024.30	-179,416.16	-58,560.01	Medicaid Paid Claims	25,196
9. Total Cost	222,119,642.30	116,219,247.70	12,418,885.84	4,053,425.99	Property Rate Allowance	0.80
10. Charges	\$814,584,122.00	\$656,707,570.00	\$46,473,485.00	21,134,899.00	First Semester in effect:	2010/07
11. Fixed Costs	35,292,344.00		2,013,491.52		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	2,048.20	180.85	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,585.68	210.46	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,418,885.84	4,053,425.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,013,491.52	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,405,394.32	4,053,425.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,067,974.80	4,311,534.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,711	25,196
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,938.01	171.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,938.01	171.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,938.01	171.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	282.05	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,220.06	171.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,473,485.00	21,134,899.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,137.54	838.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,655.71	892.23
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,220.06	\$171.12
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,220.06	\$171.12



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**101583 - 2011/01**

667.32 / 93.74

## County Billing ONLY

**Morton F. Plant Hospital**

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

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

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	122,055,224.00	117,898,272.00	6,947,058.00	4,111,986	Total Bed Days 192,720
2. Routine	84,100,104.00		3,629,438.00		Total Inpatient Days 111,100
3. Special Care	16,564,013.00		919,080.00		Total Newborn Days 6,332
4. Newborn Routine	2,609,273.00		1,102,726.00		Medicaid Inpatient Days 5,658
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days 53
6. Home Health					Medicare Inpatient Days 44,873
7. Malpractice					Prospective Inflation factor 1.0636766334
8. Adjustments	-3,208,971.70	-1,679,024.30	-179,416.16	-58,560.01	Medicaid Paid Claims 25,196
9. Total Cost	222,119,642.30	116,219,247.70	12,418,885.84	4,053,425.99	Property Rate Allowance 0.80
10. Charges	\$814,584,122.00	\$656,707,570.00	\$46,473,485.00	21,134,899.00	First Semester in effect: 2010/07
11. Fixed Costs	35,292,344.00		2,013,491.52		Last Rate Semester in Effect: 2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,048.20		180.85	895.55	161.18	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	497.13	105.49	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,585.68	210.46	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	12,418,885.84	4,053,425.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,013,491.52	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,405,394.32	4,053,425.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	11,067,974.80	4,311,534.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,711	25,196
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,938.01	171.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	503.08	107.36
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	503.08	107.36
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	503.08	107.36
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	282.05	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	785.13	107.36
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,473,485.00	21,134,899.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,137.54	838.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,655.71	892.23
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$785.13	\$107.36
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$117.81	\$13.62
AV	Final Prospective Rates	\$667.32	\$93.74



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101613 - 2011/01**

**1,056.18 / 118.70**

## Helen Ellis Memorial Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	22,610,839.00	21,044,103.00	2,245,176.00	1,908,042	Total Bed Days	54,750
2. Routine	13,656,827.00		1,071,863.00		Total Inpatient Days	20,326
3. Special Care	2,713,050.00		99,838.00		Total Newborn Days	1,205
4. Newborn Routine	404,271.00		243,230.00		Medicaid Inpatient Days	1,624
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,037
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-479,240.32	-256,066.68	-44,536.53	-23,217.24	Medicaid Paid Claims	13,485
9. Total Cost	38,905,746.68	20,788,036.32	3,615,570.47	1,884,824.76	Property Rate Allowance	0.80
10. Charges	\$156,788,078.00	\$111,392,355.00	\$11,589,653.00	9,505,689.00	First Semester in effect:	2010/07
11. Fixed Costs	4,116,931.00		304,320.34		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)		OP (F)		IP (G)		OP (G)		Inflation/FPLI Data (H)	
	2010/01	2010/07	1991/01	1993/01	1,895.55	161.18	116.63	222.43	Semester DRI Index	1.9210
1. Normalized Rate	2,316.47	158.79			County Ceiling Base	895.55	161.18		Cost Report DRI Index	1.787
2. Base Rate Semester	2010/01	2010/07			Variable Cost Base	1,180.15	116.63		FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01			State Ceiling	1,675.84	222.43		FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.011969	1.017712			County Ceiling	1,585.68	210.46			

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,615,570.47	1,884,824.76
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 304,320.34	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,311,250.13	1,884,824.76
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,559,547.56	2,026,160.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		1,624
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,191.84	150.25
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,194.27	118.70
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,194.27	118.70
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	906.27	118.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	149.91	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,056.18	118.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$11,589,653.00	9,505,689.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,136.49	704.91
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,671.63	757.77
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,056.18	\$118.70
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,056.18	\$118.70



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101648 - 2011/01

1,614.99 / 128.18

Lakeland Regional Medical Center

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	158,957,556.00	127,745,429.00	12,174,110.00	9,310,975	Total Bed Days	310,683
2. Routine	131,615,074.00		10,230,166.00		Total Inpatient Days	185,940
3. Special Care	33,759,924.00		4,210,904.00		Total Newborn Days	6,715
4. Newborn Routine	1,326,159.00		444,747.00		Medicaid Inpatient Days	17,191
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	86
6. Home Health					Medicare Inpatient Days	73,043
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-4,705,272.91	-1,845,727.09	-390,974.77	-134,529.42	Medicaid Paid Claims	76,959
9. Total Cost	320,953,440.09	125,899,701.91	26,668,952.23	9,176,445.58	Property Rate Allowance	0.80
10. Charges	1,300,539,440.00	\$671,214,194.00	\$95,046,096.00	47,811,169.00	First Semester in effect:	2010/07
11. Fixed Costs	38,145,164.00		2,787,727.01		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,576.06	135.96	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,579.98	209.71	FPLI	0.9428
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	26,668,952.23	9,176,445.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,787,727.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	23,881,225.22	9,176,445.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,671,983.02	9,864,550.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,277	76,959
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,485.91	128.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,485.91	128.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,485.91	128.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	129.08	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,614.99	128.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$95,046,096.00	47,811,169.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,501.31	621.26
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,913.83	667.85
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,614.99	\$128.18
AU	Medicaid Trend Adjustment IP%: 0.000 OP%: 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,614.99	\$128.18



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101648 - 2011/01**

803.01 / 91.43

## County Billing ONLY

**Lakeland Regional Medical Center**

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

Fiscal Year : 10/1/2008-9/30/2009

Type of Action: Unaudited Cost Report [1]

County: Polk (53)

District: 6

Hospital Classification: Special

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	158,957,556.00	127,745,429.00	12,174,110.00	9,310,975	Total Bed Days	310,683
2. Routine	131,615,074.00		10,230,166.00		Total Inpatient Days	185,940
3. Special Care	33,759,924.00		4,210,904.00		Total Newborn Days	6,715
4. Newborn Routine	1,326,159.00		444,747.00		Medicaid Inpatient Days	17,191
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	86
6. Home Health					Medicare Inpatient Days	73,043
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-4,705,272.91	-1,845,727.09	-390,974.77	-134,529.42	Medicaid Paid Claims	76,959
9. Total Cost	320,953,440.09	125,899,701.91	26,668,952.23	9,176,445.58	Property Rate Allowance	0.80
10. Charges	1,300,539,440.00	\$671,214,194.00	\$95,046,096.00	47,811,169.00	First Semester in effect:	2010/07
11. Fixed Costs	38,145,164.00		2,787,727.01		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,576.06	135.96	845.05	160.00	102.89	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	806.04	222.43	209.71	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84			FPLI	0.9428
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,579.98			

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	26,668,952.23	9,176,445.58
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,787,727.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	23,881,225.22	9,176,445.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,671,983.02	9,864,550.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	17,277	76,959
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,485.91	128.18
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	815.69	104.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	815.69	104.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,579.98	209.71
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	855.16	162.83
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	855.16	162.83
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	815.69	104.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	129.08	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	944.77	104.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$95,046,096.00	47,811,169.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,501.31	621.26
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,913.83	667.85
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$944.77	\$104.71
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$141.76	\$13.29
AV	Final Prospective Rates	\$803.01	\$91.43





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101664 - 2011/01**

1,492.83 / 72.71

## Lake Wales Hospital Association

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: Special-IP

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

County: Polk (53)  
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,901,397.00	14,442,646.00	1,163,764.00	1,073,148	Total Bed Days	46,355
2. Routine	12,419,258.00		756,575.00		Total Inpatient Days	21,348
3. Special Care	2,892,107.00		114,413.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,361
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,321
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-552,544.45	-264,133.55	-37,212.45	-19,626.21	Medicaid Paid Claims	12,615
9. Total Cost	29,660,217.55	14,178,512.45	1,997,539.55	1,053,521.79	Property Rate Allowance	0.80
10. Charges	\$202,385,196.00	\$121,735,871.00	\$14,098,720.00	9,277,726.00	First Semester in effect:	2011/01
11. Fixed Costs	5,063,372.00		352,728.69		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,363.48		94.22	Exempt	160.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	71.44	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,579.98	209.71	FPLI	0.9428

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,997,539.55	1,053,521.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 352,728.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,644,810.86	1,053,521.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,749,546.88	1,120,606.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,361	12,615
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,285.49	88.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	72.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,285.49	72.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	Exempt	209.71
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	162.83
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	162.83
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,285.49	72.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	207.34	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,492.83	72.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,098,720.00	9,277,726.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,359.09	735.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,018.72	782.28
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,492.83	\$72.71
AU	Medicaid Trend Adjustment IP%: 0.000 OP%: 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,492.83	\$72.71



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101664 - 2011/01**

**822.28 / 63.48**

## Target History - Internal Information Only

Lake Wales Hospital Association

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: Special-IP

Type of Action: Unaudited Cost Report [1]

County: Polk (53)  
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,901,397.00	14,442,646.00	1,163,764.00	1,073,148	Total Bed Days	46,355
2. Routine	12,419,258.00		756,575.00		Total Inpatient Days	21,348
3. Special Care	2,892,107.00		114,413.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,361
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,321
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-552,544.45	-264,133.55	-37,212.45	-19,626.21	Medicaid Paid Claims	12,615
9. Total Cost	29,660,217.55	14,178,512.45	1,997,539.55	1,053,521.79	Property Rate Allowance	0.80
10. Charges	\$202,385,196.00	\$121,735,871.00	\$14,098,720.00	9,277,726.00	First Semester in effect:	2011/01
11. Fixed Costs	5,063,372.00		352,728.69		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,363.48		94.22	845.05	160.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	751.11	71.44	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,579.98	209.71	FPLI	0.9428

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,997,539.55	1,053,521.79
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 352,728.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,644,810.86	1,053,521.79
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,749,546.88	1,120,606.51
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,361	12,615
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,285.49	88.83
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	760.10	72.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	760.10	72.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,579.98	209.71
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	855.16	162.83
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	855.16	162.83
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	760.10	72.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	207.34	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	967.44	72.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,098,720.00	9,277,726.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,359.09	735.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,018.72	782.28
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$967.44	\$72.71
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$145.16	\$9.23
AV	Final Prospective Rates	\$822.28	\$63.48



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101699 - 2011/01**

1,768.09 / 119.12

## Winter Haven Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,034,191.00	69,676,636.00	6,943,713.00	3,478,529	Total Bed Days	192,355
2. Routine	53,532,364.00		4,568,295.00		Total Inpatient Days	77,849
3. Special Care	14,512,243.00		1,341,674.00		Total Newborn Days	5,192
4. Newborn Routine	1,632,844.00		1,072,725.00		Medicaid Inpatient Days	7,097
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,175
6. Home Health					Medicare Inpatient Days	36,062
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	31,391
9. Total Cost	138,711,642.00	69,676,636.00	13,926,407.00	3,478,529.00	Property Rate Allowance	0.80
10. Charges	\$563,223,193.00	\$406,029,954.00	\$53,746,044.00	20,089,236.00	First Semester in effect:	2010/07
11. Fixed Costs		13,149,384.00		1,254,790.96	Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,746.65	126.35	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,579.98	209.71	FPLI	0.9428
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,926,407.00	3,478,529.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,254,790.96	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,671,616.04	3,478,529.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,621,809.97	3,739,370.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,272	31,391
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,646.74	119.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,646.74	119.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,646.74	119.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	121.35	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,768.09	119.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$53,746,044.00	20,089,236.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,497.35	639.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,984.56	687.96
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,768.09	\$119.12
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,768.09	\$119.12



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101699 - 2011/01**

646.74 / 68.21

## County Billing ONLY

**Winter Haven Hospital**

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

Fiscal Year: 10/1/2008-9/30/2009

Type of Action: Unaudited Cost Report [1]

County: Polk (53)

District: 6

Hospital Classification: Special

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,034,191.00	69,676,636.00	6,943,713.00	3,478,529	Total Bed Days	192,355
2. Routine	53,532,364.00		4,568,295.00		Total Inpatient Days	77,849
3. Special Care	14,512,243.00		1,341,674.00		Total Newborn Days	5,192
4. Newborn Routine	1,632,844.00		1,072,725.00		Medicaid Inpatient Days	7,097
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,175
6. Home Health					Medicare Inpatient Days	36,062
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	31,391
9. Total Cost	138,711,642.00	69,676,636.00	13,926,407.00	3,478,529.00	Property Rate Allowance	0.80
10. Charges	\$563,223,193.00	\$406,029,954.00	\$53,746,044.00	20,089,236.00	First Semester in effect:	2010/07
11. Fixed Costs	13,149,384.00		1,254,790.96		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,746.65	126.35	Variable Cost Base	845.05	160.00	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	632.00	76.76	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI	0.9428
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		1,579.98	209.71		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,926,407.00	3,478,529.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,254,790.96	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,671,616.04	3,478,529.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,621,809.97	3,739,370.01
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,272	31,391
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,646.74	119.12
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	639.56	78.12
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	639.56	78.12
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,579.98	209.71
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	855.16	162.83
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	855.16	162.83
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	639.56	78.12
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	121.35	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	760.91	78.12
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$53,746,044.00	20,089,236.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,497.35	639.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,984.56	687.96
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$760.91	\$78.12
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$114.17	\$9.91
AV	Final Prospective Rates	\$646.74	\$68.21



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101702 - 2011/01

427.49 / 17.05

West Gables Rehabilitation

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)  
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,033,969.00	777,149.00	140,747.00	0	Total Bed Days	21,900
2. Routine	8,973,251.00		218,761.00		Total Inpatient Days	16,734
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	406
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	9,049
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-280,775.06	-14,539.94	-6,726.15	0.00	Medicaid Paid Claims	474
9. Total Cost	14,726,444.94	762,609.06	352,781.85	0.00	Property Rate Allowance	0.80
10. Charges	\$25,732,416.00	\$3,312,853.00	\$645,032.00	0.00	First Semester in effect:	2011/01
11. Fixed Costs	1,254,995.00		31,458.84		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	698.79	0.00	County Ceiling Base	969.73	NA	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	435.75	NA	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	352,781.85	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 31,458.84	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	321,323.01	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	341,783.78	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	406	474
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	841.83	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	440.97	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	440.97	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	440.97	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	61.99	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	502.96	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$645,032.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,588.75	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,689.92	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (I)	\$502.96	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$75.47	\$2.48
AV	Final Prospective Rates	\$427.49	\$17.05

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



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101711 - 2011/01

868.94 / 55.40

Flagler Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: St Johns (55)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	54,879,466.00	38,090,770.00	2,728,073.00	2,302,320	Total Bed Days	110,230
2. Routine	44,271,469.00		2,975,132.00		Total Inpatient Days	65,749
3. Special Care	11,694,827.00		675,263.00		Total Newborn Days	2,465
4. Newborn Routine	954,795.00		438,469.00		Medicaid Inpatient Days	5,062
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	38,286
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,451,132.13	-494,404.87	-88,481.46	-29,883.31	Medicaid Paid Claims	38,281
9. Total Cost	110,349,424.87	37,596,365.13	6,728,455.54	2,272,436.69	Property Rate Allowance	0.80
10. Charges	\$461,487,829.00	\$223,216,064.00	\$27,646,981.00	12,956,357.00	First Semester in effect:	2010/07
11. Fixed Costs		13,928,905.00		834,457.92	Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,329.44	67.77	879.93	161.64	Semester DRI Index	1.9210	
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	897.64	62.35	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,577.80	209.42	FPLI	0.9415

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,728,455.54	2,272,436.69
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 834,457.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,893,997.62	2,272,436.69
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,335,964.99	2,442,837.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,062	38,281
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,251.67	63.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	908.38	63.45
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	908.38	63.45
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9415) for St Johns county	1,577.80	209.42
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	890.46	164.50
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	890.46	164.50
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	890.46	63.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.88	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,022.34	63.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$27,646,981.00	12,956,357.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,461.67	338.45
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,871.22	363.83
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,022.34	\$63.45
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$153.40	\$8.05
AV	Final Prospective Rates	\$868.94	\$55.40



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101737 - 2011/01**

1,014.74 / 52.64

## Jay Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Santa Rosa (57)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,020,593.00	4,014,337.00	205,238.00	439,637	Total Bed Days	20,075
2. Routine	3,418,244.00		365,747.00		Total Inpatient Days	5,441
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	590
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	3,543
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-89,920.10	-66,368.90	-9,440.07	-7,268.50	Medicaid Paid Claims	8,830
9. Total Cost	5,348,916.90	3,947,968.10	561,544.93	432,368.50	Property Rate Allowance	1.00
10. Charges	\$17,608,590.00	\$25,558,780.00	\$1,675,178.00	2,838,452.00	First Semester in effect:	2010/07
11. Fixed Costs	694,975.00		66,115.85		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	948.99	55.34	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,594.06	211.58	FPLI	0.9512
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	561,544.93	432,368.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 66,115.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	495,429.08	432,368.50
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	532,579.33	464,790.09
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	590	8,830
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	902.68	52.64
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	902.68	52.64
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	902.68	52.64
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	112.06	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,014.74	52.64
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,675,178.00	2,838,452.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,839.28	321.46
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,052.19	345.57
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,014.74	\$52.64
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,014.74	\$52.64



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101745 - 2011/01

858.42 / 76.96

Santa Rosa Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Santa Rosa (57)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,076,519.00	15,286,555.00	1,328,274.00	2,571,600	Total Bed Days	47,085
2. Routine	7,854,720.00		980,744.00		Total Inpatient Days	15,251
3. Special Care	2,341,810.00		355,575.00		Total Newborn Days	694
4. Newborn Routine	494,868.00		278,097.00		Medicaid Inpatient Days	2,079
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,995
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-325,423.71	-239,533.29	-46,110.60	-40,295.79	Medicaid Paid Claims	21,072
9. Total Cost	20,442,493.29	15,047,021.71	2,896,579.40	2,531,304.21	Property Rate Allowance	0.80
10. Charges	\$95,504,679.00	\$114,473,306.00	\$13,492,995.00	17,042,977.00	First Semester in effect:	2010/07
11. Fixed Costs	2,410,194.00		340,514.58		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,384.04		135.23	889.32	160.39	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	868.53	86.61	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,594.06	211.58	FPLI	0.9512

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,896,579.40	2,531,304.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 340,514.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,556,064.82	2,531,304.21
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,737,012.55	2,710,499.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,079	21,072
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,316.50	128.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	878.93	88.14
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	878.93	88.14
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county	1,594.06	211.58
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	899.96	163.23
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	899.96	163.23
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	878.93	88.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	131.03	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,009.96	88.14
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,492,995.00	17,042,977.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,490.14	808.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,949.59	866.06
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,009.96	\$88.14
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$151.54	\$11.18
AV	Final Prospective Rates	\$858.42	\$76.96





Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101753 - 2011/01

483.10 / 48.28

HealthSouth Rehabilitation Hospital-Largo

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,313,656.00	692,579.00	359,309.00	114,288	Total Bed Days	25,550
2. Routine	9,133,585.00		396,064.00		Total Inpatient Days	19,832
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	860
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,165
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-297,791.00	-11,821.00	-12,892.77	-1,950.68	Medicaid Paid Claims	1,553
9. Total Cost	17,149,450.00	680,758.00	742,480.23	112,337.32	Property Rate Allowance	0.80
10. Charges	\$26,952,158.00	\$2,245,437.00	\$1,199,697.00	238,933.00	First Semester in effect:	2011/01
11. Fixed Costs	1,324,820.00		58,970.51		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	893.46	81.31	Variable Cost Base	895.55	161.18	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	507.46	54.33	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		1,585.68	210.46	FPLI	0.9462

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	742,480.23	112,337.32
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 58,970.51	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	683,509.72	112,337.32
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	727,033.31	119,490.58
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	860	1,553
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	845.39	76.94
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	513.53	55.29
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	513.53	55.29
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	513.53	55.29
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	54.86	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	568.39	55.29
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,199,697.00	238,933.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,395.00	153.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,483.83	163.65
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$568.39	\$55.29
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$85.29	\$7.01
AV	Final Prospective Rates	\$483.10	\$48.28



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**101761 - 2011/01**

1,499.98 / 203.10

## Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2007-9/30/2008

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	136,533,189.00	112,940,956.00	9,024,343.00	3,079,253	Total Bed Days	295,728
2. Routine	98,451,602.00		6,724,193.00		Total Inpatient Days	125,528
3. Special Care	19,225,534.00		767,017.00		Total Newborn Days	12,887
4. Newborn Routine	7,399,460.00		3,128,133.00		Medicaid Inpatient Days	8,697
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2,826
6. Home Health					Medicare Inpatient Days	70,523
7. Malpractice					Prospective Inflation factor	1.0767937220
8. Adjustments	-3,452,682.86	-1,490,576.14	-259,254.13	-40,639.47	Medicaid Paid Claims	14,066
9. Total Cost	258,157,102.14	111,450,379.86	19,384,431.87	3,038,613.53	Property Rate Allowance	0.80
10. Charges	\$799,554,941.00	\$524,108,660.00	\$47,180,353.00	14,248,828.00	First Semester in effect:	2009/07
11. Fixed Costs	32,908,388.00		1,941,867.01		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,657.14	236.49	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,648.36	218.78	FPLI	0.9836
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,384,431.87	3,038,613.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,941,867.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,442,564.86	3,038,613.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,782,044.34	3,271,959.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,523	14,066
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,629.96	232.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,629.96	232.61
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,629.96	232.61
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	134.82	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,764.78	232.61
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$47,180,353.00	14,248,828.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,094.45	1,013.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,408.88	1,090.79
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,764.78	\$232.61
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$264.80	\$29.51
AV	Final Prospective Rates	\$1,499.98	\$203.10



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

101761 - 2011/01

747.43 / 100.92

**County Billing ONLY**

Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2007-9/30/2008

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	136,533,189.00	112,940,956.00	9,024,343.00	3,079,253	Total Bed Days	295,728
2. Routine	98,451,602.00		6,724,193.00		Total Inpatient Days	125,528
3. Special Care	19,225,534.00		767,017.00		Total Newborn Days	12,887
4. Newborn Routine	7,399,460.00		3,128,133.00		Medicaid Inpatient Days	8,697
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	2,826
6. Home Health					Medicare Inpatient Days	70,523
7. Malpractice					Prospective Inflation factor	1.0767937220
8. Adjustments	-3,452,682.86	-1,490,576.14	-259,254.13	-40,639.47	Medicaid Paid Claims	14,066
9. Total Cost	258,157,102.14	111,450,379.86	19,384,431.87	3,038,613.53	Property Rate Allowance	0.80
10. Charges	\$799,554,941.00	\$524,108,660.00	\$47,180,353.00	14,248,828.00	First Semester in effect:	2009/07
11. Fixed Costs	32,908,388.00		1,941,867.01		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,657.14	236.49	County Ceiling Base	909.24	164.78	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	735.75	113.58	Cost Report DRI Index	1.784
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,648.36	218.78	FPLI	0.9836

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,384,431.87	3,038,613.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,941,867.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,442,564.86	3,038,613.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,782,044.34	3,271,959.97
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,523	14,066
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,629.96	232.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	744.56	115.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	744.56	115.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,648.36	218.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	920.12	167.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	920.12	167.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	744.56	115.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	134.82	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	879.38	115.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$47,180,353.00	14,248,828.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,094.45	1,013.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,408.88	1,090.79
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$879.38	\$115.59
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$131.95	\$14.67
AV	Final Prospective Rates	\$747.43	\$100.92



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101788 - 2011/01

881.61 / 91.05

Central Florida Regional Hospital

Type of Control: Proprietary(1)  
Fiscal Year : 6/1/2008-5/31/2009  
Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Seminole (59)  
District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	39,127,495.00	31,425,526.00	3,246,388.00	1,666,979	Total Bed Days	75,920
2. Routine	23,235,239.00		1,671,989.00		Total Inpatient Days	41,738
3. Special Care	8,279,320.00		617,359.00		Total Newborn Days	1,238
4. Newborn Routine	838,670.00		425,432.00		Medicaid Inpatient Days	3,260
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	22
6. Home Health					Medicare Inpatient Days	18,410
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-1,117,936.47	-491,485.53	-93,230.83	-26,071.04	Medicaid Paid Claims	14,811
9. Total Cost	70,362,787.53	30,934,040.47	5,867,937.17	1,640,907.96	Property Rate Allowance	0.80
10. Charges	\$360,328,852.00	\$229,916,581.00	\$22,200,496.00	15,400,230.00	First Semester in effect:	2010/07
11. Fixed Costs	9,302,042.00		573,115.21		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,797.98		123.47	893.79	159.29	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	886.93	102.47	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,610.15	213.71	FPLI	0.9608

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,867,937.17	1,640,907.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 573,115.21	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,294,821.96	1,640,907.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,669,650.49	1,757,070.34
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,282	14,811
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,727.50	118.63
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	897.55	104.28
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	897.55	104.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9608) for Seminole county	1,610.15	213.71
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	904.49	162.11
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	904.49	162.11
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	897.55	104.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	139.70	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,037.25	104.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$22,200,496.00	15,400,230.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,764.32	1,039.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,243.18	1,113.39
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,037.25	\$104.28
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$155.64	\$13.23
AV	Final Prospective Rates	\$881.61	\$91.05



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101796 - 2011/01

1,726.67 / 92.69

Shands at Live Oak

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

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Suwannee (61)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,272,717.00	10,286,675.00	118,642.00	1,771,402	Total Bed Days	5,475
2. Routine	2,424,898.00		105,431.00		Total Inpatient Days	2,239
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	120
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,429
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-43,464.58	-120,917.42	-2,633.92	-20,822.41	Medicaid Paid Claims	20,326
9. Total Cost	3,654,150.42	10,165,757.58	221,439.08	1,750,579.59	Property Rate Allowance	1.00
10. Charges	\$7,129,598.00	\$35,754,058.00	\$483,377.00	6,121,394.00	First Semester in effect:	2010/07
11. Fixed Costs	873,628.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,506.91		104.51	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,486.30	197.27	FPLI	0.8869

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	3,654,150.42	1,750,579.59
AB	Total Fixed Costs	(-) 873,628.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,780,522.42	1,750,579.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,992,371.75	1,883,957.08
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	2,239	20,326
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,336.48	92.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,336.48	92.69
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8869) for Suwannee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,336.48	92.69
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	390.19	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,726.67	92.69
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$7,129,598.00	6,121,394.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,184.28	301.16
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,426.89	324.11
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,726.67	\$92.69
AU	Medicaid Trend Adjustment IP%: 0.000 OP%: 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,726.67	\$92.69



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101800 - 2011/01**

**1,437.82 / 83.73**

## Doctor's Memorial Hospital

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

County: Taylor (62)

Fiscal Year : 6/1/2007-5/31/2008

Type of Action: Unaudited Cost Report [1]

District: 2

Hospital Classification: Rural Hospital

: Rate Includes Buy Back

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,377,688.00	7,940,769.00	504,429.00	1,237,292	Total Bed Days	17,568
2. Routine	3,984,405.00		624,402.00		Total Inpatient Days	5,886
3. Special Care	2,185,456.00		138,620.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	942
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,868
7. Malpractice					Prospective Inflation factor	1.1072046110
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	16,362
9. Total Cost	9,547,549.00	7,940,769.00	1,267,451.00	1,237,292.00	Property Rate Allowance	1.00
10. Charges	\$13,021,739.00	\$22,397,360.00	\$2,075,796.00	3,769,065.00	First Semester in effect:	2010/07
11. Fixed Costs	2,179,109.00		347,371.86		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,096.35	84.88	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,653.05	219.40	FPLI	0.9864
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,267,451.00	1,237,292.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 347,371.86	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	920,079.14	1,237,292.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,018,715.86	1,369,935.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	942	16,362
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,081.44	83.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,081.44	83.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9864) for Taylor county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,081.44	83.73
AN	Plus Rate for Fixed costs and Property Allowance = (CH/AF) x E9	368.76	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,450.20	83.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,075,796.00	3,769,065.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,203.61	230.35
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,439.85	255.04
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,450.20	\$83.73
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$12.38	\$0.00
AV	Final Prospective Rates	\$1,437.82	\$83.73



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101826 - 2011/01**

1,014.03 / 87.06

## Florida Hospital - Fish Memorial

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	33,594,006.00	41,020,155.00	2,665,196.00	2,505,843	Total Bed Days	50,735
2. Routine	23,714,155.00		1,258,569.00		Total Inpatient Days	39,408
3. Special Care	7,557,513.00		773,428.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,499
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,254
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-984,365.12	-622,498.88	-71,281.97	-38,027.27	Medicaid Paid Claims	23,559
9. Total Cost	63,881,308.88	40,397,656.12	4,625,911.03	2,467,815.73	Property Rate Allowance	0.80
10. Charges	\$241,254,158.00	\$207,126,759.00	\$16,492,290.00	15,644,430.00	First Semester in effect:	2011/01
11. Fixed Costs	15,842,905.00		1,083,031.21		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,637.52		120.99	836.32	157.88	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	948.77	97.97	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,543.28	204.84	FPLI	0.9209

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,625,911.03	2,467,815.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,083,031.21	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,542,879.82	2,467,815.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,768,478.48	2,624,957.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,499	23,559
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,507.99	111.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	960.13	99.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	960.13	99.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,543.28	204.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	846.33	160.68
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	846.33	160.68
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	846.33	99.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	346.71	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,193.04	99.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,492,290.00	15,644,430.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,599.56	664.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,019.80	706.33
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,193.04	\$99.71
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$179.01	\$12.65
AV	Final Prospective Rates	\$1,014.03	\$87.06



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101834 - 2011/01

984.94 / 82.87

Bert Fish Memorial Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,074,445.00	31,828,465.00	1,161,679.00	1,210,627	Total Bed Days	40,880
2. Routine	13,019,553.00		427,279.00		Total Inpatient Days	19,510
3. Special Care	4,258,347.00		574,592.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,013
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,982
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-142,504.57	-112,402.43	-7,640.59	-4,275.34	Medicaid Paid Claims	11,362
9. Total Cost	40,209,840.43	31,716,062.57	2,155,909.41	1,206,351.66	Property Rate Allowance	0.80
10. Charges	\$96,180,773.00	\$100,644,358.00	\$5,264,526.00	4,076,872.00	First Semester in effect:	2010/07
11. Fixed Costs	7,229,131.00		395,691.85		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
1. Normalized Rate	2,028.37	123.94	836.32	157.88	Semester DRI Index	1.9210		
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	880.31	93.26	Cost Report DRI Index	1.787	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,543.28	204.84	FPLI	0.9209	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,155,909.41	1,206,351.66
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 395,691.85	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,760,217.56	1,206,351.66
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,892,209.25	1,296,811.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,013	11,362
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,867.93	114.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	890.85	94.91
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	890.85	94.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,543.28	204.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	846.33	160.68
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	846.33	160.68
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	846.33	94.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	312.49	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,158.82	94.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,264,526.00	4,076,872.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,196.97	358.82
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,586.67	385.73
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,158.82	\$94.91
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$173.88	\$12.04
AV	Final Prospective Rates	\$984.94	\$82.87





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**101842 - 2011/01**

**1,469.64 / 200.79**

## Halifax Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	138,786,252.00	96,743,217.00	13,091,410.00	11,633,199	Total Bed Days	200,020
2. Routine	62,966,099.00		7,205,484.00		Total Inpatient Days	130,421
3. Special Care	39,604,846.00		4,235,397.00		Total Newborn Days	7,240
4. Newborn Routine	3,887,523.00		1,555,544.00		Medicaid Inpatient Days	15,588
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	355
6. Home Health					Medicare Inpatient Days	45,137
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-3,656,995.24	-1,442,597.76	-389,011.79	-173,469.80	Medicaid Paid Claims	54,231
9. Total Cost	241,587,724.76	95,300,619.24	25,698,823.21	11,459,729.20	Property Rate Allowance	0.80
10. Charges	\$735,032,156.00	\$375,163,857.00	\$75,599,703.00	39,718,833.00	First Semester in effect:	2010/07
11. Fixed Costs	18,022,353.00		1,853,639.36		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,745.91	246.67	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,543.28	204.84	FPLI	0.9209
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	25,698,823.21	11,459,729.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,853,639.36	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	23,845,183.85	11,459,729.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,633,239.05	12,319,048.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,943	54,231
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,607.81	227.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,607.81	227.16
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,607.81	227.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	93.01	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,700.82	227.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$75,599,703.00	39,718,833.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,741.87	732.40
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,097.44	787.32
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,700.82	\$227.16
AU	Medicaid Trend Adjustment IP% : 13.592 OP% : 11.610	\$231.18	\$26.37
AV	Final Prospective Rates	\$1,469.64	\$200.79



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101842 - 2011/01**

773.25 / 98.10

## County Billing ONLY

**Halifax Medical Center**

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	138,786,252.00	96,743,217.00	13,091,410.00	11,633,199	Total Bed Days	200,020
2. Routine	62,966,099.00		7,205,484.00		Total Inpatient Days	130,421
3. Special Care	39,604,846.00		4,235,397.00		Total Newborn Days	7,240
4. Newborn Routine	3,887,523.00		1,555,544.00		Medicaid Inpatient Days	15,588
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	355
6. Home Health					Medicare Inpatient Days	45,137
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-3,656,995.24	-1,442,597.76	-389,011.79	-173,469.80	Medicaid Paid Claims	54,231
9. Total Cost	241,587,724.76	95,300,619.24	25,698,823.21	11,459,729.20	Property Rate Allowance	0.80
10. Charges	\$735,032,156.00	\$375,163,857.00	\$75,599,703.00	39,718,833.00	First Semester in effect:	2010/07
11. Fixed Costs		18,022,353.00		1,853,639.36	Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,745.91		246.67	1,020.04	157.88	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	807.09	110.39	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,543.28	204.84	FPLI	0.9209

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	25,698,823.21	11,459,729.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,853,639.36	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	23,845,183.85	11,459,729.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	25,633,239.05	12,319,048.57
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	15,943	54,231
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,607.81	227.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	816.75	112.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	816.75	112.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,543.28	204.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,032.25	160.68
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,032.25	160.68
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	816.75	112.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	93.01	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	909.76	112.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$75,599,703.00	39,718,833.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,741.87	732.40
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,097.44	787.32
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$909.76	\$112.35
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$136.51	\$14.25
AV	Final Prospective Rates	\$773.25	\$98.10



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101869 - 2011/01

1,032.06 / 90.11

Ormond Beach Memorial Hospital

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

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

Hospital Classification: General

Type of Action: Amended Cost Report [2]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	67,655,679.00	65,599,205.00	3,757,444.00	2,918,835	Total Bed Days	144,540
2. Routine	38,973,114.00		2,582,050.00		Total Inpatient Days	56,595
3. Special Care	10,549,630.00		572,381.00		Total Newborn Days	2,722
4. Newborn Routine	1,280,487.00		955,893.00		Medicaid Inpatient Days	2,974
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	150
6. Home Health					Medicare Inpatient Days	29,304
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,283,601.61	-710,822.39	-85,253.86	-31,628.02	Medicaid Paid Claims	22,177
9. Total Cost	117,175,308.39	64,888,382.61	7,782,514.14	2,887,206.98	Property Rate Allowance	0.80
10. Charges	\$351,648,437.00	\$250,656,102.00	\$21,588,247.00	11,127,273.00	First Semester in effect:	2010/07
11. Fixed Costs		23,403,615.00		1,436,784.49	Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	2,346.22	150.37	Variable Cost Base	836.32	157.88	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	994.02	101.40	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI	0.9209
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		1,543.28	204.84		

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,782,514.14	2,887,206.98
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,436,784.49	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,345,729.65	2,887,206.98
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,749,804.35	3,071,054.60
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,124	22,177
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,160.63	138.48
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,005.92	103.20
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,005.92	103.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,543.28	204.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	846.33	160.68
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	846.33	160.68
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	846.33	103.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	367.93	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,214.26	103.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$21,588,247.00	11,127,273.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,910.45	501.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,350.48	533.70
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,214.26	\$103.20
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$182.20	\$13.09
AV	Final Prospective Rates	\$1,032.06	\$90.11



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101877 - 2011/01

934.03 / 72.55

Memorial Hospital - West Volusia

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Volusia (64)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,888,076.00	35,138,598.00	4,292,067.00	2,711,463	Total Bed Days	56,940
2. Routine	22,188,068.00		2,542,948.00		Total Inpatient Days	34,190
3. Special Care	7,402,734.00		969,966.00		Total Newborn Days	2,081
4. Newborn Routine	1,144,352.00		846,296.00		Medicaid Inpatient Days	4,411
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	92
6. Home Health					Medicare Inpatient Days	13,821
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-804,451.00	-508,192.00	-125,119.10	-39,214.54	Medicaid Paid Claims	31,789
9. Total Cost	54,818,779.00	34,630,406.00	8,526,157.90	2,672,248.46	Property Rate Allowance	0.80
10. Charges	\$203,095,584.00	\$204,489,618.00	\$25,464,443.00	16,825,232.00	First Semester in effect:	2011/01
11. Fixed Costs		11,339,645.00		1,421,782.48	Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,822.30		97.09	836.32	157.88	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,085.76	81.64	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,543.28	204.84	FPLI	0.9209

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,526,157.90	2,672,248.46
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,421,782.48	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,104,375.42	2,672,248.46
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,556,758.13	2,842,408.25
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,503	31,789
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,678.16	89.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,098.76	83.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,098.76	83.09
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9209) for Volusia county	1,543.28	204.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	846.33	160.68
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	846.33	160.68
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	846.33	83.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	252.59	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,098.92	83.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,464,443.00	16,825,232.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,655.00	529.28
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,015.09	562.98
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,098.92	\$83.09
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$164.89	\$10.54
AV	Final Prospective Rates	\$934.03	\$72.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101885 - 2011/01

1,233.26 / 57.55

Healthmark Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Walton (66)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,072,192.00	3,748,345.00	261,559.00	709,585	Total Bed Days	18,250
2. Routine	1,606,672.00		149,237.00		Total Inpatient Days	3,906
3. Special Care	744,417.00		91,778.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	418
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,181
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-70,845.02	-60,034.98	-8,049.42	-11,364.99	Medicaid Paid Claims	13,042
9. Total Cost	4,352,435.98	3,688,310.02	494,524.58	698,220.01	Property Rate Allowance	1.00
10. Charges	\$10,616,077.00	\$14,245,550.00	\$1,268,426.00	2,857,178.00	First Semester in effect:	2010/07
11. Fixed Costs	1,302,159.00		155,584.06		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	977.10	64.51	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,495.02	198.43	FPLI	0.8921
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	494,524.58	698,220.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 155,584.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	338,940.52	698,220.01
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	364,356.32	750,576.74
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	418	13,042
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	871.67	57.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	871.67	57.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8921) for Walton county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	871.67	57.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	372.21	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,243.88	57.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,268,426.00	2,857,178.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,034.51	219.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,262.06	235.51
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,243.88	\$57.55
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$10.62	\$0.00
AV	Final Prospective Rates	\$1,233.26	\$57.55



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101893 - 2011/01

1,619.70 / 75.02

Florida Hospital - Flagler

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

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

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Flagler (18)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,009,293.00	33,316,647.00	1,352,189.00	2,211,104	Total Bed Days	29,565
2. Routine	14,717,165.00		875,877.00		Total Inpatient Days	25,827
3. Special Care	5,450,427.00		327,441.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,617
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,254
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-723,882.84	-585,701.16	-44,925.39	-38,870.84	Medicaid Paid Claims	30,800
9. Total Cost	40,453,002.16	32,730,945.84	2,510,581.61	2,172,233.16	Property Rate Allowance	1.00
10. Charges	\$170,427,002.00	\$172,653,108.00	\$10,062,902.00	15,596,541.00	First Semester in effect:	2011/01
11. Fixed Costs	7,671,457.00		452,962.96		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,446.53	80.18	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,568.08	208.13	FPLI	0.9357
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,510,581.61	2,172,233.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 452,962.96	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,057,618.65	2,172,233.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,188,640.87	2,310,553.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,617	30,800
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,353.52	75.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,353.52	75.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9357) for Flagler county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,353.52	75.02
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	280.13	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,633.65	75.02
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,062,902.00	15,596,541.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,223.19	506.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,619.46	538.62
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,633.65	\$75.02
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$13.95	\$0.00
AV	Final Prospective Rates	\$1,619.70	\$75.02



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**101907 - 2011/01**

1,631.02 / 133.40

## Northwest Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Washington (67)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	938,870.00	8,435,921.00	80,802.00	1,705,529	Total Bed Days	9,125
2. Routine	1,842,237.00		96,799.00		Total Inpatient Days	1,742
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	127
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,144
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-39,815.08	-120,770.92	-2,542.58	-24,416.81	Medicaid Paid Claims	13,547
9. Total Cost	2,741,291.92	8,315,150.08	175,058.42	1,681,112.19	Property Rate Allowance	1.00
10. Charges	\$5,076,096.00	\$28,679,727.00	\$346,992.00	5,022,650.00	First Semester in effect:	2010/07
11. Fixed Costs	1,081,973.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,186.65	154.59	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,446.08	191.93	FPLI	0.8629
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	2,741,291.92	1,681,112.19
AB	Total Fixed Costs	(-) 1,081,973.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,659,318.92	1,681,112.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,783,744.63	1,807,172.09
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,742	13,547
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,023.96	133.40
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,023.96	133.40
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8629) for Washington county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,023.96	133.40
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	621.11	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,645.07	133.40
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$5,076,096.00	5,022,650.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,913.95	370.76
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,132.45	398.56
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,645.07	\$133.40
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$14.05	\$0.00
AV	Final Prospective Rates	\$1,631.02	\$133.40



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

101915 - 2011/01

666.06 / 17.05

Kindred Hospital-Hollywood

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2008-8/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,291,826.00	203,784.00	49,648.00	0	Total Bed Days	43,070
2. Routine	15,412,689.00		60,762.00		Total Inpatient Days	27,345
3. Special Care	2,916,408.00		11,689.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	108
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0755879059
8. Adjustments	-494,978.07	-3,189.93	-1,911.28	0.00	Medicaid Paid Claims	0
9. Total Cost	31,125,944.93	200,594.07	120,187.72	0.00	Property Rate Allowance	0.80
10. Charges	\$133,948,492.00	\$2,059,254.00	\$604,683.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	3,337,800.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,010.18	0.00	Variable Cost Base	935.46	NA	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	677.89	NA	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		1,813.26	240.67		

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	31,125,944.93	
AB	Total Fixed Costs	(-) 3,337,800.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	27,788,144.93	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	29,888,592.62	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		27,345
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,093.02	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	686.00	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	686.00	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	686.00	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	97.65	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	783.65	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$133,948,492.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,898.46	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,268.73	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$783.65	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$117.59	\$2.48
AV	Final Prospective Rates	\$666.06	\$17.05

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





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101923 - 2011/01**

**2,016.62 / 133.02**

## Desoto Memorial Hospital

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

County: DeSoto (14)

Fiscal Year : 10/1/2007-9/30/2008

Type of Action: Unaudited Cost Report [1]

District: 8

Hospital Classification: Rural Hospital

: Rate Includes Buy Back

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,681,103.00	10,922,658.00	2,050,907.00	1,841,013	Total Bed Days	17,934
2. Routine	3,703,806.00		1,014,486.00		Total Inpatient Days	6,948
3. Special Care	1,644,670.00		159,640.00		Total Newborn Days	1,438
4. Newborn Routine	653,323.00		600,624.00		Medicaid Inpatient Days	1,888
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	117
6. Home Health					Medicare Inpatient Days	3,439
7. Malpractice					Prospective Inflation factor	1.0767937220
8. Adjustments	-61,667.97	-57,655.03	-20,193.66	-9,717.75	Medicaid Paid Claims	14,824
9. Total Cost	11,621,234.03	10,865,002.97	3,805,463.34	1,831,295.25	Property Rate Allowance	1.00
10. Charges	\$33,056,618.00	\$46,472,089.00	\$8,359,576.00	6,184,768.00	First Semester in effect:	2010/07
11. Fixed Costs	1,886,228.00		477,001.80		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,692.12		125.92	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.784
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,770.36	234.98	FPLI	1.0564

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,805,463.34	1,831,295.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 477,001.80	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,328,461.54	1,831,295.25
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,584,066.49	1,971,927.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,005	14,824
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,787.56	133.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,787.56	133.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0564) for DeSoto county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,787.56	133.02
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	237.91	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,025.47	133.02
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,359,576.00	6,184,768.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,169.36	417.21
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,489.54	449.25
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,025.47	\$133.02
AU	Medicaid Trend Adjustment IP%: 0.437 OP%: 0.000	\$8.85	\$0.00
AV	Final Prospective Rates	\$2,016.62	\$133.02



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101931 - 2011/01

841.95 / 75.67

Memorial Hospital of Jacksonville

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)  
 District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	104,577,217.00	65,623,633.00	7,602,142.00	3,530,749	Total Bed Days	126,923
2. Routine	65,727,093.00		5,323,969.00		Total Inpatient Days	109,094
3. Special Care	18,226,907.00		1,614,386.00		Total Newborn Days	6,678
4. Newborn Routine	4,481,134.00		2,479,456.00		Medicaid Inpatient Days	9,168
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	114
6. Home Health					Medicare Inpatient Days	47,207
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-3,009,081.22	-1,023,078.78	-265,342.71	-55,044.72	Medicaid Paid Claims	36,907
9. Total Cost	190,003,269.78	64,600,554.22	16,754,610.29	3,475,704.28	Property Rate Allowance	0.80
10. Charges	1,250,401,846.00	\$635,869,149.00	\$98,612,440.00	39,038,343.00	First Semester in effect:	2011/01
11. Fixed Costs	24,926,402.00		1,965,810.69		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,710.12	101.08	County Ceiling Base	847.93	163.68	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	811.45	85.16	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,660.76	220.43	FPLI	0.9910

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	16,754,610.29	3,475,704.28
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,965,810.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,788,799.60	3,475,704.28
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,730,500.57	3,697,025.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,282	36,907
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,694.73	100.17
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	821.16	86.67
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	821.16	86.67
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,660.76	220.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	858.08	166.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	858.08	166.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	821.16	86.67
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	169.43	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	990.59	86.67
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$98,612,440.00	39,038,343.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,624.05	1,057.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,300.55	1,125.10
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$990.59	\$86.67
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$148.64	\$11.00
AV	Final Prospective Rates	\$841.95	\$75.67



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

101940 - 2011/01

2,493.05 / 103.53

Campbellton-Graceville Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Jackson (32)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,148,070.00	1,933,335.00	27,439.00	267,754	Total Bed Days	9,125
2. Routine	817,007.00		22,352.00		Total Inpatient Days	821
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	29
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	705
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-27,605.46	-27,159.54	-699.47	-3,761.42	Medicaid Paid Claims	2,741
9. Total Cost	1,937,471.54	1,906,175.46	49,091.53	263,992.58	Property Rate Allowance	1.00
10. Charges	\$4,391,266.00	\$4,784,993.00	\$105,545.00	591,050.00	First Semester in effect:	2011/01
11. Fixed Costs	244,489.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,592.06	121.06	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,433.18	190.22	FPLI	0.8552
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,937,471.54	263,992.58
AB	Total Fixed Costs	(-) 244,489.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,692,982.54	263,992.58
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,819,932.55	283,788.33
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	821	2,741
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,216.73	103.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,216.73	103.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8552) for Jackson county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,216.73	103.53
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	297.79	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,514.52	103.53
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$4,391,266.00	591,050.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,348.68	215.63
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,749.76	231.80
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,514.52	\$103.53
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$21.47	\$0.00
AV	Final Prospective Rates	\$2,493.05	\$103.53



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**101991 - 2011/01**

447.08 / 91.22

## Wiregrass Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	3,524,136.00	4,527,774.00	25,988.00	94,994	Total Bed Days	32,485
2. Routine	5,187,026.00		23,364.00		Total Inpatient Days	11,654
3. Special Care	775,763.00		7,150.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	66
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,812
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	672
9. Total Cost	9,486,925.00	4,527,774.00	56,502.00	94,994.00	Property Rate Allowance	0.80
10. Charges	\$16,894,563.00	\$15,415,625.00	\$117,784.00	313,469.00	First Semester in effect:	2010/07
11. Fixed Costs	1,171,127.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	767.06		151.96	907.05	171.44	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	440.35	102.65	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	.2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,675.84	222.43	FPLI	1.0000

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	9,486,925.00	94,994.00
AB	Total Fixed Costs	(-) 1,171,127.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	8,315,798.00	94,994.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,939,366.51	102,117.22
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	11,654	672
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	767.06	151.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	445.62	104.47
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	445.62	104.47
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	445.62	104.47
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	80.39	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	526.01	104.47
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$16,894,563.00	313,469.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,449.68	466.47
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	1,558.39	501.45
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$526.01	\$104.47
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$78.93	\$13.25
AV	Final Prospective Rates	\$447.08	\$91.22



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102016 - 2011/01**

**338.23 / 17.05**

## Floral Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	481,801.00	1,341,551.00	20,181.00	0	Total Bed Days	8,030
2. Routine	942,574.00		37,178.00		Total Inpatient Days	1,242
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	51
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,017
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	837
9. Total Cost	1,424,375.00	1,341,551.00	57,359.00	0.00	Property Rate Allowance	0.80
10. Charges	\$3,000,155.00	\$3,030,297.00	\$112,043.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	55,353.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Variable Cost Base			Semester DRI Index
1. Normalized Rate	1,186.25	0.00	907.05	907.05	NA	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	358.01	358.01	NA	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	1,675.84	222.43	FPLI	1.0000
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,675.84	222.43		

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,424,375.00	
AB	Total Fixed Costs	(-) 55,353.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,369,022.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,473,328.44	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,242	837
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,186.25	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	362.29	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	362.29	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	362.29	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	35.65	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	397.94	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$3,000,155.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,415.58	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	2,599.63	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$397.94	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$59.71	\$2.48
AV	Final Prospective Rates	\$338.23	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

**102024 - 2011/01**

**566.23 / 152.34**

**D.W.Mcmillan Memorial**

Type of Control: Government (4)  
 Fiscal Year : 10/1/2003-9/30/2004  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)  
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,731,169.00	8,304,111.00	15,818.00	25,698	Total Bed Days	33,672
2. Routine	4,860,258.00		13,170.00		Total Inpatient Days	11,947
3. Special Care	1,861,905.00		1,339.00		Total Newborn Days	750
4. Newborn Routine	256,537.00		10,946.00		Medicaid Inpatient Days	38
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	3
6. Home Health					Medicare Inpatient Days	5,975
7. Malpractice					Prospective Inflation factor	1.3220922230
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	181
9. Total Cost	11,709,869.00	8,304,111.00	41,273.00	25,698.00	Property Rate Allowance	0.80
10. Charges	\$25,173,989.00	\$36,408,195.00	\$71,070.00	85,741.00	First Semester in effect:	2005/07
11. Fixed Costs	968,439.00		0.00		Last Rate Semester in Effect:	2011/01

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,118.47		187.71	Variable Cost Base	907.05	171.44
2. Base Rate Semester	2010/01	2010/07	State Ceiling	598.01	180.27	Cost Report DRI Index	1.453
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,675.84	222.43	FPLI	1.0000

**Rate Calculations**

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	11,709,869.00	25,698.00
AB	Total Fixed Costs	(-) 968,439.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	10,741,430.00	25,698.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	14,201,161.07	33,975.13
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	12,697	181
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,118.47	187.71
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	605.17	183.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	605.17	183.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	605.17	174.48
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	61.02	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	666.19	174.48
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$25,173,989.00	85,741.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,982.67	473.71
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	2,621.28	626.29
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$666.19	\$174.48
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$99.96	\$22.14
AV	Final Prospective Rates	\$566.23	\$152.34



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102041 - 2011/01**

**814.24 / 91.19**

## Archbold Memorial Hospital

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

Fiscal Year : 10/1/2002-9/30/2003

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	39,650,730.00	40,426,137.00	4,474,685.00	10,328	Total Bed Days	96,360
2. Routine	20,002,483.00		1,736,933.00		Total Inpatient Days	55,439
3. Special Care	5,511,588.00		745,608.00		Total Newborn Days	1,664
4. Newborn Routine	437,548.00		59,164.00		Medicaid Inpatient Days	1,683
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,590
7. Malpractice					Prospective Inflation factor	1.3750894775
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	67
9. Total Cost	65,602,349.00	40,426,137.00	7,016,390.00	10,328.00	Property Rate Allowance	0.80
10. Charges	\$134,040,425.00	\$113,450,913.00	\$14,433,193.00	14,119.00	First Semester in effect:	2005/01
11. Fixed Costs	8,320,548.00		895,939.23		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	5,000.69		211.97	907.05	171.44	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	525.81	102.62	Cost Report DRI Index	1.397
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,675.84	222.43	FPLI	1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,016,390.00	10,328.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 895,939.23	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,120,450.77	10,328.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,416,167.45	14,201.92
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,683	67
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	5,000.69	211.97
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	532.10	104.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	532.10	104.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	532.10	104.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	425.88	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	957.98	104.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,433,193.00	14,119.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,575.87	210.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,792.59	289.77
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$957.98	\$104.44
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$143.74	\$13.25
AV	Final Prospective Rates	\$814.24	\$91.19



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102067 - 2011/01**

**780.85 / 122.56**

## Southeast Alabama General

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	71,355,991.00	76,020,163.00	549,192.00	472,996	Total Bed Days	135,050
2. Routine	37,328,369.00		254,403.00		Total Inpatient Days	84,989
3. Special Care	9,806,942.00		63,523.00		Total Newborn Days	3,974
4. Newborn Routine	1,719,607.00		1,731.00		Medicaid Inpatient Days	610
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	4
6. Home Health					Medicare Inpatient Days	43,709
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	3,268
9. Total Cost	120,210,909.00	76,020,163.00	868,849.00	472,996.00	Property Rate Allowance	0.80
10. Charges	\$500,034,580.00	\$480,191,671.00	\$3,337,452.00	2,770,555.00	First Semester in effect:	2010/07
11. Fixed Costs	17,550,920.00		117,142.60		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		907.05	171.44	Semester DRI Index	1.9210
1. Normalized Rate	1,316.08	155.59	Variable Cost Base	757.01	137.93	Cost Report DRI Index	1.787
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	1,675.84	222.43	FPLI	1.0000
4. Rate of Increase (Year/Sem.)							

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	868,849.00	472,996.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 117,142.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	751,706.40	472,996.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	808,073.86	508,464.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	614	3,268
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,316.08	155.59
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	766.07	140.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	766.07	140.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	766.07	140.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	152.63	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	918.70	140.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,337,452.00	2,770,555.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,435.59	847.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,843.18	911.35
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$918.70	\$140.37
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$137.85	\$17.81
AV	Final Prospective Rates	\$780.85	\$122.56





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102075 - 2011/01**

699.42 / 86.47

## South Georgia Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	72,527,093.00	80,735,362.00	5,299,820.00	83,564	Total Bed Days	122,275
2. Routine	42,303,704.00		4,535,274.00		Total Inpatient Days	75,329
3. Special Care	14,766,246.00		784,589.00		Total Newborn Days	3,692
4. Newborn Routine	2,972,943.00		377,658.00		Medicaid Inpatient Days	7,658
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	71
6. Home Health					Medicare Inpatient Days	38,091
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	907
9. Total Cost	132,569,986.00	80,735,362.00	10,997,341.00	83,564.00	Property Rate Allowance	0.80
10. Charges	\$292,061,556.00	\$235,089,680.00	\$19,395,789.00	242,387.00	First Semester in effect:	2011/01
11. Fixed Costs	18,275,815.00		1,213,695.69		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,360.76	99.04	Variable Cost Base	907.05	171.44	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	689.01	121.22	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI	1.0000
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		1,675.84	222.43		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,997,341.00	83,564.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,213,695.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,783,645.31	83,564.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,517,281.84	89,830.13
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,729	907
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,360.76	99.04
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	697.26	123.37
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	697.26	99.04
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	697.26	99.04
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	125.63	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	822.89	99.04
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,395,789.00	242,387.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,509.48	267.24
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,697.66	287.28
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$822.89	\$99.04
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$123.47	\$12.57
AV	Final Prospective Rates	\$699.42	\$86.47



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102091 - 2011/01**

**586.76 / 121.67**

## Flowers Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	52,205,642.00	60,391,078.00	586,490.00	258,163	Total Bed Days	85,775
2. Routine	20,003,467.00		182,335.00		Total Inpatient Days	52,347
3. Special Care	7,281,620.00		195,816.00		Total Newborn Days	3,276
4. Newborn Routine	1,634,344.00		5,987.00		Medicaid Inpatient Days	591
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	12
6. Home Health					Medicare Inpatient Days	27,057
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,314
9. Total Cost	81,125,073.00	60,391,078.00	970,628.00	258,163.00	Property Rate Allowance	0.80
10. Charges	\$558,581,562.00	\$567,184,710.00	\$3,436,157.00	2,992,891.00	First Semester in effect:	2010/07
11. Fixed Costs	7,793,231.00		47,940.65		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,646.75		211.44	907.05	171.44	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	619.33	136.92	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,675.84	222.43	FPLI	1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	970,628.00	258,163.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 47,940.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	922,687.35	258,163.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	992,987.33	277,832.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	603	1,314
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,646.75	211.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	626.74	139.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	626.74	139.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	626.74	139.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	63.60	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	690.34	139.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,436,157.00	2,992,891.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,698.44	2,277.69
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,132.61	2,451.23
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$690.34	\$139.35
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$103.58	\$17.68
AV	Final Prospective Rates	\$586.76	\$121.67



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102105 - 2011/01**

**1,099.76 / 96.46**

## Palm Beach Gardens Medical Center

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	72,815,179.00	25,174,191.00	2,143,679.00	469,274	Total Bed Days	72,635
2. Routine	31,752,387.00		1,019,146.00		Total Inpatient Days	50,498
3. Special Care	9,043,667.00		273,594.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,666
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,802
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,734,687.64	-384,375.36	-52,469.40	-7,165.17	Medicaid Paid Claims	4,027
9. Total Cost	111,876,545.36	24,789,815.64	3,383,949.60	462,108.83	Property Rate Allowance	0.80
10. Charges	\$587,118,794.00	\$167,338,717.00	\$16,887,077.00	3,257,036.00	First Semester in effect:	2011/01
11. Fixed Costs	8,360,301.00		240,464.19		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,957.85		119.07	County Ceiling Base	972.65	174.73
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,163.40	94.78	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,383,949.60	462,108.83
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 240,464.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,143,485.41	462,108.83
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,343,651.98	491,534.36
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,666	4,027
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,006.99	122.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,177.32	96.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,177.32	96.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	228.01
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	177.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	177.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	984.29	96.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	115.47	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,099.76	96.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,887,077.00	3,257,036.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,136.30	808.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,781.75	860.30
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,099.76	\$96.46
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,099.76	\$96.46



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102121 - 2011/01**

**510.34 / 17.05**

## Grady General Hospital

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

Fiscal Year : 10/1/1998-9/30/1999

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,321,790.00	3,932,280.00	353,549.00	0	Total Bed Days	18,980
2. Routine	2,194,421.00		298,514.00		Total Inpatient Days	4,151
3. Special Care	427,570.00		27,209.00		Total Newborn Days	532
4. Newborn Routine	238,196.00		155,366.00		Medicaid Inpatient Days	740
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,008
7. Malpractice					Prospective Inflation factor	1.6210970464
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	5,181,977.00	3,932,280.00	834,638.00	0.00	Property Rate Allowance	0.80
10. Charges	\$9,779,350.00	\$11,470,822.00	\$1,334,381.00	0.00	First Semester in effect:	2001/07
11. Fixed Costs	603,562.00		82,355.34		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,648.00		0.00	907.05	NA	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	505.35	NA	Cost Report DRI Index	1.185
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,675.84	222.43	FPLI	1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	834,638.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 82,355.34	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	752,282.66	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,219,523.20	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	740	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,648.00	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	511.40	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	511.40	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	511.40	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	89.03	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	600.43	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,334,381.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,803.22	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,923.19	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$600.43	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$90.09	\$2.48
AV	Final Prospective Rates	\$510.34	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102130 - 2011/01**

**1,290.18 / 124.28**

## Wellington Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)  
 District 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,603,321.00	33,240,694.00	4,971,870.00	1,957,629	Total Bed Days	57,355
2. Routine	21,113,124.00		3,669,180.00		Total Inpatient Days	41,410
3. Special Care	5,955,416.00		526,361.00		Total Newborn Days	4,869
4. Newborn Routine	2,825,995.00		1,067,954.00		Medicaid Inpatient Days	7,010
5. Intern-Resident	0.00		159,967.00		Medicaid Newborn IP Days	1,246
6. Home Health					Medicare Inpatient Days	9,029
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	16,755
9. Total Cost	70,497,856.00	33,240,694.00	10,395,332.00	1,957,629.00	Property Rate Allowance	0.80
10. Charges	\$335,320,184.00	\$209,887,733.00	\$41,997,960.00	13,429,354.00	First Semester in effect:	2011/01
11. Fixed Costs	12,281,866.00		1,538,271.01		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,113.18		121.24	Exempt	Exempt	Exempt
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,395,332.00	1,957,629.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,538,271.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,857,060.99	1,957,629.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,421,048.82	2,082,284.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,256	16,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,141.12	124.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,141.12	124.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,141.12	124.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	149.06	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,290.18	124.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$41,997,960.00	13,429,354.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,086.96	801.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,410.88	852.55
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,290.18	\$124.28
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,290.18	\$124.28



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102130 - 2011/01

900.56 / 90.36

## County Billing ONLY

Wellington Regional Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)  
 District 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,603,321.00	33,240,694.00	4,971,870.00	1,957,629	Total Bed Days	57,355
2. Routine	21,113,124.00		3,669,180.00		Total Inpatient Days	41,410
3. Special Care	5,955,416.00		526,361.00		Total Newborn Days	4,869
4. Newborn Routine	2,825,995.00		1,067,954.00		Medicaid Inpatient Days	7,010
5. Intern-Resident	0.00		159,967.00		Medicaid Newborn IP Days	1,246
6. Home Health					Medicare Inpatient Days	9,029
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	16,755
9. Total Cost	70,497,856.00	33,240,694.00	10,395,332.00	1,957,629.00	Property Rate Allowance	0.80
10. Charges	\$335,320,184.00	\$209,887,733.00	\$41,997,960.00	13,429,354.00	First Semester in effect:	2011/01
11. Fixed Costs	12,281,866.00		1,538,271.01		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,113.18		121.24	County Ceiling Base	972.65	174.73
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	899.71	101.69	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,395,332.00	1,957,629.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,538,271.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,857,060.99	1,957,629.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,421,048.82	2,082,284.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,256	16,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,141.12	124.28
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	910.48	103.49
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	910.48	103.49
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	228.01
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	177.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	177.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	910.48	103.49
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	149.06	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,059.54	103.49
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$41,997,960.00	13,429,354.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,086.96	801.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,410.88	852.55
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,059.54	\$103.49
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$158.98	\$13.13
AV	Final Prospective Rates	\$900.56	\$90.36



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

**102164 - 2011/01**

**545.41 / 17.05**

## Mizell Memorial Hospital

Type of Control: Non-Profit (Church) (2)  
 Fiscal Year : 10/1/1991-9/30/1992  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)  
 District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,230,788.00	1,378,151.00	116,970.00	0	Total Bed Days	36,234
2. Routine	1,912,181.00		71,237.00		Total Inpatient Days	8,627
3. Special Care	450,573.00		15,423.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	274
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health	0.00				Medicare Inpatient Days	5,763
7. Malpractice					Prospective Inflation factor	1.9404040404
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	4,593,542.00	1,378,151.00	203,630.00	0.00	Property Rate Allowance	0.80
10. Charges	\$8,234,531.00	\$3,939,741.00	\$375,492.00	0.00	First Semester in effect:	1994/01
11. Fixed Costs	737,605.00		33,634.55		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,203.87		0.00	Variable Cost Base	907.05	NA
2. Base Rate Semester	2010/01	2010/07	State Ceiling	537.07	NA	Cost Report DRI Index	0.990
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,675.84	222.43	FPLI	1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	203,630.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 33,634.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	169,995.45	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	329,859.85	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		274
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,203.87	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	543.50	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	543.50	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	543.50	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	98.20	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	641.70	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$375,492.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,370.41	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,659.15	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (I)	\$641.70	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$96.29	\$2.48
AV	Final Prospective Rates	\$545.41	\$17.05

Cost Report: First entered into system: 11/3/1993 Last Updated: 11/22/1993

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102199 - 2011/01**

922.41 / 68.96

## Citrus Memorial Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Citrus (9)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	59,894,480.00	37,862,141.00	3,418,037.00	2,188,315	Total Bed Days	72,270
2. Routine	32,904,880.00		1,714,370.00		Total Inpatient Days	46,613
3. Special Care	9,607,648.00		99,413.00		Total Newborn Days	1,074
4. Newborn Routine	638,016.00		538,812.00		Medicaid Inpatient Days	2,340
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	14
6. Home Health					Medicare Inpatient Days	29,796
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,456,241.75	-535,071.25	-81,551.10	-30,925.47	Medicaid Paid Claims	26,637
9. Total Cost	101,588,782.25	37,327,069.75	5,689,080.90	2,157,389.53	Property Rate Allowance	0.80
10. Charges	\$450,453,010.00	\$240,311,574.00	\$22,608,757.00	11,703,126.00	First Semester in effect:	2010/07
11. Fixed Costs	12,583,675.00		631,589.19		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,598.82		97.97	1,388.63	152.37	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	860.31	77.61	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,489.32	197.67	FPLI	0.8887

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,689,080.90	2,157,389.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 631,589.19	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,057,491.71	2,157,389.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,436,732.84	2,319,163.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,354	26,637
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,309.57	87.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	870.61	78.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	870.61	78.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8887) for Citrus county	1,489.32	197.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,405.25	155.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,405.25	155.07
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	870.61	78.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	214.64	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,085.25	78.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$22,608,757.00	11,703,126.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,604.40	439.36
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,324.60	472.31
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,085.25	\$78.98
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$162.84	\$10.02
AV	Final Prospective Rates	\$922.41	\$68.96





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102202 - 2011/01**

927.70 / 61.19

## Cleveland Clinic Hospital

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	57,832,104.00	43,880,815.00	991,185.00	279,055	Total Bed Days	55,045
2. Routine	38,652,023.00		783,449.00		Total Inpatient Days	45,853
3. Special Care	9,224,045.00		237,300.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,012
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,207
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,758,355.24	-729,915.76	-33,466.61	-4,641.82	Medicaid Paid Claims	4,165
9. Total Cost	103,949,816.76	43,150,899.24	1,978,467.39	274,413.18	Property Rate Allowance	0.80
10. Charges	\$398,990,957.00	\$255,892,003.00	\$7,151,650.00	1,454,855.00	First Semester in effect:	2011/01
11. Fixed Costs	10,348,933.00		185,497.80		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		Variable Cost Base	Exempt	Semester DRI Index	Cost Report DRI Index
1. Normalized Rate	1,741.71	64.77	935.46	184.78	1.9210		
2. Base Rate Semester	2010/01	2010/07	933.66	Exempt	1.806		
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	2008		
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,978,467.39	274,413.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 185,497.80	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,792,969.59	274,413.18
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,907,139.85	291,886.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,012	4,165
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,884.53	70.08
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	944.83	0.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	944.83	70.08
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	188.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	188.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	944.83	70.08
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	146.64	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,091.47	70.08
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$7,151,650.00	1,454,855.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,066.85	349.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,516.84	371.54
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,091.47	\$70.08
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$163.77	\$8.89
AV	Final Prospective Rates	\$927.70	\$61.19



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102229 - 2011/01

2,307.28 / 126.92

Pembroke Pines Hospital

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,532,523.00	47,636,287.00	2,562,220.00	2,401,790	Total Bed Days	109,865
2. Routine	24,151,730.00		1,642,154.00		Total Inpatient Days	28,373
3. Special Care	8,291,697.00		813,772.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,191
5. Intern-Resident	564,845.00		38,410.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,768
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-763,400.95	-600,679.05	-63,761.63	-30,285.84	Medicaid Paid Claims	19,518
9. Total Cost	59,777,394.05	47,035,607.95	4,992,794.37	2,371,504.16	Property Rate Allowance	0.80
10. Charges	\$299,934,691.00	\$344,835,921.00	\$25,942,275.00	14,229,358.00	First Semester in effect:	2011/01
11. Fixed Costs	7,570,475.00		654,793.69		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,911.46	117.30	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,813.26	240.67	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,992,794.37	2,371,504.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 654,793.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,338,000.68	2,371,504.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,531,429.74	2,477,248.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,191	19,518
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,068.20	126.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,068.20	126.92
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,068.20	126.92
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	239.08	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,307.28	126.92
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,942,275.00	14,229,358.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,840.38	729.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,368.34	761.55
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,307.28	\$126.92
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,307.28	\$126.92



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102229 - 2011/01**

**988.45 / 81.41**

## County Billing ONLY

**Pembroke Pines Hospital**

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,532,523.00	47,636,287.00	2,562,220.00	2,401,790	Total Bed Days	109,865
2. Routine	24,151,730.00		1,642,154.00		Total Inpatient Days	28,373
3. Special Care	8,291,697.00		813,772.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,191
5. Intern-Resident	564,845.00		38,410.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,768
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-763,400.95	-600,679.05	-63,761.63	-30,285.84	Medicaid Paid Claims	19,518
9. Total Cost	59,777,394.05	47,035,607.95	4,992,794.37	2,371,504.16	Property Rate Allowance	0.80
10. Charges	\$299,934,691.00	\$344,835,921.00	\$25,942,275.00	14,229,358.00	First Semester in effect:	2011/01
11. Fixed Costs	7,570,475.00		654,793.69		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		935.46	184.78	Semester DRI Index	1.9210
1. Normalized Rate	1,911.46	117.30	Variable Cost Base	912.94	91.62	Cost Report DRI Index	1.839
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820
4. Rate of Increase (Year/Sem.)							

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,992,794.37	2,371,504.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 654,793.69	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,338,000.68	2,371,504.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,531,429.74	2,477,248.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,191	19,518
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,068.20	126.92
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	923.87	93.24
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	923.87	93.24
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	188.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	188.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	923.87	93.24
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	239.08	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,162.95	93.24
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$25,942,275.00	14,229,358.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,840.38	729.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,368.34	761.55
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,162.95	\$93.24
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$174.50	\$11.83
AV	Final Prospective Rates	\$988.45	\$81.41



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**102261 - 2011/01**

**2,608.86 / 185.36**

## Homestead Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,308,818.00	63,888,212.00	12,508,376.00	7,265,716	Total Bed Days	51,830
2. Routine	51,580,490.00		6,890,971.00		Total Inpatient Days	47,090
3. Special Care	16,545,737.00		1,158,874.00		Total Newborn Days	4,402
4. Newborn Routine	2,449,461.00		1,628,143.00		Medicaid Inpatient Days	6,692
5. Intern-Resident	650,845.00		84,578.00		Medicaid Newborn IP Days	720
6. Home Health					Medicare Inpatient Days	10,530
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,303,545.48	-685,242.52	-238,870.30	-77,929.52	Medicaid Paid Claims	36,398
9. Total Cost	120,231,805.52	63,202,969.48	22,032,071.70	7,187,786.48	Property Rate Allowance	0.80
10. Charges	\$449,516,380.00	\$278,003,423.00	\$60,899,822.00	29,664,752.00	First Semester in effect:	2010/07
11. Fixed Costs	25,058,760.00		3,394,924.17		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,243.71		176.22	Exempt	Exempt	Exempt
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	22,032,071.70	7,187,786.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,394,924.17	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,637,147.53	7,187,786.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,034,672.86	7,726,769.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,412	36,398
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,703.00	212.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,703.00	212.29
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,703.00	212.29
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	366.42	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	3,069.42	212.29
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$60,899,822.00	29,664,752.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,216.38	815.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,832.49	876.12
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$3,069.42	\$212.29
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$460.56	\$26.93
AV	Final Prospective Rates	\$2,608.86	\$185.36



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102261 - 2011/01**

1,145.53 / 175.09

## County Billing ONLY

**Homestead Hospital**

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

Fiscal Year : 10/1/2008-9/30/2009

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Hospital Classification: Special

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,308,818.00	63,888,212.00	12,508,376.00	7,265,716	Total Bed Days	51,830
2. Routine	51,580,490.00		6,890,971.00		Total Inpatient Days	47,090
3. Special Care	16,545,737.00		1,158,874.00		Total Newborn Days	4,402
4. Newborn Routine	2,449,461.00		1,628,143.00		Medicaid Inpatient Days	6,692
5. Intern-Resident	650,845.00		84,578.00		Medicaid Newborn IP Days	720
6. Home Health					Medicare Inpatient Days	10,530
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,303,545.48	-685,242.52	-238,870.30	-77,929.52	Medicaid Paid Claims	36,398
9. Total Cost	120,231,805.52	63,202,969.48	22,032,071.70	7,187,786.48	Property Rate Allowance	0.80
10. Charges	\$449,516,380.00	\$278,003,423.00	\$60,899,822.00	29,664,752.00	First Semester in effect:	2010/07
11. Fixed Costs	25,058,760.00		3,394,924.17		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,243.71		176.22	969.73	198.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	2,145.95	197.04	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	22,032,071.70	7,187,786.48
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,394,924.17	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,637,147.53	7,187,786.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	20,034,672.86	7,726,769.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,412	36,398
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,703.00	212.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	2,171.63	200.53
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,171.63	200.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	981.34	200.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	366.42	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,347.76	200.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$60,899,822.00	29,664,752.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,216.38	815.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,832.49	876.12
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,347.76	\$200.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$202.23	\$25.44
AV	Final Prospective Rates	\$1,145.53	\$175.09



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**102288 - 2011/01**

1,923.98 / 85.34

## Heart Of Florida Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,177,698.00	25,779,661.00	6,141,096.00	1,837,744	Total Bed Days	69,931
2. Routine	20,650,246.00		2,365,401.00		Total Inpatient Days	41,279
3. Special Care	5,362,673.00		933,993.00		Total Newborn Days	3,088
4. Newborn Routine	666,681.00		464,595.00		Medicaid Inpatient Days	5,191
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	170
6. Home Health					Medicare Inpatient Days	17,634
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-528,770.73	-210,177.27	-80,754.51	-14,982.82	Medicaid Paid Claims	22,985
9. Total Cost	64,328,527.27	25,569,483.73	9,824,330.49	1,822,761.18	Property Rate Allowance	0.80
10. Charges	\$459,597,794.00	\$227,392,421.00	\$64,629,129.00	16,244,363.00	First Semester in effect:	2010/07
11. Fixed Costs	6,652,198.00		935,439.13		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,892.65	90.52	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,579.98	209.71	FPLI	0.9428
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,824,330.49	1,822,761.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 935,439.13	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,888,891.36	1,822,761.18
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,566,140.22	1,961,638.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,361	22,985
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,784.39	85.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,784.39	85.34
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,784.39	85.34
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	139.59	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,923.98	85.34
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$64,629,129.00	16,244,363.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,055.42	706.74
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,973.93	760.59
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,923.98	\$85.34
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,923.98	\$85.34



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102288 - 2011/01**

**670.82 / 66.00**

## County Billing ONLY

**Heart Of Florida Hospital**

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Special

Type of Action: Amended Cost Report [2]

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	38,177,698.00	25,779,661.00	6,141,096.00	1,837,744	Total Bed Days	69,931
2. Routine	20,650,246.00		2,365,401.00		Total Inpatient Days	41,279
3. Special Care	5,362,673.00		933,993.00		Total Newborn Days	3,088
4. Newborn Routine	666,681.00		464,595.00		Medicaid Inpatient Days	5,191
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	170
6. Home Health					Medicare Inpatient Days	17,634
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-528,770.73	-210,177.27	-80,754.51	-14,982.82	Medicaid Paid Claims	22,985
9. Total Cost	64,328,527.27	25,569,483.73	9,824,330.49	1,822,761.18	Property Rate Allowance	0.80
10. Charges	\$459,597,794.00	\$227,392,421.00	\$64,629,129.00	16,244,363.00	First Semester in effect:	2010/07
11. Fixed Costs	6,652,198.00		935,439.13		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,892.65		90.52	845.05	160.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	641.97	74.27	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,579.98	209.71	FPLI	0.9428

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,824,330.49	1,822,761.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 935,439.13	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,888,891.36	1,822,761.18
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,566,140.22	1,961,638.22
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,361	22,985
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,784.39	85.34
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	649.65	75.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	649.65	75.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,579.98	209.71
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	855.16	162.83
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	855.16	162.83
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	649.65	75.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	139.59	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	789.24	75.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$64,629,129.00	16,244,363.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,055.42	706.74
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,973.93	760.59
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$789.24	\$75.59
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$118.42	\$9.59
AV	Final Prospective Rates	\$670.82	\$66.00



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102300 - 2011/01

828.68 / 17.05

Kindred Hospital Central Tampa

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2008-8/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,662,441.00	42,136.00	56,334.00	0	Total Bed Days	37,230
2. Routine	11,986,637.00		59,237.00		Total Inpatient Days	18,798
3. Special Care	2,117,957.00		22,205.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	104
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,324
7. Malpractice					Prospective Inflation factor	1.0755879059
8. Adjustments	-401,935.73	-657.27	-2,149.15	0.00	Medicaid Paid Claims	0
9. Total Cost	25,365,099.27	41,478.73	135,626.85	0.00	Property Rate Allowance	0.80
10. Charges	\$105,664,702.00	\$380,797.00	\$716,728.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	5,572,171.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,211.38	0.00	Variable Cost Base	897.41	NA	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,566.74	207.95	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	25,365,099.27	
AB	Total Fixed Costs	(-) 5,572,171.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	19,792,928.27	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	21,289,034.27	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	18,798	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,132.52	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	737.83	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	737.83	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,566.74	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	908.15	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	908.15	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	737.83	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	237.14	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	974.97	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$105,664,702.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,621.06	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	6,045.95	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (I)	\$974.97	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$146.29	\$2.48
AV	Final Prospective Rates	\$828.68	\$17.05

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





Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102326 - 2011/01

860.53 / 68.27

Baptist Hospital Of Beaches

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	25,911,408.00	30,703,084.00	2,294,070.00	1,377,593	Total Bed Days	53,290
2. Routine	27,342,261.00		1,570,813.00		Total Inpatient Days	30,066
3. Special Care	0.00		0.00		Total Newborn Days	2,626
4. Newborn Routine	662,939.00		209,281.00		Medicaid Inpatient Days	1,927
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	6
6. Home Health					Medicare Inpatient Days	14,332
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-733,462.87	-417,674.13	-55,423.52	-18,740.30	Medicaid Paid Claims	15,111
9. Total Cost	53,183,145.13	30,285,409.87	4,018,740.48	1,358,852.70	Property Rate Allowance	0.80
10. Charges	\$185,540,168.00	\$171,407,483.00	\$11,302,537.00	5,956,241.00	First Semester in effect:	2010/07
11. Fixed Costs	6,122,946.00		372,991.06		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		847.93	163.68	Semester DRI Index	1.9210
1. Normalized Rate	2,045.90	97.55	Variable Cost Base	986.82	76.83	Cost Report DRI Index	1.787
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	1,660.76	220.43	FPLI	0.9910
4. Rate of Increase (Year/Sem.)							

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,018,740.48	1,358,852.70
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 372,991.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,645,749.42	1,358,852.70
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,919,129.62	1,460,747.64
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,933	15,111
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,027.49	96.67
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	998.63	78.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	998.63	78.19
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,660.76	220.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	858.08	166.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	858.08	166.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	858.08	78.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	154.37	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,012.45	78.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$11,302,537.00	5,956,241.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,847.15	394.17
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,285.60	423.73
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,012.45	\$78.19
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$151.92	\$9.92
AV	Final Prospective Rates	\$860.53	\$68.27



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102334 - 2011/01

617.72 / 54.79

Atmore Community Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,552,356.00	6,314,838.00	23,643.00	62,853	Total Bed Days	17,885
2. Routine	2,206,487.00		13,629.00		Total Inpatient Days	4,686
3. Special Care	1,012,704.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	28
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	754
9. Total Cost	5,771,547.00	6,314,838.00	37,272.00	62,853.00	Property Rate Allowance	0.80
10. Charges	\$20,134,971.00	\$36,428,720.00	\$153,337.00	334,085.00	First Semester in effect:	2010/07
11. Fixed Costs	713,893.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,160.24		89.61	907.05	171.44	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	597.74	61.66	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,675.84	222.43	FPLI	1.0000

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	5,771,547.00	62,853.00
AB	Total Fixed Costs	(-) 713,893.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	5,057,654.00	62,853.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,436,907.29	67,566.10
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	4,686	754
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,160.24	89.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	604.89	62.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	604.89	62.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	604.89	62.75
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	121.88	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	726.77	62.75
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$20,134,971.00	334,085.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,296.84	443.08
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	4,619.04	476.30
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$726.77	\$62.75
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$109.05	\$7.96
AV	Final Prospective Rates	\$617.72	\$54.79



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102342 - 2011/01

688.01 / 17.05

Kindred Hospital (Tampa)

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2008-8/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,190,354.00	8,279.00	153,857.00	0	Total Bed Days	26,645
2. Routine	8,557,654.00		244,300.00		Total Inpatient Days	14,360
3. Special Care	1,743,831.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	377
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0755879059
8. Adjustments	-359,626.25	-152.75	-7,346.03	0.00	Medicaid Paid Claims	0
9. Total Cost	19,132,212.75	8,126.25	390,810.97	0.00	Property Rate Allowance	0.80
10. Charges	\$92,652,985.00	\$87,260.00	\$1,820,642.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	3,572,979.00		70,209.46		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		Variable Cost Base	State Ceiling	County Ceiling	Semester DRI Index
1. Normalized Rate	978.37	0.00		897.41	NA	FPLI Year Used	2008
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI	0.9349
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,566.74	207.95		
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	390,810.97	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 70,209.46	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	320,601.51	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	344,835.11	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		377
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	914.68	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	660.48	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	660.48	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,566.74	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	908.15	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	908.15	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	660.48	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	148.99	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	809.47	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,820,642.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,829.29	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,194.33	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$809.47	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$121.46	\$2.48
AV	Final Prospective Rates	\$688.01	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102369 - 2011/01**

**361.05 / 105.63**

## Smith Hospital

Type of Control: Proprietary(1)

Fiscal Year : 1/1/1994-12/31/1994

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,769,311.00	1,100,264.00	12,317.00	6,031	Total Bed Days	28,835
2. Routine	2,883,756.00		3,272.00		Total Inpatient Days	14,045
3. Special Care	0.00		0.00		Total Newborn Days	149
4. Newborn Routine	63,556.00		2,986.00		Medicaid Inpatient Days	17
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	7
6. Home Health	0.00				Medicare Inpatient Days	5,280
7. Malpractice					Prospective Inflation factor	1.8312678742
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	79
9. Total Cost	5,716,623.00	1,100,264.00	18,575.00	6,031.00	Property Rate Allowance	0.80
10. Charges	\$10,982,224.00	\$2,839,799.00	\$14,675.00	11,402.00	First Semester in effect:	1995/07
11. Fixed Costs	605,013.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	659.48		139.80	907.05	171.44	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	386.07	118.87	Cost Report DRI Index	1.049
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,675.84	222.43	FPLI	1.0000

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	5,716,623.00	6,031.00
AB	Total Fixed Costs	(-) 605,013.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	5,111,610.00	6,031.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,360,727.18	11,044.38
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	14,194	79
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	659.48	139.80
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	390.69	120.98
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	390.69	120.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	390.69	120.98
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	34.10	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	424.79	120.98
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$10,982,224.00	11,402.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	773.72	144.33
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	1,416.89	264.31
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$424.79	\$120.98
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$63.74	\$15.35
AV	Final Prospective Rates	\$361.05	\$105.63

Cost Report: First entered into system: 5/26/1995 Last Updated:5/26/1995



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

102407 - 2011/01

673.08 / 17.05

St. John'S Rehabilitation Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,116,869.00	355,213.00	78,186.00	0	Total Bed Days	9,490
2. Routine	5,415,890.00		157,982.00		Total Inpatient Days	7,302
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	213
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,122
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-134,579.37	-4,538.63	-3,017.57	0.00	Medicaid Paid Claims	8
9. Total Cost	10,398,179.63	350,674.37	233,150.43	0.00	Property Rate Allowance	0.80
10. Charges	\$25,132,536.00	\$1,259,647.00	\$608,390.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	1,337,000.00		32,365.12		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	936.54		0.00	935.46	NA	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	662.41	NA	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	233,150.43	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 32,365.12	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	200,785.31	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	215,841.40	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	213	8
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,013.34	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	670.34	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	670.34	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	670.34	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	121.56	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	791.90	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$608,390.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,856.29	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,070.47	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$791.90	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$118.82	\$2.48
AV	Final Prospective Rates	\$673.08	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102474 - 2011/01**

**631.93 / 17.05**

## South Baldwin Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/1994-9/30/1995

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	5,868,885.00	5,636,580.00	241,995.00	0	Total Bed Days	31,390
2. Routine	5,107,846.00		225,019.00		Total Inpatient Days	17,535
3. Special Care	1,254,569.00		20,300.00		Total Newborn Days	727
4. Newborn Routine	134,013.00		9,464.00		Medicaid Inpatient Days	799
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	10
6. Home Health	0.00				Medicare Inpatient Days	10,561
7. Malpractice					Prospective Inflation factor	1.7820037106
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	20
9. Total Cost	12,365,313.00	5,636,580.00	496,778.00	0.00	Property Rate Allowance	0.80
10. Charges	\$20,516,190.00	\$13,901,052.00	\$847,097.00	0.00	First Semester in effect:	1996/07
11. Fixed Costs	847,729.00		35,002.05		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,017.16		0.00	County Ceiling Base	907.05	NA
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	700.50	NA	Cost Report DRI Index	1.078
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,675.84	222.43	FPLI	1.0000

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	496,778.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 35,002.05	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	461,775.95	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	822,886.46	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	809	20
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,017.16	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	708.88	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	708.88	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	708.88	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	34.61	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	743.49	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$847,097.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,047.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,865.92	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$743.49	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$111.56	\$2.48
AV	Final Prospective Rates	\$631.93	\$17.05

Cost Report: First entered into system: 5/6/1996 Last Updated: 6/12/1996

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102521 - 2011/01**

1,926.45 / 153.14

## Memorial Hosp. - West

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	92,810,159.00	108,018,065.00	10,153,533.00	7,879,306	Total Bed Days	110,960
2. Routine	61,470,038.00		5,926,955.00		Total Inpatient Days	87,594
3. Special Care	15,225,391.00		920,880.00		Total Newborn Days	14,028
4. Newborn Routine	5,598,338.00		1,638,869.00		Medicaid Inpatient Days	8,499
5. Intern-Resident	1,316,281.00		126,900.00		Medicaid Newborn IP Days	1,120
6. Home Health					Medicare Inpatient Days	23,624
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-3,252,342.77	-1,991,335.23	-345,976.03	-145,256.63	Medicaid Paid Claims	52,755
9. Total Cost	173,167,864.23	106,026,729.77	18,421,160.97	7,734,049.37	Property Rate Allowance	0.80
10. Charges	\$917,661,927.00	\$787,173,063.00	\$94,106,866.00	42,194,854.00	First Semester in effect:	2011/01
11. Fixed Costs	28,389,713.00		2,911,384.73		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,556.66	141.53	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,813.26	240.67	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,421,160.97	7,734,049.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,911,384.73	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,509,776.24	7,734,049.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,201,348.65	8,078,906.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,619	52,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,684.31	153.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,684.31	153.14
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,684.31	153.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	242.14	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,926.45	153.14
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$94,106,866.00	42,194,854.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,783.44	799.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,219.68	835.49
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,926.45	\$153.14
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,926.45	\$153.14



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102521 - 2011/01**

1,010.42 / 98.91

## County Billing ONLY

**Memorial Hosp. - West**

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	92,810,159.00	108,018,065.00	10,153,533.00	7,879,306	Total Bed Days	110,960
2. Routine	61,470,038.00		5,926,955.00		Total Inpatient Days	87,594
3. Special Care	15,225,391.00		920,880.00		Total Newborn Days	14,028
4. Newborn Routine	5,598,338.00		1,638,869.00		Medicaid Inpatient Days	8,499
5. Intern-Resident	1,316,281.00		126,900.00		Medicaid Newborn IP Days	1,120
6. Home Health					Medicare Inpatient Days	23,624
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-3,252,342.77	-1,991,335.23	-345,976.03	-145,256.63	Medicaid Paid Claims	52,755
9. Total Cost	173,167,864.23	106,026,729.77	18,421,160.97	7,734,049.37	Property Rate Allowance	0.80
10. Charges	\$917,661,927.00	\$787,173,063.00	\$94,106,866.00	42,194,854.00	First Semester in effect:	2011/01
11. Fixed Costs	28,389,713.00		2,911,384.73		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,556.66		141.53	Variable Cost Base	935.46	184.78
2. Base Rate Semester	2010/01	2010/07	State Ceiling	986.24	111.31	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		1,813.26	240.67	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	18,421,160.97	7,734,049.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,911,384.73	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	15,509,776.24	7,734,049.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	16,201,348.65	8,078,906.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,619	52,755
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,684.31	153.14
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	998.04	113.28
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	998.04	113.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	188.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	188.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	946.66	113.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	242.14	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,188.80	113.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$94,106,866.00	42,194,854.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,783.44	799.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,219.68	835.49
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,188.80	\$113.28
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$178.38	\$14.37
AV	Final Prospective Rates	\$1,010.42	\$98.91





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102539 - 2011/01**

875.34 / 50.05

## Englewood Community Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	11,970,087.00	12,178,624.00	326,158.00	625,913	Total Bed Days	36,500
2. Routine	10,535,158.00		226,715.00		Total Inpatient Days	12,995
3. Special Care	2,084,704.00		87,283.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	317
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,588
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-324,161.88	-160,547.12	-8,438.98	-8,251.22	Medicaid Paid Claims	4,726
9. Total Cost	24,265,787.12	12,018,076.88	631,717.02	617,661.78	Property Rate Allowance	0.80
10. Charges	\$139,162,109.00	\$101,516,953.00	\$3,409,184.00	5,478,062.00	First Semester in effect:	2011/01
11. Fixed Costs	3,941,389.00		96,555.88		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		909.24	164.78	Semester DRI Index	1.9210
1. Normalized Rate	1,825.64	141.34	Variable Cost Base	776.90	56.32	Cost Report DRI Index	1.806
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	1,648.36	218.78	FPLI	0.9836
4. Rate of Increase (Year/Sem.)							

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	631,717.02	617,661.78
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 96,555.88	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	535,161.14	617,661.78
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	569,238.40	656,992.40
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	317	4,726
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,795.70	139.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	786.20	57.32
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	786.20	57.32
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,648.36	218.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	920.12	167.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	920.12	167.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	786.20	57.32
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	243.67	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,029.87	57.32
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,409,184.00	5,478,062.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,754.52	1,159.13
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,439.33	1,232.94
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,029.87	\$57.32
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$154.53	\$7.27
AV	Final Prospective Rates	\$875.34	\$50.05



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102555 - 2011/01

753.85 / 100.46

Southeast Georgia Medical Center

Type of Control: Government (4)

Fiscal Year : 10/1/2007-9/30/2008

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	64,585,581.00	48,232,097.00	3,401,265.00	9,009	Total Bed Days	109,800
2. Routine	37,905,037.00		2,473,653.00		Total Inpatient Days	58,103
3. Special Care	8,840,296.00		988,064.00		Total Newborn Days	3,696
4. Newborn Routine	1,023,952.00		141,844.00		Medicaid Inpatient Days	4,307
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	322
6. Home Health					Medicare Inpatient Days	28,611
7. Malpractice					Prospective Inflation factor	1.0767937220
8. Adjustments	-517,664.95	-222,225.05	-32,274.11	-41.51	Medicaid Paid Claims	56
9. Total Cost	111,837,201.05	48,009,871.95	6,972,551.89	8,967.49	Property Rate Allowance	0.80
10. Charges	\$256,226,850.00	\$163,352,325.00	\$15,679,531.00	25,546.00	First Semester in effect:	2009/07
11. Fixed Costs	15,017,893.00		919,004.07		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,408.17		172.43	907.05	171.44	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	719.49	113.06	Cost Report DRI Index	1.784
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,675.84	222.43	FPLI	1.0000

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,972,551.89	8,967.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 919,004.07	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,053,547.82	8,967.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,518,422.28	9,656.14
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,629	56
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,408.17	172.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	728.10	115.06
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	728.10	115.06
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	728.10	115.06
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	158.83	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	886.93	115.06
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,679,531.00	25,546.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,387.24	456.18
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,647.36	491.21
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$886.93	\$115.06
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$133.08	\$14.60
AV	Final Prospective Rates	\$753.85	\$100.46



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102598 - 2011/01**

**1,063.86 / 111.06**

## Edward White Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: General

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

County: Pinellas (52)  
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	19,076,910.00	12,803,509.00	1,361,585.00	332,106	Total Bed Days	38,910
2. Routine	10,052,166.00		707,295.00		Total Inpatient Days	16,514
3. Special Care	3,274,884.00		355,061.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,287
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,013
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-497,662.66	-196,637.34	-37,227.08	-5,100.51	Medicaid Paid Claims	3,132
9. Total Cost	31,906,297.34	12,606,871.66	2,386,713.92	327,005.49	Property Rate Allowance	0.80
10. Charges	\$196,273,488.00	\$99,968,531.00	\$12,360,098.00	3,514,317.00	First Semester in effect:	2011/01
11. Fixed Costs	4,025,925.00		253,528.01		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,863.27	117.37	County Ceiling Base	895.55	161.18	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	964.39	110.05	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,585.68	210.46	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,386,713.92	327,005.49
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 253,528.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,133,185.91	327,005.49
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,269,020.00	347,828.10
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,287	3,132
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,763.03	111.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	975.93	112.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	975.93	111.06
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	906.27	111.06
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	157.59	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,063.86	111.06
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$12,360,098.00	3,514,317.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,603.81	1,122.07
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,215.35	1,193.52
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,063.86	\$111.06
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,063.86	\$111.06



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102601 - 2011/01**

**6,114.15 / 110.29**

## Florida Hospital Wauchula

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

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

Type of Action: Unaudited Cost Report [1]

County: Hardee (25)

District: 6

Hospital Classification: Rural Hospital

: Rate Includes Buy Back

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,801,912.00	8,065,841.00	22,608.00	1,513,319	Total Bed Days	9,125
2. Routine	654,974.00		11,741.00		Total Inpatient Days	577
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	23
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	426
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-59,616.57	-139,101.43	-592.37	-26,098.31	Medicaid Paid Claims	14,343
9. Total Cost	3,397,269.43	7,926,739.57	33,756.63	1,487,220.69	Property Rate Allowance	1.00
10. Charges	\$18,890,048.00	\$34,343,058.00	\$148,995.00	7,534,131.00	First Semester in effect:	2011/01
11. Fixed Costs	869,126.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		Exempt	Exempt	Semester DRI Index	1.9210
1. Normalized Rate	4,761.96	112.69	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	1,640.14	217.69	FPLI	0.9787
4. Rate of Increase (Year/Sem.)							

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	3,397,269.43	1,487,220.69
AB	Total Fixed Costs	(-) 869,126.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	2,528,143.43	1,487,220.69
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,689,127.09	1,581,921.90
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	577	14,343
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	4,660.53	110.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	4,660.53	110.29
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9787) for Hardee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	4,660.53	110.29
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	1,506.28	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	6,166.81	110.29
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$18,890,048.00	7,534,131.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	32,738.38	525.28
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	34,823.05	558.73
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$6,166.81	\$110.29
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$52.66	\$0.00
AV	Final Prospective Rates	\$6,114.15	\$110.29



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102610 - 2011/01**

**815.96 / 17.05**

## A.G. Holley State Hospital

Type of Control: Government (4)

Fiscal Year: 7/1/2008-6/30/2009

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Hospital Classification: Specialized: Tuberculosis

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	650,785.00	0.00	38,191.00	0	Total Bed Days	36,500
2. Routine	10,408,926.00		610,848.00		Total Inpatient Days	12,303
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	722
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	57
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	11,059,711.00	0.00	649,039.00	0.00	Property Rate Allowance	0.80
10. Charges	\$11,059,711.00	\$0.00	\$649,039.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	330,812.00		19,413.70		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	915.52		0.00	Exempt	NA	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	649,039.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 19,413.70	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	629,625.30	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	677,596.75	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	722	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	938.50	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	938.50	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	938.50	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	21.51	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	960.01	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$649,039.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	898.95	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	967.44	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$960.01	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$144.05	\$2.48
AV	Final Prospective Rates	\$815.96	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102610 - 2011/01**

500.09 / 17.05

## County Billing ONLY

A.G. Holley State Hospital

Type of Control: Government (4)

Fiscal Year : 7/1/2008-6/30/2009

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Hospital Classification: Specialized: Tuberculosis

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	650,785.00	0.00	38,191.00	0	Total Bed Days	36,500
2. Routine	10,408,926.00		610,848.00		Total Inpatient Days	12,303
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	722
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	57
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	11,059,711.00	0.00	649,039.00	0.00	Property Rate Allowance	0.80
10. Charges	\$11,059,711.00	\$0.00	\$649,039.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	330,812.00		19,413.70		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	915.52		0.00	Variable Cost Base	Exempt	NA
2. Base Rate Semester	2010/01	2010/07	State Ceiling	560.16	NA	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		1,717.90	228.01	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	649,039.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 19,413.70	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	629,625.30	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	677,596.75	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	722	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	938.50	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	566.86	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	566.86	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	566.86	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	21.51	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	588.37	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$649,039.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	898.95	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	967.44	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$588.37	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$88.28	\$2.48
AV	Final Prospective Rates	\$500.09	\$17.05

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



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102679 - 2011/01

674.27 / 17.05

Kindred Hosp. - North Fla

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2008-8/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Clay (10)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,703,706.00	71,541.00	18,276.00	0	Total Bed Days	29,200
2. Routine	13,782,461.00		23,980.00		Total Inpatient Days	20,116
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	35
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,671
7. Malpractice					Prospective Inflation factor	1.0755879059
8. Adjustments	-501,002.76	-1,353.24	-799.30	0.00	Medicaid Paid Claims	0
9. Total Cost	25,985,164.24	70,187.76	41,456.70	0.00	Property Rate Allowance	0.80
10. Charges	\$109,060,753.00	\$612,044.00	\$168,483.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	5,335,011.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,209.50	0.00	Variable Cost Base	840.41	NA	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,529.87	203.06	FPLI	0.9129
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	25,985,164.24	
AB	Total Fixed Costs	(-) 5,335,011.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	20,650,153.24	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,211,055.08	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	20,116	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,104.15	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	581.14	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	581.14	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9129) for Clay county	1,529.87	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	850.47	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	850.47	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	581.14	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	212.17	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	793.31	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$109,060,753.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,421.59	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,831.40	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$793.31	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$119.04	\$2.48
AV	Final Prospective Rates	\$674.27	\$17.05

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



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102687 - 2011/01

548.01 / 69.40

HealthSouth Rehab - Dothan

Type of Control: Proprietary(1)

Fiscal Year : 1/1/1999-12/31/1999

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,283,427.00	295,842.00	10,973.00	1,067	Total Bed Days	12,410
2. Routine	4,282,613.00		21,517.00		Total Inpatient Days	11,942
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	60
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,412
7. Malpractice					Prospective Inflation factor	1.6075313808
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	21
9. Total Cost	6,566,040.00	295,842.00	32,490.00	1,067.00	Property Rate Allowance	0.80
10. Charges	\$14,260,423.00	\$1,848,103.00	\$77,740.00	5,770.00	First Semester in effect:	2001/01
11. Fixed Costs	1,279,050.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Variable Cost Base			Semester DRI Index
1. Normalized Rate	711.69	81.68	907.05	171.44	78.11	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	1,675.84	222.43	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI	1.0000
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

	Inpatient	Outpatient
AA Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,566,040.00	1,067.00
AB Total Fixed Costs	(-) 1,279,050.00	
AD Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	5,286,990.00	1,067.00
AE Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,499,002.33	1,715.24
AF Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	11,942	21
AG Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	711.69	81.68
AH Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	559.08	79.49
AI Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	559.08	79.49
AJ County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM Lesser of Variable Cost (AI) or County Ceiling (AL)	559.08	79.49
AN Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	85.68	
AO Plus Rate For Return on Equity	0.00	
AP Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	644.76	79.49
AQ Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$14,260,423.00	5,770.00
AR Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,194.14	274.76
AS Rate Based on Charges Adjusted for Inflation (AR x E7)	1,919.62	441.69
AT Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$644.76	\$79.49
AU Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$96.75	\$10.09
AV Final Prospective Rates	\$548.01	\$69.40





Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102709 - 2011/01

432.97 / 46.83

HealthSouth Rehabilitation Hospital - Miami

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,423,145.00	510,302.00	397,347.00	76,299	Total Bed Days	21,900
2. Routine	9,742,552.00		640,956.00		Total Inpatient Days	15,048
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	990
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,570
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-242,722.97	-7,662.03	-15,589.80	-1,145.61	Medicaid Paid Claims	859
9. Total Cost	15,922,974.03	502,639.97	1,022,713.20	75,153.39	Property Rate Allowance	0.80
10. Charges	\$23,752,906.00	\$1,886,431.00	\$1,573,162.00	154,203.00	First Semester in effect:	2011/01
11. Fixed Costs	1,126,668.00		74,619.56		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		969.73	198.00	Semester DRI Index	1.9210
1. Normalized Rate	845.56	77.25	Variable Cost Base	443.80	52.70	Cost Report DRI Index	1.806
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)							

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,022,713.20	75,153.39
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 74,619.56	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	948,093.64	75,153.39
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,008,465.06	79,938.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	990	859
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,018.65	93.06
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	449.11	53.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	449.11	53.63
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	449.11	53.63
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	60.30	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	509.41	53.63
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,573,162.00	154,203.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,589.05	179.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,690.24	190.94
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$509.41	\$53.63
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$76.44	\$6.80
AV	Final Prospective Rates	\$432.97	\$46.83



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102717 - 2011/01

686.57 / 59.54

Brooks Rehabilitation Hospital

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

County: Duval (16)

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

Type of Action: Unaudited Cost Report [1]

District: 4

Hospital Classification: General

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,946,877.00	7,890,923.00	1,155,571.00	1,287,019	Total Bed Days	52,195
2. Routine	29,093,057.00		1,825,513.00		Total Inpatient Days	41,659
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,614
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	25,399
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-739,736.51	-108,016.49	-40,807.17	-17,617.62	Medicaid Paid Claims	18,389
9. Total Cost	53,300,197.49	7,782,906.51	2,940,276.83	1,269,401.38	Property Rate Allowance	0.80
10. Charges	\$98,663,462.00	\$31,200,017.00	\$5,998,723.00	2,680,406.00	First Semester in effect:	2011/01
11. Fixed Costs	6,910,210.00		420,139.68		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,034.79		74.10	847.93	163.68	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	671.17	67.00	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,660.76	220.43	FPLI	0.9910

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,940,276.83	1,269,401.38
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 420,139.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,520,137.15	1,269,401.38
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,680,611.00	1,350,232.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,614	18,389
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,025.48	73.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	679.20	68.19
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	679.20	68.19
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,660.76	220.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	858.08	166.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	858.08	166.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	679.20	68.19
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	128.58	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	807.78	68.19
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,998,723.00	2,680,406.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,294.84	145.76
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,440.97	155.04
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$807.78	\$68.19
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$121.21	\$8.65
AV	Final Prospective Rates	\$686.57	\$59.54



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**102750 - 2011/01**

**458.82 / 46.56**

## Healthsouth Emerald Coast Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,059,272.00	812,351.00	315,289.00	68,069	Total Bed Days	27,375
2. Routine	7,359,014.00		337,110.00		Total Inpatient Days	17,136
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	785
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,558
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-246,319.91	-13,878.09	-11,145.49	-1,162.88	Medicaid Paid Claims	508
9. Total Cost	14,171,966.09	798,472.91	641,253.51	66,906.12	Property Rate Allowance	0.80
10. Charges	\$29,548,727.00	\$3,402,177.00	\$1,448,567.00	180,613.00	First Semester in effect:	2011/01
11. Fixed Costs	1,101,985.00		54,022.60		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	888.16		156.37	884.19	147.73	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	479.04	52.40	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,501.38	199.28	FPLI	0.8959

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	641,253.51	66,906.12
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 54,022.60	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	587,230.91	66,906.12
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	624,623.80	71,166.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	785	508
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	795.70	140.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	484.77	53.33
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	484.77	53.33
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	1,501.38	199.28
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	894.77	150.35
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	894.77	150.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	484.77	53.33
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	55.05	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	539.82	53.33
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,448,567.00	180,613.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,845.31	355.54
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,962.81	378.18
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$539.82	\$53.33
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$81.00	\$6.77
AV	Final Prospective Rates	\$458.82	\$46.56



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102768 - 2011/01

679.86 / 17.05

Kindred Hospital-St. Petersburg

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2008-8/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,597,647.00	118,258.00	119,549.00	0	Total Bed Days	29,930
2. Routine	10,393,132.00		93,293.00		Total Inpatient Days	18,077
3. Special Care	2,756,670.00		59,558.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	195
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0755879059
8. Adjustments	-458,807.70	-2,107.30	-4,854.04	0.00	Medicaid Paid Claims	0
9. Total Cost	25,288,641.30	116,150.70	267,545.96	0.00	Property Rate Allowance	0.80
10. Charges	\$133,705,823.00	\$1,253,026.00	\$1,493,222.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	4,548,463.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,304.22		0.00	895.55	NA	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	591.51	NA	Cost Report DRI Index	1.786
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,585.68	210.46	FPLI	0.9462

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	25,288,641.30	
AB	Total Fixed Costs	(-) 4,548,463.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	20,740,178.30	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,307,884.95	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	18,077	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,234.05	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	598.59	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	598.59	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	598.59	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	201.29	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	799.88	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$133,705,823.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,396.46	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	7,955.54	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$799.88	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$120.02	\$2.48
AV	Final Prospective Rates	\$679.86	\$17.05

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



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102776 - 2011/01

1,173.66 / 17.05

Douglas Gardens Hospital

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

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,660,533.00	10,399,769.00	15,161.00	0	Total Bed Days	11,680
2. Routine	4,015,449.00		8,817.00		Total Inpatient Days	4,099
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	9
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	1,413
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-32,357.58	-31,520.42	-72.67	0.00	Medicaid Paid Claims	7
9. Total Cost	10,643,624.42	10,368,248.58	23,905.33	0.00	Property Rate Allowance	0.80
10. Charges	\$22,852,627.00	\$5,567,986.00	\$36,280.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	2,047,065.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Variable Cost Base			Semester DRI Index
1. Normalized Rate	1,873.51	0.00	State Ceiling	969.73	NA	FPLI Year Used	1.9210
2. Base Rate Semester	2010/01	2010/07	County Ceiling	1,153.80	NA	FPLI	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01		1,675.84	222.43		2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		2,018.88	267.96		1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	10,643,624.42	
AB	Total Fixed Costs	(-) 2,047,065.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	8,596,559.42	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,251,535.38	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	4,099	7
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,257.02	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,167.61	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,167.61	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	981.34	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	399.52	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,380.86	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$22,852,627.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,575.17	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,999.95	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$1,380.86	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$207.20	\$2.48
AV	Final Prospective Rates	\$1,173.66	\$17.05

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



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

103144 - 2011/01

1,083.42 / 102.12

Physicians Regional Medical Center

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Collier (11)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,751,382.00	43,276,657.00	4,128,166.00	3,755,027	Total Bed Days	72,807
2. Routine	32,127,284.00		2,631,782.00		Total Inpatient Days	33,600
3. Special Care	6,378,251.00		1,590,389.00		Total Newborn Days	953
4. Newborn Routine	66,015.00		33,111.00		Medicaid Inpatient Days	4,186
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,571
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	34,151
9. Total Cost	84,322,932.00	43,276,657.00	8,383,448.00	3,755,027.00	Property Rate Allowance	0.80
10. Charges	\$350,925,232.00	\$249,320,052.00	\$34,479,082.00	20,718,647.00	First Semester in effect:	2011/01
11. Fixed Costs	15,949,326.00		1,567,052.09		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		963.68	164.88	Semester DRI Index	1.9210
1. Normalized Rate	1,730.86	116.88	Variable Cost Base	1,158.32	127.68	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,677.01	222.59	FPLI	1.0007
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,383,448.00	3,755,027.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,567,052.09	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,816,395.91	3,755,027.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,250,441.05	3,994,134.48
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,186	34,151
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,732.07	116.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,172.18	129.94
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,172.18	116.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0007) for Collier county	1,677.01	222.59
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	975.21	167.80
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	975.21	167.80
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	975.21	116.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	299.48	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,274.69	116.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$34,479,082.00	20,718,647.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,236.76	606.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,761.25	645.31
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,274.69	\$116.96
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$191.27	\$14.84
AV	Final Prospective Rates	\$1,083.42	\$102.12



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**103179 - 2011/01**

1,306.27 / 96.84

## The Villages Regional Hospital

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

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sumter (60)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,893,109.00	26,086,594.00	867,040.00	881,255	Total Bed Days	70,080
2. Routine	22,974,878.00		631,094.00		Total Inpatient Days	35,156
3. Special Care	6,008,061.00		167,752.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	996
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Prospective Inflation factor	1.0761904762
7. Malpractice					Medicaid Paid Claims	8,391
8. Adjustments	-776,634.50	-344,108.50	-21,974.72	-11,624.64	Property Rate Allowance	0.80
9. Total Cost	58,099,413.50	25,742,485.50	1,643,911.28	869,630.36	First Semester in effect:	2010/07
10. Charges	\$196,204,265.00	\$122,094,376.00	\$10,035,494.00	4,844,740.00	Last Rate Semester in Effect:	2011/01
11. Fixed Costs	12,122,545.00		620,046.30			

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,277.48		128.79	1,343.93	147.46	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,026.56	108.98	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,451.28	192.62	FPLI	0.8660

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,643,911.28	869,630.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 620,046.30	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,023,864.98	869,630.36
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,101,873.75	935,887.91
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	996	8,391
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,106.30	111.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,038.85	110.91
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,038.85	110.91
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8660) for Sumter county	1,451.28	192.62
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,360.02	150.07
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,360.02	150.07
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,038.85	110.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	498.03	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,536.88	110.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,035,494.00	4,844,740.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,075.80	577.37
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,843.48	621.36
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,536.88	\$110.91
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$230.61	\$14.07
AV	Final Prospective Rates	\$1,306.27	\$96.84



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**103209 - 2011/01**

1,010.66 / 127.73

## Wuesthoff Medical Center Melbourne

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,557,341.00	26,735,778.00	1,735,090.00	2,340,388	Total Bed Days	41,975
2. Routine	15,031,305.00		847,029.00		Total Inpatient Days	24,015
3. Special Care	3,518,691.00		235,659.00		Total Newborn Days	982
4. Newborn Routine	227,670.00		100,619.00		Medicaid Inpatient Days	1,538
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	4
6. Home Health					Medicare Inpatient Days	10,333
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-462,141.85	-314,115.15	-34,287.86	-27,496.91	Medicaid Paid Claims	11,415
9. Total Cost	38,872,865.15	26,421,662.85	2,884,109.14	2,312,891.09	Property Rate Allowance	0.80
10. Charges	\$123,071,103.00	\$128,994,971.00	\$7,919,092.00	8,264,576.00	First Semester in effect:	2010/07
11. Fixed Costs	7,694,100.00		495,081.98		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,787.00		233.70	921.20	164.14	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,495.45	143.74	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,561.88	207.30	FPLI	0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,884,109.14	2,312,891.09
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 495,081.98	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,389,027.16	2,312,891.09
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,568,170.77	2,486,325.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,542	11,415
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,665.48	217.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,513.35	146.29
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,513.35	146.29
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,561.88	207.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	932.23	167.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	932.23	167.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	932.23	146.29
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	256.85	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,189.08	146.29
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$7,919,092.00	8,264,576.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,135.60	724.01
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,520.70	778.30
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,189.08	\$146.29
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$178.42	\$18.56
AV	Final Prospective Rates	\$1,010.66	\$127.73





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**103233 - 2011/01**

**3,137.45 / 132.85**

## Sacred Heart Hospital on the Emerald Coast

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

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Rural

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Walton (66)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,115,709.00	35,863,662.00	1,161,414.00	2,103,887	Total Bed Days	20,075
2. Routine	14,930,418.00		2,718,327.00		Total Inpatient Days	13,121
3. Special Care	3,770,187.00		165,722.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,364
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,038
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	17,043
9. Total Cost	31,816,314.00	35,863,662.00	4,045,463.00	2,103,887.00	Property Rate Allowance	1.00
10. Charges	\$128,753,944.00	\$193,922,752.00	\$7,456,166.00	13,770,716.00	First Semester in effect:	2010/07
11. Fixed Costs	8,465,861.00		490,259.66		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	3,144.31		148.92	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,495.02	198.43	FPLI	0.8921

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,045,463.00	2,103,887.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 490,259.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,555,203.34	2,103,887.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,826,075.97	2,264,183.15
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,364	17,043
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,805.04	132.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,805.04	132.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8921) for Walton county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,805.04	132.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	359.43	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	3,164.47	132.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$7,456,166.00	13,770,716.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,466.40	808.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,882.89	869.56
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$3,164.47	\$132.85
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$27.02	\$0.00
AV	Final Prospective Rates	\$3,137.45	\$132.85



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

103284 - 2011/01

697.53 / 17.05

Sister Emmanuel Hospital

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,970,936.00	0.00	41,068.00	0	Total Bed Days	10,585
2. Routine	6,199,085.00		221,039.00		Total Inpatient Days	9,339
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	333
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,137
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-169,908.00	0.00	-3,986.93	0.00	Medicaid Paid Claims	0
9. Total Cost	11,000,113.00	0.00	258,120.07	0.00	Property Rate Allowance	0.80
10. Charges	\$62,990,323.00	\$0.00	\$440,484.00	0.00	First Semester in effect:	2011/01
11. Fixed Costs	691,031.00		4,832.30		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	671.59	0.00	County Ceiling Base	969.73	NA	Semester DRJ Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	854.60	NA	Cost Report DRJ Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	258,120.07	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 4,832.30	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	253,287.77	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	269,416.28	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		333
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	809.06	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	864.83	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	809.06	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	809.06	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	11.61	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	820.67	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$440,484.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,322.77	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,407.00	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (I)	\$820.67	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$123.14	\$2.48
AV	Final Prospective Rates	\$697.53	\$17.05

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



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

103373 - 2011/01

915.82 / 17.05

Select Specialty Hospital Miami

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2008-8/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,678,996.00	0.00	75,052.00	0	Total Bed Days	17,155
2. Routine	9,198,304.00		78,000.00		Total Inpatient Days	15,920
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	135
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,908
7. Malpractice					Prospective Inflation factor	1.0755879059
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	17,877,300.00	0.00	153,052.00	0.00	Property Rate Allowance	0.80
10. Charges	\$52,626,631.00	\$0.00	\$582,110.00	0.00	First Semester in effect:	2003/07
11. Fixed Costs	1,913,525.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	895.29	0.00	County Ceiling Base	969.73	NA	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,010.92	NA	Cost Report DRI Index	1.786
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200			Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)		17,877,300.00	
AB	Total Fixed Costs		(-) 1,913,525.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)		15,963,775.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)		17,170,443.32	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		15,920	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		1,078.55	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		1,023.02	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		1,023.02	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county		2,018.88	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		981.34	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		981.34	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		981.34	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9		96.16	
AO	Plus Rate For Return on Equity		0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)		1,077.50	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)		\$52,626,631.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)		3,305.69	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)		3,555.56	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)		\$1,077.50	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687		\$161.68	\$2.48
AV	Final Prospective Rates		\$915.82	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**103390 - 2011/01**

1,207.05 / 17.05

## Select Specialty Hospital - Orlando

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2004-5/10/2004

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Orange (48)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	0.00	0	Total Bed Days	0
2. Routine	106,052.00		106,052.00		Total Inpatient Days	94
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	94
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	50,000.00	0.00	50,000.00	0.00	Prospective Inflation factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	156,052.00	0.00	156,052.00	0.00	Property Rate Allowance	0.80
10. Charges	\$434,938.00	\$0.00	\$434,938.00	0.00	First Semester in effect:	2004/07
11. Fixed Costs	0.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,694.88		0.00	County Ceiling Base	1,403.34	NA
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.446
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,641.49	217.87	FPLI	0.9795

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	156,052.00	
AB	Total Fixed Costs	(-) 0.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	156,052.00	
AE	Variable Operating Cost - NOT Inflated due to Interim status	156,052.00	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		94
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,660.13	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,660.13	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9795) for Orange county	1,641.49	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,420.14	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,420.14	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,420.14	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	0.00	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,420.14	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$434,938.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,627.00	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	4,627.00	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$1,420.14	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$213.09	\$2.48
AV	Final Prospective Rates	\$1,207.05	\$17.05

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



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

103411 - 2011/01

1,028.42 / 53.58

Charlton Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2002-6/30/2003

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	524,138.00	3,709,417.00	66,045.00	124,711	Total Bed Days	5,475
2. Routine	1,299,649.00		75,211.00		Total Inpatient Days	1,180
3. Special Care	333,796.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	100
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	718
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	1,253
9. Total Cost	2,157,583.00	3,709,417.00	141,256.00	124,711.00	Property Rate Allowance	0.80
10. Charges	\$1,702,578.00	\$6,802,874.00	\$169,724.00	76,896.00	First Semester in effect:	2004/01
11. Fixed Costs	430,790.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		907.05	171.44	Semester DRI Index	1.9210
1. Normalized Rate	1,463.38	99.53	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.386
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI	1.0000
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	2,157,583.00	124,711.00
AB	Total Fixed Costs	(-) 430,790.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	1,726,793.00	124,711.00
AE	Variable Operating Cost - NOT Inflated due to Interim status	1,726,793.00	124,711.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	1,180	1,253
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,463.38	99.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,463.38	99.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	917.91	99.53
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	292.06	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,209.97	99.53
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$1,702,578.00	76,896.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,442.86	61.37
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	1,442.86	61.37
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,209.97	\$61.37
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$181.55	\$7.79
AV	Final Prospective Rates	\$1,028.42	\$53.58



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1,2011 through June 30, 2011

**103420 - 2011/01**

**1,054.94 / 101.01**

## Lakewood Ranch Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)  
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,173,199.00	17,388,392.00	766,722.00	573,215	Total Bed Days	43,800
2. Routine	13,671,747.00		838,007.00		Total Inpatient Days	14,246
3. Special Care	3,598,887.00		120,876.00		Total Newborn Days	1,366
4. Newborn Routine	618,219.00		157,498.00		Medicaid Inpatient Days	895
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	39
6. Home Health					Medicare Inpatient Days	5,957
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	4,948
9. Total Cost	34,062,052.00	17,388,392.00	1,883,103.00	573,215.00	Property Rate Allowance	0.80
10. Charges	\$109,877,911.00	\$90,404,186.00	\$4,949,951.00	2,631,509.00	First Semester in effect:	2011/01
11. Fixed Costs	8,122,880.00		365,932.13		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,779.05		126.87	916.78	159.22	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,669.94	113.68	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,627.58	216.02	FPLI	0.9712

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,883,103.00	573,215.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 365,932.13	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,517,170.87	573,215.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,613,779.20	609,715.40
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	934	4,948
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,727.81	123.22
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,689.93	115.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,689.93	115.69
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	1,627.58	216.02
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.75	162.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.75	162.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	927.75	115.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	313.43	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,241.18	115.69
AQ	Total Medicaid Charges, inpatient (C10): Outpatient (D10)	\$4,949,951.00	2,631,509.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,299.73	531.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,637.20	565.70
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,241.18	\$115.69
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$186.24	\$14.68
AV	Final Prospective Rates	\$1,054.94	\$101.01



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**103438 - 2011/01**

**767.69 / 17.05**

## Select Specialty Hospital Panama City

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2005-12/31/2005

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	882,198.00	0.00	0.00	0	Total Bed Days	11,931
2. Routine	7,046,502.00		93,072.00		Total Inpatient Days	6,298
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	75
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,558
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	7,928,700.00	0.00	93,072.00	0.00	Property Rate Allowance	0.80
10. Charges	\$19,939,155.00	\$0.00	\$240,064.00	0.00	First Semester in effect:	2005/01
11. Fixed Costs	66,543.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,393.41	0.00	884.19	NA	NA	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.560
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,501.38	199.28	FPLI	0.8959

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	7,928,700.00	
AB	Total Fixed Costs	(-) 66,543.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	7,862,157.00	
AE	Variable Operating Cost - NOT Inflated due to Interim status	7,862,157.00	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		6,298
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,248.36	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,248.36	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	1,501.38	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	894.77	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	894.77	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	894.77	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	8.45	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	903.22	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$19,939,155.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,165.95	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,165.95	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$903.22	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$135.53	\$2.48
AV	Final Prospective Rates	\$767.69	\$17.05

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



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1,2011 through June 30, 2011

103454 - 2011/01

2,175.03 / 129.16

Memorial Hospital Miramar

Type of Control: Government (4)  
 Fiscal Year : 5/1/2009-4/30/2010  
 Hospital Classification: Special-Public

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

County: Broward (6)  
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	36,237,339.00	49,136,791.00	5,302,555.00	3,696,356	Total Bed Days	64,970
2. Routine	34,006,939.00		4,133,203.00		Total Inpatient Days	33,421
3. Special Care	6,381,659.00		391,857.00		Total Newborn Days	9,140
4. Newborn Routine	4,608,684.00		1,271,181.00		Medicaid Inpatient Days	4,246
5. Intern-Resident	768,887.00		93,455.00		Medicaid Newborn IP Days	750
6. Home Health					Medicare Inpatient Days	5,392
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-1,128,271.65	-676,064.35	-153,992.19	-50,857.50	Medicaid Paid Claims	29,483
9. Total Cost	80,875,236.35	48,460,726.65	11,038,258.81	3,645,498.50	Property Rate Allowance	0.80
10. Charges	\$340,816,858.00	\$340,676,871.00	\$43,817,504.00	18,912,912.00	First Semester in effect:	2011/01
11. Fixed Costs	21,116,077.00		2,714,812.27		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,608.42		119.37	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,038,258.81	3,645,498.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,714,812.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,323,446.54	3,645,498.50
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,694,584.45	3,808,049.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,996	29,483
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,740.31	129.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,740.31	129.16
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,740.31	129.16
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	434.72	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,175.03	129.16
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$43,817,504.00	18,912,912.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,770.52	641.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,161.59	670.09
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,175.03	\$129.16
AU	Medicaid Trend Adjustment IP%: 0.000 OP%: 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,175.03	\$129.16





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**103454 - 2011/01**

1,174.11 / 90.72

## County Billing ONLY

Memorial Hospital Miramar

Type of Control: Government (4)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cos/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	36,237,339.00	49,136,791.00	5,302,555.00	3,696,356	Total Bed Days	64,970
2. Routine	34,006,939.00		4,133,203.00		Total Inpatient Days	33,421
3. Special Care	6,381,659.00		391,857.00		Total Newborn Days	9,140
4. Newborn Routine	4,608,684.00		1,271,181.00		Medicaid Inpatient Days	4,246
5. Intern-Resident	768,887.00		93,455.00		Medicaid Newborn IP Days	750
6. Home Health					Medicare Inpatient Days	5,392
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-1,128,271.65	-676,064.35	-153,992.19	-50,857.50	Medicaid Paid Claims	29,483
9. Total Cost	80,875,236.35	48,460,726.65	11,038,258.81	3,645,498.50	Property Rate Allowance	0.80
10. Charges	\$340,816,858.00	\$340,676,871.00	\$43,817,504.00	18,912,912.00	First Semester in effect:	2011/01
11. Fixed Costs	21,116,077.00		2,714,812.27		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,608.42	119.37	County Ceiling Base	935.46	184.78	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,577.15	102.09	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,038,258.81	3,645,498.50
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,714,812.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,323,446.54	3,645,498.50
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,694,584.45	3,808,049.28
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,996	29,483
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,740.31	129.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,596.03	103.90
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,596.03	103.90
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	188.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	188.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	946.66	103.90
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	434.72	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,381.38	103.90
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$43,817,504.00	18,912,912.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,770.52	641.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,161.59	670.09
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,381.38	\$103.90
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$207.27	\$13.18
AV	Final Prospective Rates	\$1,174.11	\$90.72



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**103462 - 2011/01**

**942.43 / 65.35**

## St. Cloud Regional Medical Center

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Osceola (49)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,891,924.00	15,671,149.00	718,419.00	989,908	Total Bed Days	30,660
2. Routine	11,258,911.00		499,749.00		Total Inpatient Days	19,363
3. Special Care	2,349,720.00		124,159.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	927
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	8,447
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-323,168.03	-191,105.97	-16,369.36	-12,071.69	Medicaid Paid Claims	13,895
9. Total Cost	26,177,386.97	15,480,043.03	1,325,957.64	977,836.31	Property Rate Allowance	0.80
10. Charges	\$122,009,307.00	\$100,018,225.00	\$6,109,563.00	6,680,418.00	First Semester in effect:	2011/01
11. Fixed Costs	5,432,457.00		272,027.92		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,269.76		78.59	863.71	160.97	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,291.53	73.87	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,596.07	211.84	FPLI	0.9524

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,325,957.64	977,836.31
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 272,027.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,053,929.72	977,836.31
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,121,040.41	1,040,101.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	927	13,895
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,209.32	74.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,306.99	75.18
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,209.32	74.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9524) for Osceola county	1,596.07	211.84
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	874.05	163.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	874.05	163.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	874.05	74.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	234.76	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,108.81	74.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,109,563.00	6,680,418.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,590.68	480.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,010.35	511.39
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,108.81	\$74.85
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$166.38	\$9.50
AV	Final Prospective Rates	\$942.43	\$65.35



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**103535 - 2011/01**

**830.50 / 17.05**

## Kindred Hospital Ocala

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Marion (42)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,046,648.00	1,214.00	84,609.00	0	Total Bed Days	11,315
2. Routine	4,361,076.00		87,499.00		Total Inpatient Days	6,928
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	139
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,397
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-96,235.10	-13.90	-1,969.95	0.00	Medicaid Paid Claims	0
9. Total Cost	8,311,488.90	1,200.10	170,138.05	0.00	Property Rate Allowance	0.80
10. Charges	\$31,847,667.00	\$9,831.00	\$664,626.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	884,701.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,216.62	0.00	Variable Cost Base	864.61	NA	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,112.73	NA	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI	0.9435
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		1,581.15	209.86		

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	8,311,488.90	
AB	Total Fixed Costs	(-) 884,701.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	7,426,787.90	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,952,541.56	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	6,928	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,147.88	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,126.04	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,126.04	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county	1,581.15	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	874.96	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	874.96	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	874.96	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	102.16	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	977.12	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$31,847,667.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,596.95	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	4,922.37	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$977.12	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$146.62	\$2.48
AV	Final Prospective Rates	\$830.50	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

103543 - 2011/01
1,082.90 / 175.94

## Doctors Hospital

Type of Control: Non-Profit (Other) (3)  
 Fiscal Year : 10/1/2008-9/30/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)  
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,482,912.00	43,054,583.00	1,881,039.00	680,743	Total Bed Days	102,565
2. Routine	46,031,094.00		2,307,823.00		Total Inpatient Days	38,920
3. Special Care	10,260,052.00		195,407.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,876
5. Intern-Resident	920,295.00		41,798.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	17,471
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,377,122.82	-526,126.18	-54,086.45	-8,318.67	Medicaid Paid Claims	2,920
9. Total Cost	111,317,230.18	42,528,456.82	4,371,980.55	672,424.33	Property Rate Allowance	0.80
10. Charges	\$403,780,876.00	\$251,603,875.00	\$16,156,878.00	3,440,237.00	First Semester in effect:	2010/07
11. Fixed Costs	17,155,121.00		686,444.59		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,753.04		205.49	969.73	198.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,797.37	207.20	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,371,980.55	672,424.33
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 686,444.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,685,535.96	672,424.33
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,961,899.60	722,846.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,876	2,920
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,111.89	247.55
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,818.88	210.87
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,818.88	210.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	981.34	201.51
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	292.73	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,274.07	201.51
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$16,156,878.00	3,440,237.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,612.41	1,178.16
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,258.22	1,266.51
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,274.07	\$201.51
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$191.17	\$25.57
AV	Final Prospective Rates	\$1,082.90	\$175.94



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

103551 - 2011/01

543.35 / 142.66

Healthsouth Hospital of Spring Hill

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hernando (27)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,248,724.00	447,875.00	64,123.00	26,104	Total Bed Days	26,410
2. Routine	9,270,267.00		52,457.00		Total Inpatient Days	23,327
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	132
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,733
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-362,752.20	-9,273.80	-2,413.93	-540.52	Medicaid Paid Claims	109
9. Total Cost	17,156,238.80	438,601.20	114,166.07	25,563.48	Property Rate Allowance	0.80
10. Charges	\$34,633,798.00	\$1,879,789.00	\$260,279.00	65,380.00	First Semester in effect:	2011/01
11. Fixed Costs	1,138,568.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	805.36	275.07	County Ceiling Base	845.48	160.55	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	593.12	318.67	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,519.82	201.72	FPLI	0.9069

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	17,156,238.80	25,563.48
AB	Total Fixed Costs	(-) 1,138,568.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	16,017,670.80	25,563.48
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	17,037,622.15	27,191.28
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	23,327	109
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	730.38	249.46
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	600.22	324.31
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	600.22	249.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	1,519.82	201.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	855.60	163.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	855.60	163.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	600.22	163.39
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	39.05	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	639.27	163.39
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$34,633,798.00	65,380.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,484.71	599.82
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	1,579.25	638.01
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$639.27	\$163.39
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$95.92	\$20.73
AV	Final Prospective Rates	\$543.35	\$142.66



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**103560 - 2011/01**

872.49 / 17.05

## Healthsouth Ridgelake Hospital

Type of Control: Proprietary(1)

Fiscal Year : 4/1/2009-3/31/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,505,894.00	5,861.00	172,073.00	0	Total Bed Days	14,600
2. Routine	9,685,495.00		245,577.00		Total Inpatient Days	11,122
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	282
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	7,610
7. Malpractice					Prospective Inflation factor	1.0497267760
8. Adjustments	-242,324.28	-87.72	-6,250.65	0.00	Medicaid Paid Claims	0
9. Total Cost	15,949,064.72	5,773.28	411,399.35	0.00	Property Rate Allowance	0.80
10. Charges	\$31,883,067.00	\$30,241.00	\$760,964.00	0.00	First Semester in effect:	2011/01
11. Fixed Costs	1,571,376.00		37,504.57		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,415.01		0.00	909.24	NA	NA
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,094.05	NA	Cost Report DRI Index	1.830
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,648.36	218.78	FPLI	0.9836

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	411,399.35	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 37,504.57	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	373,894.78	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	392,487.37	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	282	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,391.80	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,107.15	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,107.15	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,648.36	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	920.12	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	920.12	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	920.12	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	106.40	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,026.52	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$760,964.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,698.45	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,832.64	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$1,026.52	\$19.53
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$154.03	\$2.48
AV	Final Prospective Rates	\$872.49	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**103683 - 2011/01**

1,518.79 / 17.05

### Select Specialty Hospital Pensacola

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2008-12/31/2008

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	0.00	0	Total Bed Days	0
2. Routine	11,416,902.00		273,032.00		Total Inpatient Days	3,847
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00				Medicaid Inpatient Days	92
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	131,320.00	0.00	3,140.48	0.00	Prospective Inflation factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	11,548,222.00	0.00	276,172.48	0.00	Property Rate Allowance	0.80
10. Charges	\$12,797,070.00	\$0.00	\$235,085.00	0.00	First Semester in effect:	2008/01
11. Fixed Costs	1,547,322.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		1,447.82	NA	Semester DRI Index	1.9210
1. Normalized Rate	2,763.83	0.00	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.821
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	1,576.30	209.22	FPLI	0.9406
4. Rate of Increase (Year/Sem.)							

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	11,548,222.00	
AB	Total Fixed Costs	(-) 1,547,322.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	10,000,900.00	
AE	Variable Operating Cost - NOT Inflated due to Interim status	10,000,900.00	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	3,847	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,599.66	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,599.66	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	1,576.30	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	1,465.15	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	1,465.15	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,465.15	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	321.77	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,786.92	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$12,797,070.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,326.51	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,326.51	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$1,786.92	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$268.13	\$2.48
AV	Final Prospective Rates	\$1,518.79	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**103721 - 2011/01**

**1,115.35 / 19.53**

## BayCare Alliant Hospital

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

Fiscal Year : 11/1/2008-12/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	4,934,831.00	0.00	173,615.00	0	Total Bed Days	20,448
2. Routine	8,821,403.00		155,690.00		Total Inpatient Days	7,542
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	274
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	4,659
7. Malpractice					Prospective Inflation factor	1.0672222222
8. Adjustments	-11,195.00	0.00	-267.99	0.00	Medicaid Paid Claims	0
9. Total Cost	13,745,039.00	0.00	329,037.01	0.00	Property Rate Allowance	0.80
10. Charges	\$42,037,030.00	\$0.00	\$1,460,444.00	0.00	First Semester in effect:	2008/01
11. Fixed Costs	2,061,171.00		71,608.88		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,059.69	0.00		895.55	NA	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	947.17	NA	Cost Report DRI Index	1.800
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,585.68	210.46	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	329,037.01	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 71,608.88	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	257,428.13	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	274,733.02	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		274
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,002.68	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	958.51	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	958.51	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	906.27	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	209.08	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,115.35	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,460,444.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,330.09	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,688.39	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$1,115.35	\$19.53
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,115.35	\$19.53

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





Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

103730 - 2011/01

973.28 / 145.45

St. Luke's-St. Vincent's Healthcare

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

Fiscal Year : 4/12/2008-6/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	44,345,984.00	25,377,775.00	1,185,149.00	723,219	Total Bed Days	134,835
2. Routine	34,115,165.00		1,979,298.00		Total Inpatient Days	39,250
3. Special Care	7,692,323.00		381,965.00		Total Newborn Days	5,410
4. Newborn Routine	4,582,041.00		1,034,985.00		Medicaid Inpatient Days	2,457
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	366
6. Home Health					Medicare Inpatient Days	17,743
7. Malpractice					Prospective Inflation factor	1.0684093437
8. Adjustments	-134,637.34	-37,656.66	-6,798.08	-1,073.14	Medicaid Paid Claims	3,858
9. Total Cost	90,600,875.66	25,340,118.34	4,574,598.92	722,145.86	Property Rate Allowance	0.80
10. Charges	\$253,720,924.00	\$105,993,920.00	\$13,991,711.00	3,405,041.00	First Semester in effect:	2008/01
11. Fixed Costs	18,366,231.00		1,012,825.40		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
1. Normalized Rate	1,360.25	201.81	847.93	163.68	Semester DRI Index	1.9210		
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,271.98	190.84	Cost Report DRI Index	1.798	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,660.76	220.43	FPLI	0.9910	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,574,598.92	722,145.86
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,012,825.40	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,561,773.52	722,145.86
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,805,432.11	771,547.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,823	3,858
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,348.01	199.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,287.20	194.22
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,287.20	194.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,660.76	220.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	858.08	166.58
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	858.08	166.58
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	858.08	166.58
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	287.02	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,145.10	166.58
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,991,711.00	3,405,041.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,956.33	882.59
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,295.39	942.97
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,145.10	\$166.58
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$171.82	\$21.13
AV	Final Prospective Rates	\$973.28	\$145.45



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

103748 - 2011/01

1,171.00 / 17.05

Select Specialty Hospital Tallahassee

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2009-2/28/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Leon (37)

District: 2

Type of Cos/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,089,339.00	0.00	225,295.00	0	Total Bed Days	10,585
2. Routine	10,146,105.00		339,355.00		Total Inpatient Days	8,521
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	285
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	5,676
7. Malpractice					Prospective Inflation factor	1.0543358946
8. Adjustments	-227,473.00	0.00	-7,911.25	0.00	Medicaid Paid Claims	0
9. Total Cost	16,007,971.00	0.00	556,738.75	0.00	Property Rate Allowance	0.80
10. Charges	\$27,769,693.00	\$0.00	\$1,035,870.00	0.00	First Semester in effect:	2011/01
11. Fixed Costs	4,356,050.00		162,490.15		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,518.79	0.00	910.72	NA	NA	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,689.16	NA	Cost Report DRI Index	1.822
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,609.31	213.60	FPLI	0.9603

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	556,738.75	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 162,490.15	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	394,248.60	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	415,670.45	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		285
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,458.49	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,709.38	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,458.49	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	1,609.31	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	921.62	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	921.62	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	921.62	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	456.11	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,377.73	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$1,035,870.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,634.63	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,832.12	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$1,377.73	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$206.73	\$2.48
AV	Final Prospective Rates	\$1,171.00	\$17.05

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



Florida Agency For Health Care Administration

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Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

103764 - 2011/01

836.60 / 17.05

Select Specialty Hospital Palm Beach

Type of Control: Proprietary(1)

Fiscal Year : 1/1/2008-12/31/2008

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	0.00	0	Total Bed Days	0
2. Routine	13,935,502.00		336,927.00		Total Inpatient Days	5,046
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	122
5. Intern-Resident	0.00				Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	13,935,502.00	0.00	336,927.00	0.00	Property Rate Allowance	0.80
10. Charges	\$14,809,741.00	\$0.00	\$220,177.00	0.00	First Semester in effect:	2008/07
11. Fixed Costs	0.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	2,694.07	0.00	Variable Cost Base	972.65	NA	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	Exempt	NA	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		1,717.90	228.01		

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	13,935,502.00	
AB	Total Fixed Costs	(-) 0.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	13,935,502.00	
AE	Variable Operating Cost - NOT Inflated due to Interim status	13,935,502.00	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)		5,046
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,761.69	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,761.69	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	984.29	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	0.00	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	984.29	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$14,809,741.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,934.95	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	2,934.95	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$984.29	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$147.69	\$2.48
AV	Final Prospective Rates	\$836.60	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**103772 - 2011/01**

**743.83 / 17.05**

### Select Speciality Hospital Gainesville

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

Fiscal Year : 1/1/2008-12/31/2008

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Alachua (1)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	0.00		Total Bed Days	0
2. Routine	11,671,135.00		251,148.00		Total Inpatient Days	5,623
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	121
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	98,856.00	0.00	2,127.26	0.00	Prospective Inflation factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	11,769,991.00	0.00	253,275.26	0.00	Property Rate Allowance	0.80
10. Charges	\$22,405,989.00	\$0.00	\$413,453.00	0.00	First Semester in effect:	2008/01
11. Fixed Costs	0.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	2,374.04		0.00	864.79	NA	NA
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	NA	Cost Report DRI Index	1.821
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,477.59	196.12	FPLI	0.8817

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	11,769,991.00	
AB	Total Fixed Costs	(-) 0.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	11,769,991.00	
AE	Variable Operating Cost - NOT Inflated due to Interim status	11,769,991.00	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	5,623	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,093.19	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,093.19	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county	1,477.59	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	875.14	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	875.14	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	875.14	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	0.00	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	875.14	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$22,405,989.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,984.70	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	3,984.70	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$875.14	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$131.31	\$2.48
AV	Final Prospective Rates	\$743.83	\$17.05

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



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

104591 - 2011/01

854.52 / 62.15

Northwest Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)  
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,207,157.00	24,019,688.00	4,086,435.00	1,068,063	Total Bed Days	78,475
2. Routine	30,604,746.00		2,378,036.00		Total Inpatient Days	48,789
3. Special Care	9,276,204.00		1,161,942.00		Total Newborn Days	3,299
4. Newborn Routine	1,363,290.00		508,285.00		Medicaid Inpatient Days	4,361
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	113
6. Home Health					Medicare Inpatient Days	17,052
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,316,044.33	-374,309.67	-126,766.68	-16,644.11	Medicaid Paid Claims	14,262
9. Total Cost	83,135,352.67	23,645,378.33	8,007,931.32	1,051,418.89	Property Rate Allowance	0.80
10. Charges	\$548,660,128.00	\$221,489,010.00	\$41,710,487.00	9,784,882.00	First Semester in effect:	2011/01
11. Fixed Costs	10,413,801.00		791,682.66		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,585.62	72.48	County Ceiling Base	935.46	184.78	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	853.60	69.94	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,007,931.32	1,051,418.89
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 791,682.66	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,216,248.66	1,051,418.89
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,675,755.08	1,118,369.71
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,474	14,262
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,715.64	78.42
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	863.82	71.18
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	863.82	71.18
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	188.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	188.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	863.82	71.18
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	141.56	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,005.38	71.18
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$41,710,487.00	9,784,882.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,322.86	686.08
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,916.51	729.77
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,005.38	\$71.18
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$150.86	\$9.03
AV	Final Prospective Rates	\$854.52	\$62.15



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

104604 - 2011/01

1,272.48 / 96.66

Palmetto General Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	74,982,827.00	39,173,708.00	12,655,799.00	5,599,789	Total Bed Days	131,400
2. Routine	38,969,222.00		5,741,684.00		Total Inpatient Days	95,546
3. Special Care	25,966,334.00		4,937,300.00		Total Newborn Days	3,707
4. Newborn Routine	748,334.00		473,183.00		Medicaid Inpatient Days	16,507
5. Intern-Resident	0.00		538,803.00		Medicaid Newborn IP Days	62
6. Home Health					Medicare Inpatient Days	33,531
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-2,484,462.92	-691,888.08	-430,013.91	-98,903.77	Medicaid Paid Claims	52,856
9. Total Cost	138,182,254.08	38,481,819.92	23,916,755.09	5,500,885.23	Property Rate Allowance	0.80
10. Charges	\$951,384,180.00	\$357,623,118.00	150,252,521.00	53,013,081.00	First Semester in effect:	2011/01
11. Fixed Costs	15,221,701.00		2,403,969.92		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,146.39	91.89	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	23,916,755.09	5,500,885.23
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,403,969.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	21,512,785.17	5,500,885.23
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,882,646.91	5,851,163.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,569	52,856
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,381.05	110.70
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,381.05	110.70
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,381.05	110.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	116.07	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,497.12	110.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$150,252,521.00	53,013,081.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,068.29	1,002.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,645.73	1,066.84
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,497.12	\$110.70
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$224.64	\$14.05
AV	Final Prospective Rates	\$1,272.48	\$96.66



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**104604 - 2011/01**

734.41 / 96.66

## County Billing ONLY

**Palmetto General Hospital**

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Dade (13)  
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	74,982,827.00	39,173,708.00	12,655,799.00	5,599,789	Total Bed Days	131,400
2. Routine	38,969,222.00		5,741,684.00		Total Inpatient Days	95,546
3. Special Care	25,966,334.00		4,937,300.00		Total Newborn Days	3,707
4. Newborn Routine	748,334.00		473,183.00		Medicaid Inpatient Days	16,507
5. Intern-Resident	0.00		538,803.00		Medicaid Newborn IP Days	62
6. Home Health					Medicare Inpatient Days	33,531
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-2,484,462.92	-691,888.08	-430,013.91	-98,903.77	Medicaid Paid Claims	52,856
9. Total Cost	138,182,254.08	38,481,819.92	23,916,755.09	5,500,885.23	Property Rate Allowance	0.80
10. Charges	\$951,384,180.00	\$357,623,118.00	150,252,521.00	53,013,081.00	First Semester in effect:	2011/01
11. Fixed Costs		15,221,701.00		2,403,969.92	Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,146.39	91.89	County Ceiling Base	969.73	198.00	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	739.14	115.57	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	23,916,755.09	5,500,885.23
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,403,969.92	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	21,512,785.17	5,500,885.23
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	22,882,646.91	5,851,163.08
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,569	52,856
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,381.05	110.70
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	747.99	117.62
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	747.99	110.70
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	747.99	110.70
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	116.07	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	864.06	110.70
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$150,252,521.00	53,013,081.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,068.29	1,002.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,645.73	1,066.84
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$864.06	\$110.70
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$129.65	\$14.05
AV	Final Prospective Rates	\$734.41	\$96.66



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

105520 - 2011/01

1,318.45 / 40.84

Community Hospital of New Port Richey

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Special-IP

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,169,919.00	22,172,201.00	3,500,291.00	1,692,678	Total Bed Days	110,230
2. Routine	40,855,714.00		2,836,992.00		Total Inpatient Days	68,520
3. Special Care	8,906,923.00		381,011.00		Total Newborn Days	1,554
4. Newborn Routine	318,398.00		219,437.00		Medicaid Inpatient Days	4,610
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	31
6. Home Health					Medicare Inpatient Days	31,888
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-1,468,738.89	-338,336.11	-105,866.12	-25,829.37	Medicaid Paid Claims	13,973
9. Total Cost	94,782,215.11	21,833,864.89	6,831,864.88	1,666,848.63	Property Rate Allowance	0.80
10. Charges	\$663,711,539.00	\$213,575,296.00	\$39,395,773.00	14,278,333.00	First Semester in effect:	2010/07
11. Fixed Costs	9,348,201.00		554,879.01		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,513.69	133.51	County Ceiling Base	Exempt	158.10	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	45.97	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,611.49	213.89	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,831,864.88	1,666,848.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 554,879.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,276,985.87	1,666,848.63
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,755,232.41	1,793,846.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,641	13,973
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,455.56	128.38
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	46.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,455.56	46.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	Exempt	213.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	160.90
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	160.90
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,455.56	46.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	95.65	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,551.21	46.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$39,395,773.00	14,278,333.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,488.64	1,021.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,135.39	1,099.71
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,551.21	\$46.78
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$232.76	\$5.94
AV	Final Prospective Rates	\$1,318.45	\$40.84





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**105520 - 2011/01**

**651.25 / 40.84**

## Target History - Internal Information Only

Community Hospital of New Port Richey

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Special-IP

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	46,169,919.00	22,172,201.00	3,500,291.00	1,692,678	Total Bed Days	110,230
2. Routine	40,855,714.00		2,836,992.00		Total Inpatient Days	68,520
3. Special Care	8,906,923.00		381,011.00		Total Newborn Days	1,554
4. Newborn Routine	318,398.00		219,437.00		Medicaid Inpatient Days	4,610
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	31
6. Home Health					Medicare Inpatient Days	31,888
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-1,468,738.89	-338,336.11	-105,866.12	-25,829.37	Medicaid Paid Claims	13,973
9. Total Cost	94,782,215.11	21,833,864.89	6,831,864.88	1,666,848.63	Property Rate Allowance	0.80
10. Charges	\$663,711,539.00	\$213,575,296.00	\$39,395,773.00	14,278,333.00	First Semester in effect:	2010/07
11. Fixed Costs	9,348,201.00		554,879.01		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,513.69	133.51	811.72	158.10	1,921.0	Cost Report DRI Index	1.785
2. Base Rate Semester	2010/01	2010/07	662.64	45.97	2008	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	0.9616	FPLI	0.9616
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,611.49	213.89		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,831,864.88	1,666,848.63
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 554,879.01	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,276,985.87	1,666,848.63
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,755,232.41	1,793,846.62
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,641	13,973
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,455.56	128.38
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	670.57	46.78
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	670.57	46.78
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,611.49	213.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	821.44	160.90
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	821.44	160.90
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	670.57	46.78
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	95.65	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	766.22	46.78
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$39,395,773.00	14,278,333.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,488.64	1,021.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,135.39	1,099.71
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$766.22	\$46.78
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$114.97	\$5.94
AV	Final Prospective Rates	\$651.25	\$40.84



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

106470 - 2011/01

715.31 / 17.05

Specialty Hospital Jacksonville

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Duval (16)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	13,398,997.00	42,288.00	0.00	0	Total Bed Days	39,055
2. Routine	17,999,657.00		0.00		Total Inpatient Days	23,157
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,557
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	31,398,654.00	42,288.00	0.00	0.00	Property Rate Allowance	0.80
10. Charges	\$110,516,902.00	\$0.00	\$0.00	0.00	First Semester in effect:	2011/01
11. Fixed Costs	2,840,836.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,323.66	0.00	Variable Cost Base	847.93	NA	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	734.66	NA	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI	0.9910
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		1,660.76	220.43		

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	31,398,654.00	
AB	Total Fixed Costs	(-) 2,840,836.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	28,557,818.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	30,376,283.71	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	23,157	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,311.75	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	743.45	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	743.45	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9910) for Duval county	1,660.76	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	858.08	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	858.08	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	743.45	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	98.14	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	841.59	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$110,516,902.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,772.51	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,076.40	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$841.59	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$126.28	\$2.48
AV	Final Prospective Rates	\$715.31	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

**108219 - 2011/01**

**1,159.64 / 126.54**

## Imperial Point Hospital

Type of Control: Government (4)  
 Fiscal Year : 7/1/2008-6/30/2009  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)  
 District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,610,689.00	32,753,455.00	2,621,175.00	752,478	Total Bed Days	65,700
2. Routine	26,341,904.00		1,243,431.00		Total Inpatient Days	37,941
3. Special Care	4,151,557.00		326,849.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,129
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,500
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-683,887.66	-360,679.34	-46,156.08	-8,286.25	Medicaid Paid Claims	5,526
9. Total Cost	61,420,262.34	32,392,775.66	4,145,298.92	744,191.75	Property Rate Allowance	0.80
10. Charges	\$218,764,484.00	\$190,093,446.00	\$18,564,577.00	4,210,632.00	First Semester in effect:	2010/07
11. Fixed Costs	8,193,938.00		695,345.93		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,096.65		133.95	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,145,298.92	744,191.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 695,345.93	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,449,952.99	744,191.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,712,806.55	800,892.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,129	5,526
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,186.58	144.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,186.58	144.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,186.58	144.93
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	177.78	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,364.36	144.93
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$18,564,577.00	4,210,632.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,933.07	761.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,385.11	820.02
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,364.36	\$144.93
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$204.72	\$18.39
AV	Final Prospective Rates	\$1,159.64	\$126.54



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**108219 - 2011/01**

727.27 / 100.18

## County Billing ONLY

**Imperial Point Hospital**

Type of Control: Government (4)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,610,689.00	32,753,455.00	2,621,175.00	752,478	Total Bed Days	65,700
2. Routine	26,341,904.00		1,243,431.00		Total Inpatient Days	37,941
3. Special Care	4,151,557.00		326,849.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,129
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,500
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-683,887.66	-360,679.34	-46,156.08	-8,286.25	Medicaid Paid Claims	5,526
9. Total Cost	61,420,262.34	32,392,775.66	4,145,298.92	744,191.75	Property Rate Allowance	0.80
10. Charges	\$218,764,484.00	\$190,093,446.00	\$18,564,577.00	4,210,632.00	First Semester in effect:	2010/07
11. Fixed Costs	8,193,938.00		695,345.93		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,096.65		133.95	935.46	184.78	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	669.86	112.74	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,145,298.92	744,191.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 695,345.93	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,449,952.99	744,191.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,712,806.55	800,892.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,129	5,526
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,186.58	144.93
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	677.88	114.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	677.88	114.74
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	188.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	188.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	677.88	114.74
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	177.78	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	855.66	114.74
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$18,564,577.00	4,210,632.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,933.07	761.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,385.11	820.02
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$855.66	\$114.74
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$128.39	\$14.56
AV	Final Prospective Rates	\$727.27	\$100.18



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**108227 - 2011/01**

**3,133.85 / 72.66**

## Lake Butler Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Union (63)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	364,513.00	3,472,367.00	38,902.00	663,132	Total Bed Days	5,475
2. Routine	725,981.00		59,113.00		Total Inpatient Days	355
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	32
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	189
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-17,850.90	-56,841.10	-1,604.46	-10,855.18	Medicaid Paid Claims	9,549
9. Total Cost	1,072,643.10	3,415,525.90	96,410.54	652,276.82	Property Rate Allowance	1.00
10. Charges	\$1,799,556.00	\$12,785,966.00	\$148,284.00	2,413,304.00	First Semester in effect:	2011/01
11. Fixed Costs	295,950.00		0.00		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,606.02	81.37	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,496.53	198.63	FPLI	0.8930
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	1,072,643.10	652,276.82
AB	Total Fixed Costs	(-) 295,950.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	776,693.10	652,276.82
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	826,150.30	693,811.61
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	355	9,549
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,327.18	72.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,327.18	72.66
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8930) for Union county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,327.18	72.66
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	833.66	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	3,160.84	72.66
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$1,799,556.00	2,413,304.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,069.17	252.73
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,391.96	268.82
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$3,160.84	\$72.66
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$26.99	\$0.00
AV	Final Prospective Rates	\$3,133.85	\$72.66



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**108626 - 2011/01**

**758.89 / 101.01**

## North Florida Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2009-2/28/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Alachua (1)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	107,074,688.00	60,931,415.00	7,874,889.00	4,341,960	Total Bed Days	125,195
2. Routine	54,379,867.00		5,259,266.00		Total Inpatient Days	103,586
3. Special Care	11,218,361.00		814,042.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	11,056
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	56,693
7. Malpractice					Prospective Inflation factor	1.0543358946
8. Adjustments	-3,052,457.58	-1,077,126.42	-246,571.85	-76,755.81	Medicaid Paid Claims	38,088
9. Total Cost	169,620,458.42	59,854,288.58	13,701,625.15	4,265,204.19	Property Rate Allowance	0.80
10. Charges	1,332,848,631.00	\$588,819,627.00	\$92,381,838.00	49,778,810.00	First Semester in effect:	2011/01
11. Fixed Costs		16,982,729.00		1,177,099.70	Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,354.63		133.91	864.79	145.58	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	798.14	113.68	Cost Report DRI Index	1.822
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,477.59	196.12	FPLI	0.8817

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,701,625.15	4,265,204.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,177,099.70	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,524,525.45	4,265,204.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,205,056.75	4,496,957.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	11,056	38,088
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,194.38	118.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	807.69	115.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	807.69	115.69
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8817) for Alachua county	1,477.59	196.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	875.14	148.16
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	875.14	148.16
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	807.69	115.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	85.17	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	892.86	115.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$92,381,838.00	49,778,810.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,355.81	1,306.94
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,809.83	1,377.95
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$892.86	\$115.69
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$133.97	\$14.68
AV	Final Prospective Rates	\$758.89	\$101.01



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

109592 - 2011/01

755.64 / 77.36

Pasco Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	14,033,200.00	15,430,112.00	1,419,146.00	1,066,459	Total Bed Days	43,800
2. Routine	10,728,871.00		837,560.00		Total Inpatient Days	16,131
3. Special Care	1,534,249.00		123,826.00		Total Newborn Days	669
4. Newborn Routine	144,801.00		76,836.00		Medicaid Inpatient Days	1,338
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	29
6. Home Health					Medicare Inpatient Days	6,064
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-277,912.18	-162,179.82	-25,828.42	-11,209.13	Medicaid Paid Claims	12,731
9. Total Cost	26,163,208.82	15,267,932.18	2,431,539.58	1,055,249.87	Property Rate Allowance	0.80
10. Charges	\$168,568,141.00	\$145,456,793.00	\$11,782,584.00	10,602,745.00	First Semester in effect:	2010/07
11. Fixed Costs	3,566,669.00		249,303.20		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,784.60		92.66	811.72	158.10	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	734.35	87.06	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,611.49	213.89	FPLI	0.9616

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,431,539.58	1,055,249.87
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 249,303.20	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,182,236.38	1,055,249.87
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,345,873.58	1,134,378.85
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,367	12,731
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,716.07	89.10
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	743.14	88.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	743.14	88.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,611.49	213.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	821.44	160.90
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	821.44	160.90
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	743.14	88.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	145.90	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	889.04	88.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$11,782,584.00	10,602,745.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,619.30	832.83
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,265.63	895.28
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$889.04	\$88.60
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$133.40	\$11.24
AV	Final Prospective Rates	\$755.64	\$77.36



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**109606 - 2011/01**

1,464.09 / 148.89

## Coral Gables Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,083,688.00	16,010,689.00	1,702,603.00	1,381,743	Total Bed Days	62,780
2. Routine	15,817,006.00		963,365.00		Total Inpatient Days	27,576
3. Special Care	6,477,383.00		550,193.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,908
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,486
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-742,295.29	-231,317.71	-46,466.14	-19,963.02	Medicaid Paid Claims	8,494
9. Total Cost	50,635,781.71	15,779,371.29	3,169,694.86	1,361,779.98	Property Rate Allowance	0.80
10. Charges	\$292,125,057.00	\$121,851,142.00	\$21,572,547.00	8,536,840.00	First Semester in effect:	2011/01
11. Fixed Costs	4,359,471.00		321,933.67		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,317.82	141.55	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,169,694.86	1,361,779.98
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 321,933.67	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,847,761.19	1,361,779.98
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,029,097.03	1,448,493.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,908	8,494
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,587.58	170.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,587.58	170.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,587.58	170.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	134.98	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,722.56	170.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$21,572,547.00	8,536,840.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,306.37	1,005.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,026.32	1,069.04
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,722.56	\$170.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$258.47	\$21.64
AV	Final Prospective Rates	\$1,464.09	\$148.89





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**109606 - 2011/01**

**782.38 / 109.01**

## County Billing ONLY

Coral Gables Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,083,688.00	16,010,689.00	1,702,603.00	1,381,743	Total Bed Days	62,780
2. Routine	15,817,006.00		963,365.00		Total Inpatient Days	27,576
3. Special Care	6,477,383.00		550,193.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,908
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	14,486
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-742,295.29	-231,317.71	-46,466.14	-19,963.02	Medicaid Paid Claims	8,494
9. Total Cost	50,635,781.71	15,779,371.29	3,169,694.86	1,361,779.98	Property Rate Allowance	0.80
10. Charges	\$292,125,057.00	\$121,851,142.00	\$21,572,547.00	8,536,840.00	First Semester in effect:	2011/01
11. Fixed Costs	4,359,471.00		321,933.67		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,317.82		141.55	969.73	198.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	776.23	122.68	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,169,694.86	1,361,779.98
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 321,933.67	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,847,761.19	1,361,779.98
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,029,097.03	1,448,493.54
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,908	8,494
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,587.58	170.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	785.52	124.85
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	785.52	124.85
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	785.52	124.85
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	134.98	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	920.50	124.85
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$21,572,547.00	8,536,840.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,306.37	1,005.04
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,026.32	1,069.04
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$920.50	\$124.85
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$138.12	\$15.84
AV	Final Prospective Rates	\$782.38	\$109.01



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**109886 - 2011/01**

734.04 / 85.97

## Ocala Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2008-8/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Marion (42)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,900,090.00	45,090,358.00	3,806,613.00	2,968,498	Total Bed Days	98,550
2. Routine	35,565,874.00		2,171,170.00		Total Inpatient Days	71,765
3. Special Care	10,149,540.00		721,104.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,816
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	37,833
7. Malpractice					Prospective Inflation factor	1.0755879059
8. Adjustments	-1,960,078.36	-709,226.64	-105,366.85	-46,691.53	Medicaid Paid Claims	28,797
9. Total Cost	122,655,425.64	44,381,131.36	6,593,520.15	2,921,806.47	Property Rate Allowance	0.80
10. Charges	\$806,878,610.00	\$356,562,650.00	\$45,177,363.00	27,699,322.00	First Semester in effect:	2010/07
11. Fixed Costs	13,379,275.00		749,109.41		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		864.61	144.99	Semester DRI Index	1.9210
1. Normalized Rate	1,383.43	115.67	Variable Cost Base	730.45	96.75	Cost Report DRI Index	1.786
2. Base Rate Semester			State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,581.15	209.86	FPLI	0.9435
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,593,520.15	2,921,806.47
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 749,109.41	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,844,410.74	2,921,806.47
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,286,177.50	3,142,659.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,816	28,797
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,305.27	109.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	739.19	98.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	739.19	98.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9435) for Marion county	1,581.15	209.86
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	874.96	147.56
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	874.96	147.56
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	739.19	98.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	124.44	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	863.63	98.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$45,177,363.00	27,699,322.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,380.68	961.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,089.75	1,034.59
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$863.63	\$98.46
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$129.59	\$12.49
AV	Final Prospective Rates	\$734.04	\$85.97



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**110213 - 2011/01**

765.43 / 67.92

## Blake Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Manatee (41)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,735,886.00	23,623,675.00	1,304,568.00	1,121,235	Total Bed Days	139,795
2. Routine	32,458,538.00		773,210.00		Total Inpatient Days	58,065
3. Special Care	7,782,145.00		213,859.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,472
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	35,971
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-1,739,210.71	-398,989.29	-38,704.33	-18,936.97	Medicaid Paid Claims	11,905
9. Total Cost	101,237,358.29	23,224,685.71	2,252,932.67	1,102,298.03	Property Rate Allowance	0.80
10. Charges	\$583,594,864.00	\$177,856,331.00	\$13,574,443.00	6,640,364.00	First Semester in effect:	2011/01
11. Fixed Costs	13,884,788.00		322,960.80		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,410.19		99.59	916.78	159.22	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	716.46	76.44	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,627.58	216.02	FPLI	0.9712

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,252,932.67	1,102,298.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 322,960.80	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,929,971.87	1,102,298.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,016,028.26	1,151,448.89
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,472	11,905
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,369.58	96.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	725.04	77.79
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	725.04	77.79
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9712) for Manatee county	1,627.58	216.02
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	927.75	162.04
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	927.75	162.04
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	725.04	77.79
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	175.52	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	900.56	77.79
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,574,443.00	6,640,364.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,221.77	557.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,632.96	582.65
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$900.56	\$77.79
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$135.13	\$9.87
AV	Final Prospective Rates	\$765.43	\$67.92



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**111325 - 2011/01**

685.96 / 43.26

## Ft. Walton Beach Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Okaloosa (46)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,663,493.00	30,340,843.00	4,708,312.00	3,158,803	Total Bed Days	93,805
2. Routine	31,768,498.00		3,299,064.00		Total Inpatient Days	65,158
3. Special Care	9,566,799.00		1,456,274.00		Total Newborn Days	2,207
4. Newborn Routine	860,285.00		496,995.00		Medicaid Inpatient Days	7,447
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	33
6. Home Health					Medicare Inpatient Days	37,074
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-1,763,759.06	-576,291.94	-189,191.82	-59,998.09	Medicaid Paid Claims	27,550
9. Total Cost	91,095,315.94	29,764,551.06	9,771,453.18	3,098,804.91	Property Rate Allowance	0.80
10. Charges	\$757,674,550.00	\$317,005,344.00	\$70,772,431.00	28,382,608.00	First Semester in effect:	2010/07
11. Fixed Costs	11,636,178.00		1,086,905.46		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,405.26		136.14	886.21	149.50	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	682.64	48.69	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,482.62	196.78	FPLI	0.8847

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,771,453.18	3,098,804.91
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,086,905.46	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,684,547.72	3,098,804.91
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,299,340.12	3,318,174.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,480	27,550
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,243.23	120.44
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	690.81	49.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	690.81	49.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8847) for Okaloosa county	1,482.62	196.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	896.82	152.15
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	896.82	152.15
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	690.81	49.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	116.25	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	807.06	49.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$70,772,431.00	28,382,608.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,461.55	1,030.22
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,131.35	1,103.15
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$807.06	\$49.55
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$121.10	\$6.29
AV	Final Prospective Rates	\$685.96	\$43.26



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**111341 - 2011/01**

**2,065.01 / 154.37**

## Gulf Coast Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	105,890,768.00	51,079,131.00	8,959,565.00	2,561,895	Total Bed Days	127,385
2. Routine	67,714,676.00		6,258,741.00		Total Inpatient Days	89,098
3. Special Care	19,079,324.00		1,140,565.00		Total Newborn Days	4,573
4. Newborn Routine	656,180.00		468,064.00		Medicaid Inpatient Days	8,077
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	240
6. Home Health					Medicare Inpatient Days	43,904
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-2,462,253.37	-650,507.63	-214,295.93	-32,626.48	Medicaid Paid Claims	17,613
9. Total Cost	190,878,694.63	50,428,623.37	16,612,639.07	2,529,268.52	Property Rate Allowance	0.80
10. Charges	\$694,333,195.00	\$251,869,944.00	\$50,886,223.00	13,497,413.00	First Semester in effect:	2010/07
11. Fixed Costs	33,926,805.00		2,486,424.35		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,926.40	162.87	Exempt	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI	0.9478
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,588.36	210.82		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	16,612,639.07	2,529,268.52
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,486,424.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,126,214.72	2,529,268.52
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,185,483.20	2,718,928.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,317	17,613
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,825.84	154.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,825.84	154.37
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,825.84	154.37
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	239.17	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,065.01	154.37
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$50,886,223.00	13,497,413.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,118.34	766.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,577.13	823.79
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,065.01	\$154.37
AU	Medicaid Trend Adjustment IP%: 0.000 OP%: 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$2,065.01	\$154.37



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**111341 - 2011/01**

974.95 / 83.79

## County Billing ONLY

**Gulf Coast Medical Center**

Type of Control: Proprietary(I)

County: Lee (36)

Fiscal Year: 10/1/2008-9/30/2009

Type of Action: Unaudited Cost Report [1]

District: 8

Hospital Classification: Special-Public

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	105,890,768.00	51,079,131.00	8,959,565.00	2,561,895	Total Bed Days	127,385
2. Routine	67,714,676.00		6,258,741.00		Total Inpatient Days	89,098
3. Special Care	19,079,324.00		1,140,565.00		Total Newborn Days	4,573
4. Newborn Routine	656,180.00		468,064.00		Medicaid Inpatient Days	8,077
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	240
6. Home Health					Medicare Inpatient Days	43,904
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-2,462,253.37	-650,507.63	-214,295.93	-32,626.48	Medicaid Paid Claims	17,613
9. Total Cost	190,878,694.63	50,428,623.37	16,612,639.07	2,529,268.52	Property Rate Allowance	0.80
10. Charges	\$694,333,195.00	\$251,869,944.00	\$50,886,223.00	13,497,413.00	First Semester in effect:	2010/07
11. Fixed Costs	33,926,805.00		2,486,424.35		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,926.40		162.87	937.93	166.37	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	897.15	94.30	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,588.36	210.82	FPLI	0.9478

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	16,612,639.07	2,529,268.52
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,486,424.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	14,126,214.72	2,529,268.52
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	15,185,483.20	2,718,928.27
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,317	17,613
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,825.84	154.37
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	907.89	95.97
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	907.89	95.97
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	1,588.36	210.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	949.16	169.32
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	949.16	169.32
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	907.89	95.97
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	239.17	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,147.06	95.97
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$50,886,223.00	13,497,413.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,118.34	766.33
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,577.13	823.79
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,147.06	\$95.97
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$172.12	\$12.18
AV	Final Prospective Rates	\$974.95	\$83.79



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**111741 - 2011/01**

795.03 / 78.42

## Orange Park Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Clay (10)

District: 4

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,009,232.00	36,963,869.00	4,913,915.00	2,987,732	Total Bed Days	86,634
2. Routine	39,685,063.00		3,420,148.00		Total Inpatient Days	64,760
3. Special Care	8,264,588.00		1,555,885.00		Total Newborn Days	4,255
4. Newborn Routine	1,401,372.00		701,186.00		Medicaid Inpatient Days	6,608
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	28
6. Home Health					Medicare Inpatient Days	30,390
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-1,503,541.58	-601,738.42	-172,414.10	-48,637.58	Medicaid Paid Claims	35,015
9. Total Cost	90,856,713.42	36,362,130.58	10,418,719.90	2,939,094.42	Property Rate Allowance	0.80
10. Charges	\$731,846,243.00	\$445,721,415.00	\$57,017,158.00	25,615,487.00	First Semester in effect:	2010/07
11. Fixed Costs	14,054,012.00		1,094,929.20		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,656.35		98.95	Variable Cost Base	840.41	160.06
2. Base Rate Semester	2010/01	2010/07	State Ceiling	793.88	88.26	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,529.87	203.06	FPLI	0.9129

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,418,719.90	2,939,094.42
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,094,929.20	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,323,790.70	2,939,094.42
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,034,174.75	3,163,025.42
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,636	35,015
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,512.08	90.33
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	803.38	89.82
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	803.38	89.82
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9129) for Clay county	1,529.87	203.06
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	850.47	162.90
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	850.47	162.90
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	803.38	89.82
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	132.00	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	935.38	89.82
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$57,017,158.00	25,615,487.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,592.10	731.56
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,246.74	787.30
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$935.38	\$89.82
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$140.35	\$11.40
AV	Final Prospective Rates	\$795.03	\$78.42



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**112305 - 2011/01**

**890.66 / 52.48**

## Westside Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 2/1/2009-1/31/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,179,305.00	24,610,869.00	2,000,589.00	440,477	Total Bed Days	81,760
2. Routine	28,802,600.00		572,618.00		Total Inpatient Days	57,049
3. Special Care	14,567,764.00		784,503.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,892
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,813
7. Malpractice					Prospective Inflation factor	1.0589856670
8. Adjustments	-1,735,408.27	-404,642.73	-55,206.21	-7,242.16	Medicaid Paid Claims	6,358
9. Total Cost	103,814,260.73	24,206,226.27	3,302,503.79	433,234.84	Property Rate Allowance	0.80
10. Charges	\$666,116,740.00	\$198,907,569.00	\$21,007,780.00	4,398,485.00	First Semester in effect:	2011/01
11. Fixed Costs	11,942,768.00		376,647.26		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,513.54		66.69	Variable Cost Base	935.46	178.36
2. Base Rate Semester	2010/01	2010/07	State Ceiling	878.13	59.06	Cost Report DRI Index	1.814
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,302,503.79	433,234.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 376,647.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,925,856.53	433,234.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,098,440.13	458,789.49
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,892	6,358
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,637.65	72.16
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	888.64	60.11
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	888.64	60.11
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	181.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	181.52
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	888.64	60.11
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	159.26	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,047.90	60.11
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$21,007,780.00	4,398,485.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,103.48	691.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,758.43	732.61
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,047.90	\$60.11
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$157.24	\$7.63
AV	Final Prospective Rates	\$890.66	\$52.48





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**112798 - 2011/01**

739.13 / 126.50

## Memorial Hospital Of Tampa

Type of Control: Proprietary(1)  
 Fiscal Year : 12/1/2008-11/30/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)  
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,846,614.00	19,229,526.00	628,132.00	406,547	Total Bed Days	65,700
2. Routine	14,075,679.00		578,355.00		Total Inpatient Days	29,296
3. Special Care	2,690,682.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,155
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,988
7. Malpractice					Prospective Inflation factor	1.0672222222
8. Adjustments	-529,447.51	-263,668.49	-16,542.92	-5,574.43	Medicaid Paid Claims	2,392
9. Total Cost	38,083,527.49	18,965,857.51	1,189,944.08	400,972.57	Property Rate Allowance	0.80
10. Charges	\$164,440,380.00	\$123,253,158.00	\$5,289,119.00	2,355,217.00	First Semester in effect:	2010/07
11. Fixed Costs	8,841,114.00		284,368.74		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	895.02	191.36	County Ceiling Base	897.41	161.53	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	664.68	142.36	Cost Report DRI Index	1.800
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,566.74	207.95	FPLI	0.9349

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,189,944.08	400,972.57
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 284,368.74	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	905,575.34	400,972.57
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	966,450.12	427,926.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,155	2,392
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	836.75	178.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	672.64	144.88
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	672.64	144.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,566.74	207.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	908.15	164.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	908.15	164.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	672.64	144.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	196.97	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	869.61	144.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,289,119.00	2,355,217.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	4,579.32	984.62
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,887.15	1,050.81
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$869.61	\$144.88
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$130.48	\$18.38
AV	Final Prospective Rates	\$739.13	\$126.50



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

112801 - 2011/01

503.65 / 62.39

University Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	29,579,286.00	18,686,832.00	944,752.00	451,346	Total Bed Days	115,705
2. Routine	31,290,314.00		1,729,595.00		Total Inpatient Days	45,888
3. Special Care	4,828,047.00		104,047.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,393
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,666
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-863,046.71	-245,482.29	-36,498.78	-5,929.17	Medicaid Paid Claims	5,278
9. Total Cost	64,834,600.29	18,441,349.71	2,741,895.22	445,416.83	Property Rate Allowance	0.80
10. Charges	\$377,480,217.00	\$172,246,440.00	\$13,939,916.00	5,025,950.00	First Semester in effect:	2011/01
11. Fixed Costs	6,358,553.00		234,814.15		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,011.45	81.47	County Ceiling Base	935.46	178.36	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	507.98	70.22	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,741,895.22	445,416.83
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 234,814.15	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,507,081.07	445,416.83
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,618,870.44	465,277.72
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,393	5,278
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,094.39	88.15
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	514.06	71.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	514.06	71.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	181.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	181.52
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	514.06	71.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	78.50	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	592.56	71.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,939,916.00	5,025,950.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,825.29	952.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,085.04	994.71
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$592.56	\$71.46
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$88.91	\$9.07
AV	Final Prospective Rates	\$503.65	\$62.39



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**113212 - 2011/01**

**712.11 / 64.05**

## West Florida Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Escambia (17)

District: 1

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	56,022,553.00	34,037,657.00	3,592,259.00	1,601,237	Total Bed Days	193,815
2. Routine	30,398,101.00		2,043,148.00		Total Inpatient Days	58,085
3. Special Care	9,621,857.00		764,875.00		Total Newborn Days	849
4. Newborn Routine	342,290.00		187,877.00		Medicaid Inpatient Days	4,356
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	15
6. Home Health					Medicare Inpatient Days	32,170
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-1,504,022.40	-531,135.60	-102,803.95	-24,986.27	Medicaid Paid Claims	14,463
9. Total Cost	94,880,778.60	33,506,521.40	6,485,355.05	1,576,250.73	Property Rate Allowance	0.80
10. Charges	\$524,246,729.00	\$271,406,542.00	\$31,532,763.00	12,905,321.00	First Semester in effect:	2010/07
11. Fixed Costs	12,291,388.00		739,311.10		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,496.53		124.07	887.77	158.86	Semester DRJ Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	680.67	71.20	Cost Report DRJ Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,576.30	209.22	FPLI	0.9406

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,485,355.05	1,576,250.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 739,311.10	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,746,043.95	1,576,250.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,152,815.18	1,687,835.93
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,371	14,463
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,407.64	116.70
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	688.82	72.46
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	688.82	72.46
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9406) for Escambia county	1,576.30	209.22
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	898.40	161.67
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	898.40	161.67
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	688.82	72.46
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	135.31	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	824.13	72.46
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$31,532,763.00	12,905,321.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,214.08	892.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,724.78	955.47
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$824.13	\$72.46
AU	Medicaid Trend Adjustment IP% : 13.592 OP% : 11.610	\$112.02	\$8.41
AV	Final Prospective Rates	\$712.11	\$64.05



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**113514 - 2011/01**

658.07 / 62.94

## Putnam Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2009-2/28/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Putnam (54)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,236,400.00	16,626,078.00	2,407,896.00	2,363,247	Total Bed Days	47,815
2. Routine	11,163,017.00		1,411,469.00		Total Inpatient Days	25,057
3. Special Care	2,894,375.00		411,003.00		Total Newborn Days	988
4. Newborn Routine	587,770.00		490,801.00		Medicaid Inpatient Days	3,408
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	7
6. Home Health					Medicare Inpatient Days	16,392
7. Malpractice					Prospective Inflation factor	1.0543358946
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	31,422
9. Total Cost	29,881,562.00	16,626,078.00	4,721,169.00	2,363,247.00	Property Rate Allowance	0.80
10. Charges	\$119,032,926.00	\$89,896,743.00	\$13,304,453.00	11,943,967.00	First Semester in effect:	2011/01
11. Fixed Costs	2,935,153.00		328,065.57		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		851.03	146.54	Semester DRI Index	1.9210
1. Normalized Rate	1,562.39	91.35	Variable Cost Base	689.15	70.84	Cost Report DRI Index	1.822
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,454.80	193.09	FPLI	0.8681
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,721,169.00	2,363,247.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 328,065.57	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,393,103.43	2,363,247.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,631,806.63	2,491,656.14
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,415	31,422
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,356.31	79.30
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	697.40	72.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	697.40	72.09
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8681) for Putnam county	1,454.80	193.09
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	861.22	149.14
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	861.22	149.14
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	697.40	72.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	76.85	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	774.25	72.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$13,304,453.00	11,943,967.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,895.89	380.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	4,107.58	400.76
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$774.25	\$72.09
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$116.18	\$9.15
AV	Final Prospective Rates	\$658.07	\$62.94



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**115193 - 2011/01**

**1,761.64 / 100.45**

## Northside Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,170,991.00	17,811,308.00	3,596,964.00	688,948	Total Bed Days	79,752
2. Routine	24,889,659.00		1,831,758.00		Total Inpatient Days	52,901
3. Special Care	16,176,116.00		1,162,201.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,947
5. Intern-Resident	0.00		164,810.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	25,281
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,375,202.05	-268,467.95	-101,828.44	-10,384.44	Medicaid Paid Claims	7,262
9. Total Cost	89,861,563.95	17,542,840.05	6,653,904.56	678,563.56	Property Rate Allowance	0.80
10. Charges	\$679,556,212.00	\$163,107,736.00	\$46,113,791.00	8,547,153.00	First Semester in effect:	2010/07
11. Fixed Costs	10,700,593.00		726,128.17		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,706.26	106.16	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,585.68	210.46	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,653,904.56	678,563.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 726,128.17	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,927,776.39	678,563.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,372,276.69	729,446.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,947	7,262
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,614.46	100.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,614.46	100.45
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,614.46	100.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	147.18	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,761.64	100.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,113,791.00	8,547,153.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,683.25	1,176.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,559.33	1,265.23
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,761.64	\$100.45
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,761.64	\$100.45



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**115193 - 2011/01**

**632.29 / 86.96**

## County Billing ONLY

Northside Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,170,991.00	17,811,308.00	3,596,964.00	688,948	Total Bed Days	79,752
2. Routine	24,889,659.00		1,831,758.00		Total Inpatient Days	52,901
3. Special Care	16,176,116.00		1,162,201.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,947
5. Intern-Resident	0.00		164,810.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	25,281
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,375,202.05	-268,467.95	-101,828.44	-10,384.44	Medicaid Paid Claims	7,262
9. Total Cost	89,861,563.95	17,542,840.05	6,653,904.56	678,563.56	Property Rate Allowance	0.80
10. Charges	\$679,556,212.00	\$163,107,736.00	\$46,113,791.00	8,547,153.00	First Semester in effect:	2010/07
11. Fixed Costs	10,700,593.00		726,128.17		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,706.26		106.16	County Ceiling Base	895.55	161.18
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	589.67	97.87	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,585.68	210.46	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,653,904.56	678,563.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 726,128.17	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,927,776.39	678,563.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	6,372,276.69	729,446.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,947	7,262
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,614.46	100.45
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	596.73	99.60
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	596.73	99.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	596.73	99.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	147.18	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	743.91	99.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$46,113,791.00	8,547,153.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,683.25	1,176.97
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,559.33	1,265.23
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$743.91	\$99.60
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$111.62	\$12.64
AV	Final Prospective Rates	\$632.29	\$86.96



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

116483 - 2011/01

8,296.25 / 412.13

Anne Bates Leach Eye Hospital

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

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: Specialized: Eye

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,440,893.00	69,376,338.00	9,870.00	6,233,678	Total Bed Days	20,400
2. Routine	5,572,161.00		127,412.00		Total Inpatient Days	656
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	15
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	204
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-70,606.56	-698,472.44	-1,382.14	-62,759.90	Medicaid Paid Claims	13,999
9. Total Cost	6,942,447.44	68,677,865.56	135,899.86	6,170,918.10	Property Rate Allowance	0.80
10. Charges	\$8,263,555.00	\$261,343,327.00	\$122,911.00	20,411,806.00	First Semester in effect:	2010/07
11. Fixed Costs	3,806,609.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	4,248.89	391.82	County Ceiling Base	Exempt	Exempt	Semester DRI Index 1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index 1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI 1.2047

Rate Calculations			
		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,942,447.44	6,170,918.10
AB	Total Fixed Costs	(-) 3,806,609.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	3,135,838.44	6,170,918.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,357,829.23	6,607,766.82
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	656	13,999
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	5,118.64	472.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4).	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	5,118.64	472.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	5,118.64	472.02
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	4,642.21	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	9,760.85	472.02
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$8,263,555.00	20,411,806.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,596.88	1,458.09
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	13,488.64	1,561.31
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$9,760.85	\$472.02
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$1,464.60	\$59.89
AV	Final Prospective Rates	\$8,296.25	\$412.13



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**116483 - 2011/01**

**5,189.39 / 156.91**

## County Billing ONLY

**Anne Bates Leach Eye Hospital**

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

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: Specialized: Eye

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,440,893.00	69,376,338.00	9,870.00	6,233,678	Total Bed Days	20,400
2. Routine	5,572,161.00		127,412.00		Total Inpatient Days	656
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	15
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	204
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-70,606.56	-698,472.44	-1,382.14	-62,759.90	Medicaid Paid Claims	13,999
9. Total Cost	6,942,447.44	68,677,865.56	135,899.86	6,170,918.10	Property Rate Allowance	0.80
10. Charges	\$8,263,555.00	\$261,343,327.00	\$122,911.00	20,411,806.00	First Semester in effect:	2010/07
11. Fixed Costs	3,806,609.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	4,248.89		391.82	Exempt	198.00	
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,446.00	176.58	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

Rate Calculations			
Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,942,447.44	6,170,918.10
AB	Total Fixed Costs	(-) 3,806,609.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	3,135,838.44	6,170,918.10
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,357,829.23	6,607,766.82
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	656	13,999
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	5,118.64	472.02
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,463.31	179.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,463.31	179.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,463.31	179.71
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	4,642.21	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	6,105.52	179.71
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$8,263,555.00	20,411,806.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,596.88	1,458.09
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	13,488.64	1,561.31
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$6,105.52	\$179.71
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$916.13	\$22.80
AV	Final Prospective Rates	\$5,189.39	\$156.91





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

**117463 - 2011/01**

678.90 / 78.36

## Fawcett Memorial Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Charlotte (8)  
 District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,335,325.00	26,295,983.00	1,520,750.00	1,056,017	Total Bed Days	86,870
2. Routine	26,574,843.00		898,954.00		Total Inpatient Days	50,965
3. Special Care	6,818,289.00		307,193.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,828
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,287
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,375,015.31	-442,408.69	-45,877.84	-17,766.63	Medicaid Paid Claims	9,178
9. Total Cost	80,353,441.69	25,853,574.31	2,681,019.16	1,038,250.37	Property Rate Allowance	0.80
10. Charges	\$585,370,967.00	\$259,741,429.00	\$19,308,613.00	12,112,662.00	First Semester in effect:	2011/01
11. Fixed Costs	7,817,267.00		257,854.58		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,482.80		126.54	908.30	161.74	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	677.79	88.19	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,593.56	211.51	FPLI	0.9509

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,681,019.16	1,038,250.37
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 257,854.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,423,164.58	1,038,250.37
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,577,463.55	1,104,362.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,828	9,178
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,409.99	120.33
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	685.90	89.75
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	685.90	89.75
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9509) for Charlotte county	1,593.56	211.51
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	919.17	164.60
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	919.17	164.60
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	685.90	89.75
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	112.85	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	798.75	89.75
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$19,308,613.00	12,112,662.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,562.70	1,319.75
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,235.30	1,403.79
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$798.75	\$89.75
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$119.85	\$11.39
AV	Final Prospective Rates	\$678.90	\$78.36



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

117617 - 2011/01

1,288.19 / 99.91

Gulf Coast Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 2/1/2009-1/31/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,059,966.00	31,010,090.00	6,132,116.00	4,118,383	Total Bed Days	64,240
2. Routine	23,348,891.00		4,050,923.00		Total Inpatient Days	41,628
3. Special Care	7,752,277.00		3,096,633.00		Total Newborn Days	3,809
4. Newborn Routine	1,196,123.00		738,913.00		Medicaid Inpatient Days	9,373
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	15
6. Home Health					Medicare Inpatient Days	17,679
7. Malpractice					Prospective Inflation factor	1.0589856670
8. Adjustments	-1,397,381.43	-582,766.57	-263,448.53	-77,395.97	Medicaid Paid Claims	37,398
9. Total Cost	72,959,875.57	30,427,323.43	13,755,136.47	4,040,987.03	Property Rate Allowance	0.80
10. Charges	\$517,293,965.00	\$296,161,926.00	\$79,171,999.00	39,412,354.00	First Semester in effect:	2011/01
11. Fixed Costs	8,527,585.00		1,305,149.48		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	1.9210
1. Normalized Rate	1,567.56	127.73	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.814
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,501.38	199.28	FPLI	0.8959
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,755,136.47	4,040,987.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,305,149.48	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,449,986.99	4,040,987.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,184,357.77	4,279,347.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,388	37,398
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,404.38	114.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,404.38	114.43
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,404.38	114.43
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	111.22	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,515.60	114.43
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$79,171,999.00	39,412,354.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,433.32	1,053.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,930.77	1,116.02
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,515.60	\$114.43
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$227.41	\$14.52
AV	Final Prospective Rates	\$1,288.19	\$99.91



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

117617 - 2011/01

663.01 / 87.03

**County Billing ONLY**

Gulf Coast Medical Center

Type of Control: Proprietary(1)

Fiscal Year: 2/1/2009-1/31/2010

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Bay (3)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	42,059,966.00	31,010,090.00	6,132,116.00	4,118,383	Total Bed Days	64,240
2. Routine	23,348,891.00		4,050,923.00		Total Inpatient Days	41,628
3. Special Care	7,752,277.00		3,096,633.00		Total Newborn Days	3,809
4. Newborn Routine	1,196,123.00		738,913.00		Medicaid Inpatient Days	9,373
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	15
6. Home Health					Medicare Inpatient Days	17,679
7. Malpractice					Prospective Inflation factor	1.0589856670
8. Adjustments	-1,397,381.43	-582,766.57	-263,448.53	-77,395.97	Medicaid Paid Claims	37,398
9. Total Cost	72,959,875.57	30,427,323.43	13,755,136.47	4,040,987.03	Property Rate Allowance	0.80
10. Charges	\$517,293,965.00	\$296,161,926.00	\$79,171,999.00	39,412,354.00	First Semester in effect:	2011/01
11. Fixed Costs	8,527,585.00		1,305,149.48		Last Rate Semester in Effect:	2011/01

**Ceiling and Target Information**

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,567.56		127.73	884.19	147.73	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	660.93	97.95	Cost Report DRI Index	1.814
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,501.38	199.28	FPLI	0.8959

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	13,755,136.47	4,040,987.03
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,305,149.48	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,449,986.99	4,040,987.03
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,184,357.77	4,279,347.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,388	37,398
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,404.38	114.43
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	668.84	99.68
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	668.84	99.68
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8959) for Bay county	1,501.38	199.28
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	894.77	150.35
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	894.77	150.35
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	668.84	99.68
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	111.22	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	780.06	99.68
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$79,171,999.00	39,412,354.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,433.32	1,053.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,930.77	1,116.02
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$780.06	\$99.68
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$117.05	\$12.65
AV	Final Prospective Rates	\$663.01	\$87.03



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**118079 - 2011/01**

**1,612.85 / 103.53**

## Brandon Regional Hospital

Type of Control: Proprietary(1)  
 Fiscal Year: 1/1/2009-12/31/2009  
 Hospital Classification: Special

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

County: Hillsborough (29)  
 District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	79,118,551.00	48,209,695.00	9,566,228.00	3,302,552	Total Bed Days 146,371
2. Routine	52,575,358.00		5,746,413.00		Total Inpatient Days 95,615
3. Special Care	20,009,387.00		3,540,985.00		Total Newborn Days 6,406
4. Newborn Routine	1,860,875.00		874,084.00		Medicaid Inpatient Days 12,431
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days 56
6. Home Health					Medicare Inpatient Days 28,567
7. Malpractice					Prospective Inflation factor 1.0636766334
8. Adjustments	-2,969,833.22	-932,344.78	-381,521.34	-63,869.25	Medicaid Paid Claims 33,276
9. Total Cost	150,594,337.78	47,277,350.22	19,346,188.66	3,238,682.75	Property Rate Allowance 0.80
10. Charges	1,182,916,192.00	\$499,584,064.00	114,443,645.00	39,521,953.00	First Semester in effect: 2011/01
11. Fixed Costs	17,188,170.00		1,662,904.64		Last Rate Semester in Effect: 2011/01

### Ceiling and Target Information

	IP (F)		County Ceiling Base	OP (G)		Inflation/FPLI Data (H)	
	IP (F)	OP (F)		IP (G)	OP (G)	Semester DRI Index	
1. Normalized Rate	1,611.20	110.74	Exempt	Exempt	Semester DRI Index	1.9210	
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Cost Report DRI Index	1.806	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,566.74	207.95	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,346,188.66	3,238,682.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,662,904.64	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,683,284.02	3,238,682.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,809,296.01	3,444,911.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,487	33,276
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,506.31	103.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,506.31	103.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,506.31	103.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	106.54	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,612.85	103.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$114,443,645.00	39,521,953.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,165.02	1,187.70
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,748.62	1,263.33
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,612.85	\$103.53
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,612.85	\$103.53



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**118079 - 2011/01**

808.86 / 87.25

## County Billing ONLY

**Brandon Regional Hospital**

Type of Control: Proprietary(1)

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

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)	
1. Ancillary	79,118,551.00	48,209,695.00	9,566,228.00	3,302,552	Total Bed Days 146,371
2. Routine	52,575,358.00		5,746,413.00		Total Inpatient Days 95,615
3. Special Care	20,009,387.00		3,540,985.00		Total Newborn Days 6,406
4. Newborn Routine	1,860,875.00		874,084.00		Medicaid Inpatient Days 12,431
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days 56
6. Home Health					Medicare Inpatient Days 28,567
7. Malpractice					Prospective Inflation factor 1.0636766334
8. Adjustments	-2,969,833.22	-932,344.78	-381,521.34	-63,869.25	Medicaid Paid Claims 33,276
9. Total Cost	150,594,337.78	47,277,350.22	19,346,188.66	3,238,682.75	Property Rate Allowance 0.80
10. Charges	1,182,916,192.00	\$499,584,064.00	114,443,645.00	39,521,953.00	First Semester in effect: 2011/01
11. Fixed Costs	17,188,170.00		1,662,904.64		Last Rate Semester in Effect: 2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,611.20		110.74	897.41	161.53	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	835.11	98.19	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,566.74	207.95	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,346,188.66	3,238,682.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,662,904.64	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,683,284.02	3,238,682.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,809,296.01	3,444,911.16
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	12,487	33,276
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,506.31	103.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	845.11	99.93
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	845.11	99.93
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,566.74	207.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	908.15	164.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	908.15	164.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	845.11	99.93
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	106.54	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	951.65	99.93
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$114,443,645.00	39,521,953.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,165.02	1,187.70
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,748.62	1,263.33
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$951.65	\$99.93
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$142.79	\$12.68
AV	Final Prospective Rates	\$808.86	\$87.25



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1,2011 through June 30, 2011

<b>119695 - 2011/01</b>
1,324.52 / 90.70

**Lawnwood Regional Medical Center**

Type of Control: Proprietary(1)  
 Fiscal Year : 10/1/2008-9/30/2009  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: St Lucie (56)  
 District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,816,589.00	28,663,678.00	9,823,706.00	4,236,436	Total Bed Days	124,465
2. Routine	48,696,659.00		6,647,695.00		Total Inpatient Days	88,142
3. Special Care	12,840,718.00		1,489,969.00		Total Newborn Days	4,434
4. Newborn Routine	2,857,844.00		2,131,461.00		Medicaid Inpatient Days	12,130
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,078
6. Home Health					Medicare Inpatient Days	43,893
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-2,625,049.41	-591,482.59	-414,620.89	-87,419.98	Medicaid Paid Claims	42,934
9. Total Cost	124,586,760.59	28,072,195.41	19,678,210.11	4,149,016.02	Property Rate Allowance	0.80
10. Charges	\$943,852,094.00	\$264,996,445.00	158,989,633.00	44,941,926.00	First Semester in effect:	2010/07
11. Fixed Costs	12,328,448.00		2,076,697.65		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,397.36	101.33	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,718.07	228.04	FPLI	1.0252

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,678,210.11	4,149,016.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,076,697.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,601,512.46	4,149,016.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,921,379.65	4,460,134.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,208	42,934
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,432.57	103.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,432.57	103.88
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,432.57	103.88
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	125.78	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,558.35	103.88
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$158,989,633.00	44,941,926.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,037.37	1,046.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,940.00	1,125.26
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,558.35	\$103.88
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$233.83	\$13.18
AV	Final Prospective Rates	\$1,324.52	\$90.70



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**119695 - 2011/01**

**812.40 / 83.70**

## County Billing ONLY

**Lawnwood Regional Medical Center**

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: St Lucie (56)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	62,816,589.00	28,663,678.00	9,823,706.00	4,236,436	Total Bed Days	124,465
2. Routine	48,696,659.00		6,647,695.00		Total Inpatient Days	88,142
3. Special Care	12,840,718.00		1,489,969.00		Total Newborn Days	4,434
4. Newborn Routine	2,857,844.00		2,131,461.00		Medicaid Inpatient Days	12,130
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	1,078
6. Home Health					Medicare Inpatient Days	43,893
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-2,625,049.41	-591,482.59	-414,620.89	-87,419.98	Medicaid Paid Claims	42,934
9. Total Cost	124,586,760.59	28,072,195.41	19,678,210.11	4,149,016.02	Property Rate Allowance	0.80
10. Charges	\$943,852,094.00	\$264,996,445.00	158,989,633.00	44,941,926.00	First Semester in effect:	2010/07
11. Fixed Costs	12,328,448.00		2,076,697.65		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,397.36		101.33	941.96	165.61	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	820.22	94.19	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,718.07	228.04	FPLI	1.0252

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	19,678,210.11	4,149,016.02
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 2,076,697.65	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	17,601,512.46	4,149,016.02
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	18,921,379.65	4,460,134.18
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	13,208	42,934
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,432.57	103.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	830.04	95.86
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	830.04	95.86
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county	1,718.07	228.04
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	953.23	168.54
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	953.23	168.54
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	830.04	95.86
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	125.78	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	955.82	95.86
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$158,989,633.00	44,941,926.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,037.37	1,046.77
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,940.00	1,125.26
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$955.82	\$95.86
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$143.42	\$12.16
AV	Final Prospective Rates	\$812.40	\$83.70



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**119717 - 2011/01**

**1,683.84 / 96.62**

## Cape Coral Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,022,363.00	38,256,083.00	3,021,578.00	2,039,842	Total Bed Days	106,215
2. Routine	31,624,671.00		1,492,336.00		Total Inpatient Days	62,482
3. Special Care	7,110,746.00		322,953.00		Total Newborn Days	3,297
4. Newborn Routine	6,851,884.00		2,841,127.00		Medicaid Inpatient Days	4,418
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	281
6. Home Health					Medicare Inpatient Days	30,423
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,818,103.53	-691,320.47	-138,747.98	-36,861.71	Medicaid Paid Claims	22,286
9. Total Cost	98,791,560.47	37,564,762.53	7,539,246.02	2,002,980.29	Property Rate Allowance	0.80
10. Charges	\$421,397,493.00	\$234,252,972.00	\$30,269,610.00	13,173,744.00	First Semester in effect:	2010/07
11. Fixed Costs	9,731,276.00		699,012.06		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,651.01	101.94	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,588.36	210.82	FPLI	0.9478
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,539,246.02	2,002,980.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 699,012.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,840,233.96	2,002,980.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,353,155.81	2,153,175.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,699	22,286
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,564.83	96.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,564.83	96.62
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,564.83	96.62
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	119.01	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,683.84	96.62
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$30,269,610.00	13,173,744.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,441.71	591.12
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,924.75	635.45
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,683.84	\$96.62
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,683.84	\$96.62





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

119717 - 2011/01

901.11 / 60.44

## County Billing ONLY

Cape Coral Hospital

Type of Control: Government (4)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Lee (36)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	55,022,363.00	38,256,083.00	3,021,578.00	2,039,842	Total Bed Days	106,215
2. Routine	31,624,671.00		1,492,336.00		Total Inpatient Days	62,482
3. Special Care	7,110,746.00		322,953.00		Total Newborn Days	3,297
4. Newborn Routine	6,851,884.00		2,841,127.00		Medicaid Inpatient Days	4,418
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	281
6. Home Health					Medicare Inpatient Days	30,423
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,818,103.53	-691,320.47	-138,747.98	-36,861.71	Medicaid Paid Claims	22,286
9. Total Cost	98,791,560.47	37,564,762.53	7,539,246.02	2,002,980.29	Property Rate Allowance	0.80
10. Charges	\$421,397,493.00	\$234,252,972.00	\$30,269,610.00	13,173,744.00	First Semester in effect:	2010/07
11. Fixed Costs	9,731,276.00		699,012.06		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,651.01	101.94	County Ceiling Base	937.93	166.37	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	930.05	68.02	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,588.36	210.82	FPLI	0.9478

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,539,246.02	2,002,980.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 699,012.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	6,840,233.96	2,002,980.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,353,155.81	2,153,175.79
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,699	22,286
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,564.83	96.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	941.18	69.22
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	941.18	69.22
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9478) for Lee county	1,588.36	210.82
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	949.16	169.32
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	949.16	169.32
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	941.18	69.22
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	119.01	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,060.19	69.22
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$30,269,610.00	13,173,744.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,441.71	591.12
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,924.75	635.45
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,060.19	\$69.22
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$159.08	\$8.78
AV	Final Prospective Rates	\$901.11	\$60.44



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**119733 - 2011/01**

675.89 / 68.49

## Venice Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	50,263,105.00	36,656,756.00	1,249,179.00	770,483	Total Bed Days	113,880
2. Routine	25,336,541.00		647,047.00		Total Inpatient Days	48,213
3. Special Care	6,979,378.00		309,733.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,376
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,943
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-9,626.02	-4,272.98	-257.14	-89.81	Medicaid Paid Claims	7,135
9. Total Cost	82,569,397.98	36,652,483.02	2,205,701.86	770,393.19	Property Rate Allowance	0.80
10. Charges	\$387,276,806.00	\$208,045,807.00	\$9,518,316.00	6,048,881.00	First Semester in effect:	2011/01
11. Fixed Costs	12,881,143.00		316,586.97		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,484.68		116.76	909.24	164.78	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	603.92	77.07	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,648.36	218.78	FPLI	0.9836

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,205,701.86	770,393.19
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 316,586.97	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,889,114.89	770,393.19
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,009,407.37	819,449.23
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,376	7,135
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,460.33	114.85
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	611.15	78.44
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	611.15	78.44
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,648.36	218.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	920.12	167.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	920.12	167.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	611.15	78.44
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	184.06	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	795.21	78.44
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$9,518,316.00	6,048,881.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,917.38	847.78
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,357.86	901.76
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$795.21	\$78.44
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$119.32	\$9.95
AV	Final Prospective Rates	\$675.89	\$68.49



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**119741 - 2011/01**

**1,032.02 / 98.15**

## Largo Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2009-2/28/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	89,182,445.00	33,148,247.00	3,306,783.00	1,170,265	Total Bed Days	142,599
2. Routine	48,337,122.00		1,506,963.00		Total Inpatient Days	90,038
3. Special Care	16,422,371.00		830,139.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,847
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	46,352
7. Malpractice					Prospective Inflation factor	1.0543358946
8. Adjustments	-2,480,901.60	-534,211.40	-90,955.87	-18,859.79	Medicaid Paid Claims	11,163
9. Total Cost	151,461,036.40	32,614,035.60	5,552,929.13	1,151,405.21	Property Rate Allowance	0.80
10. Charges	\$995,184,084.00	\$266,517,379.00	\$39,797,178.00	11,021,252.00	First Semester in effect:	2011/01
11. Fixed Costs	15,121,100.00		604,689.24		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)		County Ceiling Base	OP (G)		Inflation/FPLI Data (H)	
	2010/01	2010/07		895.55	161.18	Semester DRI Index	1.9210
1. Normalized Rate	1,433.26	114.93	Variable Cost Base	1,213.27	96.44	Cost Report DRI Index	1.822
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	1,585.68	210.46	FPLI	0.9462
4. Rate of Increase (Year/Sem.)							

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,552,929.13	1,151,405.21
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 604,689.24	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,948,239.89	1,151,405.21
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,217,106.93	1,213,967.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,847	11,163
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,356.15	108.75
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,227.79	98.15
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,227.79	98.15
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	906.27	98.15
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	125.75	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,032.02	98.15
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$39,797,178.00	11,021,252.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,344.99	987.30
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,907.09	1,040.95
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,032.02	\$98.15
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,032.02	\$98.15



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**119750 - 2011/01**

**1,601.85 / 107.87**

## Raulerson Hospital

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: Rural Hospital

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Okeechobee (47)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,631,970.00	14,982,651.00	1,616,640.00	2,581,072	Total Bed Days	36,500
2. Routine	13,194,953.00		1,225,450.00		Total Inpatient Days	21,114
3. Special Care	3,722,423.00		334,555.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,007
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	11,467
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-576,160.21	-257,304.79	-54,554.16	-44,326.08	Medicaid Paid Claims	24,565
9. Total Cost	32,973,185.79	14,725,346.21	3,122,090.84	2,536,745.92	Property Rate Allowance	1.00
10. Charges	\$165,582,158.00	\$106,593,081.00	\$15,825,913.00	17,814,442.00	First Semester in effect:	2011/01
11. Fixed Costs	4,388,116.00		419,404.74		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		Exempt	Exempt	Semester DRI Index	1.9210
1. Normalized Rate	1,356.23	104.00	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.839
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,738.18	230.70	FPLI	1.0372
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,122,090.84	2,536,745.92
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 419,404.74	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,702,686.10	2,536,745.92
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,823,197.39	2,649,858.03
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,007	24,565
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,406.68	107.87
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,406.68	107.87
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0372) for Okeechobee county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,406.68	107.87
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	208.97	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,615.65	107.87
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,825,913.00	17,814,442.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,885.36	725.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,236.96	757.54
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,615.65	\$107.87
AU	Medicaid Trend Adjustment IP% : 0.854 OP% : 0.000	\$13.80	\$0.00
AV	Final Prospective Rates	\$1,601.85	\$107.87



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

**119768 - 2011/01**

627.73 / 91.05

## Lake City Medical Center

Type of Control: Proprietary(1)  
 Fiscal Year : 11/1/2008-10/31/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Columbia (12)  
 District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,188,481.00	18,642,196.00	954,205.00	2,374,375	Total Bed Days	24,455
2. Routine	12,720,051.00		739,720.00		Total Inpatient Days	19,163
3. Special Care	2,263,430.00		171,110.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,241
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,776
7. Malpractice					Prospective Inflation factor	1.0713887340
8. Adjustments	-444,907.17	-305,242.83	-30,537.63	-38,877.44	Medicaid Paid Claims	18,252
9. Total Cost	26,727,054.83	18,336,953.17	1,834,497.37	2,335,497.56	Property Rate Allowance	0.80
10. Charges	\$117,038,314.00	\$136,867,410.00	\$7,973,980.00	16,296,406.00	First Semester in effect:	2010/07
11. Fixed Costs	5,438,512.00		370,533.24		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,397.79		151.61	858.29	148.97	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	493.78	102.47	Cost Report DRI Index	1.793
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,515.29	201.12	FPLI	0.9042

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,834,497.37	2,335,497.56
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 370,533.24	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,463,964.13	2,335,497.56
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,568,474.67	2,502,225.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,241	18,252
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,263.88	137.09
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	499.69	104.28
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	499.69	104.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9042) for Columbia county	1,515.29	201.12
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	868.56	151.61
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	868.56	151.61
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	499.69	104.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	238.86	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	738.55	104.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$7,973,980.00	16,296,406.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,425.45	892.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,884.15	956.60
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$738.55	\$104.28
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$110.82	\$13.23
AV	Final Prospective Rates	\$627.73	\$91.05



# Florida Agency For Health Care Administration

**119784 - 2011/01**

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

## Florida State Hospital-Med

Type of Control: Government (4)  
 Fiscal Year : 7/1/2008-6/30/2009  
 Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Gadsden (20)  
 District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,623,449.00		0.00		Total Bed Days	8,760
2. Routine	5,386,315.00		0.00		Total Inpatient Days	3,505
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	387
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00		0.00		Medicaid Paid Claims	0
9. Total Cost	14,009,764.00		0.00		Property Rate Allowance	0.80
10. Charges	\$14,009,764.00		\$0.00		First Semester in effect:	2010/07
11. Fixed Costs	936,649.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	4,437.84			Variable Cost Base	874.06	
2. Base Rate Semester	2010/01		State Ceiling	1,675.84		Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01		County Ceiling	1,515.80		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969					FPLI	0.9045

Rate Calculations		
	Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	
AB	14,009,764.00	
AD	Total Fixed Costs	
AE	(-) 936,649.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	
AE	13,073,115.00	
AF	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	
AF	14,069,161.86	
AG	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	
AG	3,505	
AH	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	
AH	4,014.03	
AI	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	
AI	625.64	
AJ	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	
AJ	625.64	
AK	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9045) for Gadsden county	
AK	1,515.80	
AL	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	
AL	884.52	
AM	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	
AM	884.52	
AN	Lesser of Variable Cost (AI) or County Ceiling (AL)	
AN	625.64	
AO	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	
AO	213.79	
AP	Plus Rate For Return on Equity	
AP	0.00	
AQ	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	
AQ	839.43	
AR	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	
AR	\$14,009,764.00	
AS	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	
AS	3,997.08	
AT	Rate Based on Charges Adjusted for Inflation (AR x E7)	
AT	4,301.62	
AU	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	
AU	\$839.43	\$0.00
AV	Medicaid Trend Adjustment IP% : 15.005 OP% : 0.000	
AV	\$125.96	\$0.00
AV	Final Prospective Rates	
AV	\$713.47	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

119806 - 2011/01

916.04 / 91.15

Capital Regional Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 5/1/2009-4/30/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Leon (37)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	45,989,202.00	37,963,951.00	5,076,958.00	2,720,845	Total Bed Days	72,270
2. Routine	30,335,653.00		3,063,441.00		Total Inpatient Days	47,229
3. Special Care	6,515,998.00		819,383.00		Total Newborn Days	2,226
4. Newborn Routine	885,316.00		443,856.00		Medicaid Inpatient Days	5,303
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	61
6. Home Health					Medicare Inpatient Days	19,147
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-1,319,405.19	-598,257.81	-148,187.94	-42,876.64	Medicaid Paid Claims	24,913
9. Total Cost	82,406,763.81	37,365,693.19	9,255,450.06	2,677,968.36	Property Rate Allowance	0.80
10. Charges	\$453,578,412.00	\$284,373,451.00	\$42,614,475.00	19,229,151.00	First Semester in effect:	2011/01
11. Fixed Costs	12,917,864.00		1,213,655.63		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,630.81	116.93	910.72	159.98	Semester DRI Index	1.9210	
2. Base Rate Semester	2010/01	2010/07	886.14	102.58	Cost Report DRI Index	1.839	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,609.31	213.60	FPLI	0.9603	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,255,450.06	2,677,968.36
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,213,655.63	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,041,794.43	2,677,968.36
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,400,373.63	2,797,377.50
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,364	24,913
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,566.07	112.29
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	896.75	104.40
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	896.75	104.40
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	1,609.31	213.60
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	921.62	162.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	921.62	162.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	896.75	104.40
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	181.01	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,077.76	104.40
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$42,614,475.00	19,229,151.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,944.53	771.85
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,298.77	806.27
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,077.76	\$104.40
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$161.72	\$13.25
AV	Final Prospective Rates	\$916.04	\$91.15



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**119849 - 2011/01**

825.79 / 87.55

## Town and Country Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,346,660.00	16,819,631.00	995,645.00	981,951	Total Bed Days	67,890
2. Routine	9,636,711.00		677,198.00		Total Inpatient Days	18,591
3. Special Care	2,749,229.00		67,025.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,276
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,589
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	9,805
9. Total Cost	28,732,600.00	16,819,631.00	1,739,868.00	981,951.00	Property Rate Allowance	0.80
10. Charges	\$138,011,526.00	\$113,019,860.00	\$8,216,596.00	8,814,642.00	First Semester in effect:	2011/01
11. Fixed Costs	5,384,495.00		320,569.02		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,265.52	113.95	County Ceiling Base	897.41	161.53	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	617.42	86.03	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,566.74	207.95	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,739,868.00	981,951.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 320,569.02	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,419,298.98	981,951.00
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,509,675.16	1,044,478.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,276	9,805
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,183.13	106.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	624.81	87.55
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	624.81	87.55
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,566.74	207.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	908.15	164.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	908.15	164.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	624.81	87.55
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	200.98	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	825.79	87.55
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$8,216,596.00	8,814,642.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,439.34	898.99
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,849.38	956.23
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$825.79	\$87.55
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$825.79	\$87.55





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**119881 - 2011/01**

798.12 / 86.17

## Regional Medical Center Bayonet Point

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2009-2/28/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Pasco (51)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	64,800,168.00	26,440,274.00	2,767,792.00	1,011,295	Total Bed Days	97,820
2. Routine	31,323,978.00		1,591,350.00		Total Inpatient Days	62,631
3. Special Care	17,225,334.00		883,798.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,288
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	27,909
7. Malpractice					Prospective Inflation factor	1.0543358946
8. Adjustments	-1,759,805.06	-410,497.94	-81,399.16	-15,700.84	Medicaid Paid Claims	9,447
9. Total Cost	111,589,674.94	26,029,776.06	5,161,540.84	995,594.16	Property Rate Allowance	0.80
10. Charges	\$791,133,035.00	\$244,389,405.00	\$36,040,367.00	11,184,554.00	First Semester in effect:	2011/01
11. Fixed Costs	12,603,752.00		574,168.73		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,529.73	115.55	Variable Cost Base	811.72	158.10	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	789.87	96.97	Cost Report DRI Index	1.822
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,611.49	213.89	FPLI	0.9616

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	5,161,540.84	995,594.16
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 574,168.73	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,587,372.11	995,594.16
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,836,631.08	1,049,690.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,288	9,447
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,470.99	111.11
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	799.32	98.69
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	799.32	98.69
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9616) for Pasco county	1,611.49	213.89
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	821.44	160.90
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	821.44	160.90
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	799.32	98.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	139.70	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	939.02	98.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$36,040,367.00	11,184,554.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,961.18	1,183.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,556.77	1,248.26
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$939.02	\$98.69
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$140.90	\$12.52
AV	Final Prospective Rates	\$798.12	\$86.17



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

119938 - 2011/01

805.58 / 17.05

Kindred Hospital - Coral Gables

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2008-8/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,140,754.00	96,996.00	0.00	0	Total Bed Days	19,345
2. Routine	10,488,331.00		0.00		Total Inpatient Days	17,450
3. Special Care	1,601,175.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0755879059
8. Adjustments	-347,629.76	-1,588.24	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	20,882,630.24	95,407.76	0.00	0.00	Property Rate Allowance	0.80
10. Charges	\$97,055,683.00	\$1,034,759.00	\$0.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	2,714,188.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	929.58	0.00	Variable Cost Base	969.73	NA	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	813.62	NA	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		2,018.88	267.96		

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	20,882,630.24	
AB	Total Fixed Costs	(-) 2,714,188.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	18,168,442.24	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,541,756.74	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	17,450	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,119.87	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	823.36	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	823.36	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	823.36	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	124.43	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	947.79	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$97,055,683.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,561.93	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	5,982.34	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (I)	\$947.79	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$142.21	\$2.48
AV	Final Prospective Rates	\$805.58	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**119946 - 2011/01**

962.72 / 85.32

## South Bay Hospital

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2008-8/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Hillsborough (29)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,197,905.00	15,082,272.00	838,511.00	526,211	Total Bed Days	40,880
2. Routine	16,512,382.00		395,038.00		Total Inpatient Days	31,795
3. Special Care	2,912,906.00		238,762.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	927
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,935
7. Malpractice					Prospective Inflation factor	1.0755879059
8. Adjustments	-650,896.45	-230,320.55	-22,483.58	-8,035.74	Medicaid Paid Claims	5,199
9. Total Cost	41,972,296.55	14,851,951.45	1,449,827.42	518,175.26	Property Rate Allowance	0.80
10. Charges	\$301,510,643.00	\$133,247,834.00	\$9,448,488.00	5,194,828.00	First Semester in effect:	2010/07
11. Fixed Costs	5,535,803.00		173,476.36		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,584.06		114.66	897.41	161.53	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	803.39	83.84	Cost Report DRI Index	1.786
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,566.74	207.95	FPLI	0.9349

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,449,827.42	518,175.26
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 173,476.36	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,276,351.06	518,175.26
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,372,827.77	557,343.04
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	927	5,199
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,480.94	107.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	813.01	85.32
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	813.01	85.32
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	1,566.74	207.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	908.15	164.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	908.15	164.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	813.01	85.32
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	149.71	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	962.72	85.32
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$9,448,488.00	5,194,828.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,192.54	999.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,962.97	1,074.73
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$962.72	\$85.32
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$962.72	\$85.32



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**119954 - 2011/01**

**916.23 / 81.87**

## Doctors Hospital Of Sarasota

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	37,652,492.00	21,815,416.00	464,187.00	325,599	Total Bed Days	61,320
2. Routine	18,197,667.00		283,523.00		Total Inpatient Days	27,231
3. Special Care	3,713,047.00		86,032.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	471
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,869
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-959,565.00	-351,447.00	-13,431.61	-5,245.41	Medicaid Paid Claims	3,634
9. Total Cost	58,603,641.00	21,463,969.00	820,310.39	320,353.59	Property Rate Allowance	0.80
10. Charges	\$345,512,764.00	\$161,818,898.00	\$4,836,400.00	2,810,471.00	First Semester in effect:	2011/01
11. Fixed Costs	6,639,613.00		92,939.62		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,670.04		95.33	909.24	164.78	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	946.62	96.04	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,648.36	218.78	FPLI	0.9836

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	820,310.39	320,353.59
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 92,939.62	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	727,370.77	320,353.59
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	773,687.29	340,752.63
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	471	3,634
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,642.65	93.77
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	957.95	97.74
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	957.95	93.77
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,648.36	218.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	920.12	167.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	920.12	167.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	920.12	93.77
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	157.86	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,077.98	93.77
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,836,400.00	2,810,471.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,268.37	773.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,922.23	822.63
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,077.98	\$93.77
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$161.75	\$11.90
AV	Final Prospective Rates	\$916.23	\$81.87



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**119971 - 2011/01**

750.80 / 85.69

## St. Lucie Medical Center

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: St Lucie (56)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	48,648,652.00	23,608,189.00	4,871,508.00	1,909,176	Total Bed Days	83,585
2. Routine	30,855,457.00		2,585,218.00		Total Inpatient Days	51,034
3. Special Care	5,994,439.00		379,434.00		Total Newborn Days	2,120
4. Newborn Routine	241,272.00		189,721.00		Medicaid Inpatient Days	4,422
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	58
6. Home Health					Medicare Inpatient Days	26,644
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,694,865.21	-466,675.79	-158,651.91	-37,739.71	Medicaid Paid Claims	20,385
9. Total Cost	84,044,954.79	23,141,513.21	7,867,229.09	1,871,436.29	Property Rate Allowance	0.80
10. Charges	\$597,642,518.00	\$199,245,901.00	\$40,842,405.00	15,436,061.00	First Semester in effect:	2010/07
11. Fixed Costs	9,208,493.00		629,300.94		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,694.07		96.26	941.96	165.61	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	761.85	96.43	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,718.07	228.04	FPLI	1.0252

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	7,867,229.09	1,871,436.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 629,300.94	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,237,928.15	1,871,436.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,780,671.50	2,011,767.83
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,480	20,385
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,736.76	98.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	770.97	98.14
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	770.97	98.14
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0252) for St Lucie county	1,718.07	228.04
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	953.23	168.54
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	953.23	168.54
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	770.97	98.14
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	112.38	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	883.35	98.14
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$40,842,405.00	15,436,061.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	9,116.61	757.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,800.23	814.01
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$883.35	\$98.14
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$132.55	\$12.45
AV	Final Prospective Rates	\$750.80	\$85.69



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**119989 - 2011/01**

**730.32 / 83.88**

## Seven Rivers Community Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Citrus (9)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	23,400,044.00	17,450,717.00	1,966,631.00	1,377,403	Total Bed Days	40,880
2. Routine	11,854,692.00		910,233.00		Total Inpatient Days	25,914
3. Special Care	4,093,693.00		371,134.00		Total Newborn Days	414
4. Newborn Routine	125,795.00		88,724.00		Medicaid Inpatient Days	2,091
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,375
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-585,577.58	-258,871.42	-49,498.37	-20,432.99	Medicaid Paid Claims	13,623
9. Total Cost	38,888,646.42	17,191,845.58	3,287,223.63	1,356,970.01	Property Rate Allowance	0.80
10. Charges	\$215,746,747.00	\$110,829,087.00	\$14,614,329.00	9,188,851.00	First Semester in effect:	2010/07
11. Fixed Costs	6,205,242.00		420,332.86		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,651.99		120.02	809.90	149.77	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	690.17	94.40	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,489.32	197.67	FPLI	0.8887

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,287,223.63	1,356,970.01
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 420,332.86	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,866,890.77	1,356,970.01
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,069,842.34	1,453,031.99
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,091	13,623
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,468.12	106.66
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	698.43	96.07
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	698.43	96.07
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.8887) for Citrus county	1,489.32	197.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	819.59	152.42
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	819.59	152.42
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	698.43	96.07
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	160.82	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	859.25	96.07
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$14,614,329.00	9,188,851.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,989.16	674.51
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,483.93	722.26
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$859.25	\$96.07
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$128.93	\$12.19
AV	Final Prospective Rates	\$730.32	\$83.88



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120006 - 2011/01**

**1,347.71 / 103.89**

## Plantation General Hospital

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2008-8/31/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	33,649,856.00	17,439,210.00	10,796,479.00	2,530,380	Total Bed Days	96,360
2. Routine	25,457,553.00		5,979,094.00		Total Inpatient Days	50,557
3. Special Care	18,517,067.00		7,495,815.00		Total Newborn Days	6,327
4. Newborn Routine	701,534.00		297,935.00		Medicaid Inpatient Days	15,999
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	39
6. Home Health					Medicare Inpatient Days	5,129
7. Malpractice					Prospective Inflation factor	1.0755879059
8. Adjustments	-1,353,839.87	-301,431.13	-424,672.84	-43,736.80	Medicaid Paid Claims	22,478
9. Total Cost	76,972,170.13	17,137,778.87	24,144,650.16	2,486,643.20	Property Rate Allowance	0.80
10. Charges	\$457,915,802.00	\$155,622,382.00	142,201,085.00	19,409,636.00	First Semester in effect:	2010/07
11. Fixed Costs	6,303,068.00		1,957,353.52		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,375.22	109.97	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,813.26	240.67	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,144,650.16	2,486,643.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,957,353.52	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	22,187,296.64	2,486,643.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,864,387.93	2,674,603.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,038	22,478
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,487.99	118.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,487.99	118.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,487.99	118.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	97.64	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,585.63	118.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$142,201,085.00	19,409,636.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,866.51	863.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,536.71	928.76
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,585.63	\$118.99
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$237.92	\$15.10
AV	Final Prospective Rates	\$1,347.71	\$103.89



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

120006 - 2011/01

884.61 / 101.27

County Billing ONLY

Plantation General Hospital

Type of Control: Proprietary(1)

Fiscal Year : 9/1/2008-8/31/2009

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	33,649,856.00	17,439,210.00	10,796,479.00	2,530,380	Total Bed Days	96,360
2. Routine	25,457,553.00		5,979,094.00		Total Inpatient Days	50,557
3. Special Care	18,517,067.00		7,495,815.00		Total Newborn Days	6,327
4. Newborn Routine	701,534.00		297,935.00		Medicaid Inpatient Days	15,999
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	39
6. Home Health					Medicare Inpatient Days	5,129
7. Malpractice					Prospective Inflation factor	1.0755879059
8. Adjustments	-1,353,839.87	-301,431.13	-424,672.84	-43,736.80	Medicaid Paid Claims	22,478
9. Total Cost	76,972,170.13	17,137,778.87	24,144,650.16	2,486,643.20	Property Rate Allowance	0.80
10. Charges	\$457,915,802.00	\$155,622,382.00	142,201,085.00	19,409,636.00	First Semester in effect:	2010/07
11. Fixed Costs	6,303,068.00		1,957,353.52		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
1. Normalized Rate	1,375.22	109.97	935.46	184.78	Semester DRI Index	1.9210		
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	931.99	113.97	Cost Report DRI Index	1.786	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	24,144,650.16	2,486,643.20
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,957,353.52	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	22,187,296.64	2,486,643.20
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	23,864,387.93	2,674,603.35
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	16,038	22,478
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,487.99	118.99
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	943.14	115.99
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	943.14	115.99
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	188.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	188.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	943.14	115.99
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	97.64	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,040.78	115.99
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$142,201,085.00	19,409,636.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,866.51	863.49
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,536.71	928.76
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,040.78	\$115.99
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$156.17	\$14.72
AV	Final Prospective Rates	\$884.61	\$101.27





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120014 - 2011/01**

771.11 / 82.07

## Sebastian Hospital

Type of Control: Proprietary(1)

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Indian River (31)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,770,612.00	17,723,246.00	434,868.00	890,003	Total Bed Days	42,705
2. Routine	13,050,049.00		348,072.00		Total Inpatient Days	22,495
3. Special Care	3,122,232.00		94,287.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	621
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,862
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-374,241.34	-207,644.66	-10,277.55	-10,427.23	Medicaid Paid Claims	10,003
9. Total Cost	31,568,651.66	17,515,601.34	866,949.45	879,575.77	Property Rate Allowance	0.80
10. Charges	\$187,912,687.00	\$161,918,538.00	\$5,305,922.00	7,918,110.00	First Semester in effect:	2010/07
11. Fixed Costs	4,843,135.00		136,751.26		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		891.83	151.56	Semester DRI Index	1.9210
1. Normalized Rate	1,332.22	99.62	Variable Cost Base	722.42	92.36	Cost Report DRI Index	1.787
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	1,590.04	211.04	FPLI	0.9488
4. Rate of Increase (Year/Sem.)							

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	866,949.45	879,575.77
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 136,751.26	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	730,198.19	879,575.77
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	784,952.84	945,531.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	621	10,003
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,264.01	94.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	731.07	94.00
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	731.07	94.00
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county	1,590.04	211.04
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	902.50	154.24
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	902.50	154.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	731.07	94.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	176.17	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	907.24	94.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$5,305,922.00	7,918,110.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,544.16	791.57
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	9,184.85	850.93
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$907.24	\$94.00
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$136.13	\$11.93
AV	Final Prospective Rates	\$771.11	\$82.07



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

120022 - 2011/01

562.75 / 17.05

St. Catherine's Rehabilitation Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,257,373.00	1,068,602.00	575,054.00	0	Total Bed Days	21,900
2. Routine	10,491,927.00		768,415.00		Total Inpatient Days	16,035
3. Special Care	15,810,057.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,694
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	10,689
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-334,094.07	-10,039.93	-12,622.42	0.00	Medicaid Paid Claims	0
9. Total Cost	35,225,262.93	1,058,562.07	1,330,846.58	0.00	Property Rate Allowance	0.80
10. Charges	\$46,185,586.00	\$2,517,274.00	\$3,927,800.00	0.00	First Semester in effect:	2010/07
11. Fixed Costs	1,931,838.00		164,290.94		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	614.49	0.00	969.73	NA	NA	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	577.60	NA	Cost Report DRI Index	1.787
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI	1.2047

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	1,330,846.58	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 164,290.94	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,166,555.64	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	1,254,030.99	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,694	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	740.28	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	584.51	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	584.51	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	584.51	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	77.59	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	662.10	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,927,800.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,318.65	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,492.52	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS)) (1)	\$662.10	\$19.53
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$99.35	\$2.48
AV	Final Prospective Rates	\$562.75	\$17.05

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



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

**120057 - 2011/01**

1,070.56 / 151.65

## Healthsouth Larkin Hospital-Miami

Type of Control: Proprietary(1)  
 Fiscal Year : 1/1/2009-12/31/2009  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)  
 District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,063,768.00	5,753,939.00	1,409,331.00	426,981	Total Bed Days	47,450
2. Routine	18,122,547.00		1,690,745.00		Total Inpatient Days	29,518
3. Special Care	3,048,619.00		251,432.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,721
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,527
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-568,163.34	-87,798.66	-51,140.25	-6,515.25	Medicaid Paid Claims	2,575
9. Total Cost	36,666,770.66	5,666,140.34	3,300,367.75	420,465.75	Property Rate Allowance	0.80
10. Charges	\$146,175,892.00	\$31,187,336.00	\$15,458,104.00	1,924,870.00	First Semester in effect:	2011/01
11. Fixed Costs	2,986,559.00		315,828.68		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		Exempt	Exempt	Semester DRI Index	1.9210
1. Normalized Rate	968.46	144.18	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,300,367.75	420,465.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 315,828.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,984,539.07	420,465.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,174,584.47	447,239.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,721	2,575
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,166.70	173.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,166.70	173.69
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,166.70	173.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	92.86	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,259.56	173.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,458,104.00	1,924,870.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,681.04	747.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,042.79	795.12
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,259.56	\$173.69
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$189.00	\$22.04
AV	Final Prospective Rates	\$1,070.56	\$151.65



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120057 - 2011/01**

**613.61 / 109.80**

## County Billing ONLY

**Healthsouth Larkin Hospital-Miami**

Type of Control: Proprietary(1)

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

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	16,063,768.00	5,753,939.00	1,409,331.00	426,981	Total Bed Days	47,450
2. Routine	18,122,547.00		1,690,745.00		Total Inpatient Days	29,518
3. Special Care	3,048,619.00		251,432.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,721
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,527
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-568,163.34	-87,798.66	-51,140.25	-6,515.25	Medicaid Paid Claims	2,575
9. Total Cost	36,666,770.66	5,666,140.34	3,300,367.75	420,465.75	Property Rate Allowance	0.80
10. Charges	\$146,175,892.00	\$31,187,336.00	\$15,458,104.00	1,924,870.00	First Semester in effect:	2011/01
11. Fixed Costs	2,986,559.00		315,828.68		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	968.46	144.18	969.73	198.00	198.00	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	621.63	123.57	123.57	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	222.43	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	2,018.88	267.96	267.96		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,300,367.75	420,465.75
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 315,828.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,984,539.07	420,465.75
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,174,584.47	447,239.59
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,721	2,575
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,166.70	173.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	629.07	125.76
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	629.07	125.76
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	629.07	125.76
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	92.86	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	721.93	125.76
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$15,458,104.00	1,924,870.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,681.04	747.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,042.79	795.12
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$721.93	\$125.76
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$108.32	\$15.96
AV	Final Prospective Rates	\$613.61	\$109.80



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120073 - 2011/01**

630.84 / 64.63

## Oak Hill Hospital

Type of Control: Proprietary(1)

Fiscal Year : 3/1/2009-2/28/2010

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Hernando (27)

District: 3

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	54,136,696.00	22,422,412.00	1,475,351.00	686,972	Total Bed Days	77,430
2. Routine	28,993,272.00		820,126.00		Total Inpatient Days	58,895
3. Special Care	14,724,663.00		430,376.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,830
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	32,981
7. Malpractice					Prospective Inflation factor	1.0543358946
8. Adjustments	-300,648.42	-68,890.58	-8,374.91	-2,110.65	Medicaid Paid Claims	7,070
9. Total Cost	97,553,982.58	22,353,521.42	2,717,478.09	684,861.35	Property Rate Allowance	0.80
10. Charges	\$865,325,704.00	\$271,188,091.00	\$23,009,373.00	9,690,735.00	First Semester in effect:	2011/01
11. Fixed Costs	10,506,847.00		279,381.46		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,548.88		112.61	Variable Cost Base	845.48	160.55
2. Base Rate Semester	2010/01	2010/07	State Ceiling	612.75	72.73	Cost Report DRI Index	1.822
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712		1,519.82	201.72	FPLI	0.9069

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,717,478.09	684,861.35
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 279,381.46	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,438,096.63	684,861.35
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,570,572.79	722,073.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,830	7,070
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,404.68	102.13
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	620.08	74.02
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	620.08	74.02
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9069) for Hernando county	1,519.82	201.72
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	855.60	163.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	855.60	163.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	620.08	74.02
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	122.13	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	742.21	74.02
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$23,009,373.00	9,690,735.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	12,573.43	1,370.68
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	13,256.62	1,445.16
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$742.21	\$74.02
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$111.37	\$9.39
AV	Final Prospective Rates	\$630.84	\$64.63



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120081 - 2011/01**

1,005.74 / 87.09

## Mease Hospital Countryside

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

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	65,767,904.00	62,277,308.00	4,318,882.00	2,058,881	Total Bed Days	112,055
2. Routine	43,248,210.00		2,223,083.00		Total Inpatient Days	65,211
3. Special Care	14,079,070.00		1,342,633.00		Total Newborn Days	8,368
4. Newborn Routine	2,981,801.00		428,665.00		Medicaid Inpatient Days	4,326
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	38
6. Home Health					Medicare Inpatient Days	30,515
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,815,360.11	-896,719.89	-119,701.20	-29,645.46	Medicaid Paid Claims	15,984
9. Total Cost	124,261,624.89	61,380,588.11	8,193,561.80	2,029,235.54	Property Rate Allowance	0.80
10. Charges	\$478,036,973.00	\$374,583,401.00	\$27,622,285.00	10,774,656.00	First Semester in effect:	2011/01
11. Fixed Costs	19,839,823.00		1,146,399.29		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		895.55	161.18	Semester DRI Index	1.9210
1. Normalized Rate	1,815.33	142.72	Variable Cost Base	786.17	85.57	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,585.68	210.46	FPLI	0.9462
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,193,561.80	2,029,235.54
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,146,399.29	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,047,162.51	2,029,235.54
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,495,902.10	2,158,450.43
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,364	15,984
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,717.67	135.04
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	795.58	87.09
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	795.58	87.09
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	795.58	87.09
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	210.16	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,005.74	87.09
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$27,622,285.00	10,774,656.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,329.58	674.09
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,732.63	717.01
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,005.74	\$87.09
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,005.74	\$87.09



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120090 - 2011/01**

**868.34 / 105.63**

## Delray Comm. Hosp.

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	97,894,209.00	43,260,513.00	5,482,106.00	779,739	Total Bed Days	169,725
2. Routine	59,411,391.00		2,297,495.00		Total Inpatient Days	96,122
3. Special Care	19,906,255.00		1,934,496.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,826
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	54,466
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-2,695,590.27	-658,040.73	-147,762.27	-11,860.70	Medicaid Paid Claims	6,206
9. Total Cost	174,516,264.73	42,602,472.27	9,566,334.73	767,878.30	Property Rate Allowance	0.80
10. Charges	1,098,344,545.00	\$315,165,744.00	\$55,801,886.00	6,211,752.00	First Semester in effect:	2011/01
11. Fixed Costs	12,685,481.00		644,491.54		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)		County Ceiling Base	OP (G)		Inflation/FPLI Data (H)	
	2010/01	2010/07		972.65	174.73	Semester DRI Index	1.9210
1. Normalized Rate	1,918.27	128.39	Variable Cost Base	752.49	103.79	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,717.90	228.01	FPLI	1.0251
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	9,566,334.73	767,878.30
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 644,491.54	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,921,843.19	767,878.30
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,489,956.13	816,774.21
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,826	6,206
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,966.42	131.61
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	761.50	105.63
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	761.50	105.63
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	228.01
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	177.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	177.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	761.50	105.63
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	106.84	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	868.34	105.63
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$55,801,886.00	6,211,752.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,562.76	1,000.93
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	12,299.04	1,064.67
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$868.34	\$105.63
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$868.34	\$105.63



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

**120103 - 2011/01**

**1,615.84 / 121.60**

## St. Petersburg General Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 5/1/2009-4/30/2010  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)  
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,296,436.00	19,805,676.00	4,031,966.00	1,565,080	Total Bed Days	79,935
2. Routine	20,014,045.00		2,394,212.00		Total Inpatient Days	40,373
3. Special Care	6,955,255.00		720,591.00		Total Newborn Days	3,062
4. Newborn Routine	1,659,563.00		997,804.00		Medicaid Inpatient Days	4,866
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	213
6. Home Health					Medicare Inpatient Days	16,754
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-982,495.32	-324,720.68	-133,533.00	-25,660.01	Medicaid Paid Claims	13,224
9. Total Cost	58,942,803.68	19,480,955.32	8,011,040.00	1,539,419.99	Property Rate Allowance	0.80
10. Charges	\$516,821,261.00	\$224,109,699.00	\$51,852,273.00	17,569,433.00	First Semester in effect:	2011/01
11. Fixed Costs	6,576,644.00		659,829.55		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,597.88		128.51	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,585.68	210.46	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,011,040.00	1,539,419.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 659,829.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,351,210.45	1,539,419.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,678,996.89	1,608,061.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,079	13,224
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,511.91	121.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,511.91	121.60
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,511.91	121.60
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	103.93	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,615.84	121.60
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,852,273.00	17,569,433.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,209.15	1,328.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,664.37	1,387.84
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,615.84	\$121.60
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,615.84	\$121.60





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120103 - 2011/01**

808.24 / 89.07

## County Billing ONLY

St. Petersburg General Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 5/1/2009-4/30/2010  
 Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)  
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	31,296,436.00	19,805,676.00	4,031,966.00	1,565,080	Total Bed Days	79,935
2. Routine	20,014,045.00		2,394,212.00		Total Inpatient Days	40,373
3. Special Care	6,955,255.00		720,591.00		Total Newborn Days	3,062
4. Newborn Routine	1,659,563.00		997,804.00		Medicaid Inpatient Days	4,866
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	213
6. Home Health					Medicare Inpatient Days	16,754
7. Malpractice					Prospective Inflation factor	1.0445894508
8. Adjustments	-982,495.32	-324,720.68	-133,533.00	-25,660.01	Medicaid Paid Claims	13,224
9. Total Cost	58,942,803.68	19,480,955.32	8,011,040.00	1,539,419.99	Property Rate Allowance	0.80
10. Charges	\$516,821,261.00	\$224,109,699.00	\$51,852,273.00	17,569,433.00	First Semester in effect:	2011/01
11. Fixed Costs	6,576,644.00		659,829.55		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,597.88		128.51	895.55	161.18	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	836.97	100.23	Cost Report DRI Index	1.839
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Scm.)	1.011969	1.017712	County Ceiling	1,585.68	210.46	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,011,040.00	1,539,419.99
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 659,829.55	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,351,210.45	1,539,419.99
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,678,996.89	1,608,061.88
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,079	13,224
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,511.91	121.60
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	846.99	102.01
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	846.99	102.01
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	846.99	102.01
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	103.93	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	950.92	102.01
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$51,852,273.00	17,569,433.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,209.15	1,328.60
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	10,664.37	1,387.84
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$950.92	\$102.01
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$142.68	\$12.94
AV	Final Prospective Rates	\$808.24	\$89.07



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120111 - 2011/01**

967.69 / 123.10

## Palms Of Pasadena Hospital

Type of Control: Proprietary(1)  
 Fiscal Year : 12/1/2008-11/30/2009  
 Hospital Classification: General

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

County: Pinellas (52)  
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	27,195,965.00	16,735,421.00	935,057.00	332,705	Total Bed Days	112,055
2. Routine	15,191,252.00		759,231.00		Total Inpatient Days	29,888
3. Special Care	4,848,438.00		485,349.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,761
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	18,921
7. Malpractice					Prospective Inflation factor	1.0672222222
8. Adjustments	-736,028.70	-260,772.30	-33,963.23	-5,184.23	Medicaid Paid Claims	2,242
9. Total Cost	46,499,626.30	16,474,648.70	2,145,673.77	327,520.77	Property Rate Allowance	0.80
10. Charges	\$188,794,081.00	\$89,021,000.00	\$6,411,470.00	1,899,227.00	First Semester in effect:	2010/07
11. Fixed Costs	6,555,359.00		222,620.79		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,231.70		164.76	895.55	161.18	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	856.31	120.96	Cost Report DRI Index	1.800
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,585.68	210.46	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,145,673.77	327,520.77
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 222,620.79	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,923,052.98	327,520.77
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,052,324.87	349,537.44
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,761	2,242
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,165.43	155.90
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	866.56	123.10
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	866.56	123.10
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	866.56	123.10
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	101.13	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	967.69	123.10
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$6,411,470.00	1,899,227.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	3,640.81	847.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	3,885.55	904.05
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$967.69	\$123.10
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$967.69	\$123.10



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

120138 - 2011/01

1,768.07 / 107.35

Kendall Medical Center

Type of Control: Proprietary(1)

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

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,001,201.00	46,100,381.00	12,596,150.00	4,871,763	Total Bed Days	150,380
2. Routine	40,082,161.00		4,936,789.00		Total Inpatient Days	72,657
3. Special Care	17,723,398.00		3,080,485.00		Total Newborn Days	4,646
4. Newborn Routine	1,693,962.00		1,027,106.00		Medicaid Inpatient Days	10,250
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	235
6. Home Health					Medicare Inpatient Days	19,102
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-2,067,800.54	-741,835.46	-348,233.84	-78,395.16	Medicaid Paid Claims	41,469
9. Total Cost	126,432,921.46	45,358,545.54	21,292,296.16	4,793,367.84	Property Rate Allowance	0.80
10. Charges	\$865,082,179.00	\$384,580,904.00	110,583,894.00	46,184,429.00	First Semester in effect:	2011/01
11. Fixed Costs	24,838,445.00		3,175,111.03		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	1,525.64	102.06	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	2,018.88	267.96	FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	21,292,296.16	4,793,367.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,175,111.03	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	18,117,185.13	4,793,367.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,270,826.49	5,098,593.37
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,485	41,469
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,837.94	122.95
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,837.94	122.95
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,837.94	122.95
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	242.26	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,080.20	122.95
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$110,583,894.00	46,184,429.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,546.87	1,113.71
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,218.46	1,184.63
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,080.20	\$122.95
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$312.13	\$15.60
AV	Final Prospective Rates	\$1,768.07	\$107.35



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120138 - 2011/01**

1,022.24 / 95.14

## County Billing ONLY

**Kendall Medical Center**

Type of Control: Proprietary(1)

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

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	69,001,201.00	46,100,381.00	12,596,150.00	4,871,763	Total Bed Days	150,380
2. Routine	40,082,161.00		4,936,789.00		Total Inpatient Days	72,657
3. Special Care	17,723,398.00		3,080,485.00		Total Newborn Days	4,646
4. Newborn Routine	1,693,962.00		1,027,106.00		Medicaid Inpatient Days	10,250
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	235
6. Home Health					Medicare Inpatient Days	19,102
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-2,067,800.54	-741,835.46	-348,233.84	-78,395.16	Medicaid Paid Claims	41,469
9. Total Cost	126,432,921.46	45,358,545.54	21,292,296.16	4,793,367.84	Property Rate Allowance	0.80
10. Charges	\$865,082,179.00	\$384,580,904.00	110,583,894.00	46,184,429.00	First Semester in effect:	2011/01
11. Fixed Costs	24,838,445.00		3,175,111.03		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information						
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)
1. Normalized Rate	1,525.64	102.06	County Ceiling Base	969.73	198.00	Semester DRI Index 1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	949.08	107.07	Cost Report DRI Index 1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used 2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	2,018.88	267.96	FPLI 1.2047

Rate Calculations		
Rates are based on Medicaid Costs		
	Inpatient	Outpatient
AA Total Medicaid Cost	21,292,296.16	4,793,367.84
AB Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,175,111.03	
AD Total Medicaid Variable Operating Cost = (AA-AB)	18,117,185.13	4,793,367.84
AE Variable Operating Cost Inflated=AD x Inflation Factor (E7)	19,270,826.49	5,098,593.37
AF Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	10,485	41,469
AG Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,837.94	122.95
AH Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	960.44	108.97
AI Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	960.44	108.97
AJ County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM Lesser of Variable Cost (AI) or County Ceiling (AL)	960.44	108.97
AN Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	242.26	
AO Plus Rate For Return on Equity	0.00	
AP Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,202.70	108.97
AQ Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$110,583,894.00	46,184,429.00
AR Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	10,546.87	1,113.71
AS Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,218.46	1,184.63
AT Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,202.70	\$108.97
AU Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$180.46	\$13.83
AV Final Prospective Rates	\$1,022.24	\$95.14



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

120227 - 2011/01

1,581.70 / 176.98

## St Antonys Hospital

Type of Control: Proprietary(1)

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

Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Pinellas (52)

District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	49,503,388.00	39,738,827.00	3,076,283.00	1,896,800	Total Bed Days	89,790
2. Routine	39,565,144.00		2,399,128.00		Total Inpatient Days	60,661
3. Special Care	10,746,360.00		639,745.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,886
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,347
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,341,836.88	-534,219.12	-82,207.59	-25,499.16	Medicaid Paid Claims	11,247
9. Total Cost	98,473,055.12	39,204,607.88	6,032,948.41	1,871,300.84	Property Rate Allowance	0.80
10. Charges	\$372,125,524.00	\$232,473,299.00	\$24,507,522.00	9,873,110.00	First Semester in effect:	2010/07
11. Fixed Costs	15,585,316.00		1,026,421.06		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,448.31	187.04	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,585.68	210.46	FPLI	0.9462

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,032,948.41	1,871,300.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,026,421.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,006,527.35	1,871,300.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,325,326.16	1,990,458.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,886	11,247
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,370.39	176.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,370.39	176.98
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,370.39	176.98
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	211.31	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,581.70	176.98
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,507,522.00	9,873,110.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,306.62	877.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,708.20	933.74
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,581.70	\$176.98
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,581.70	\$176.98



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120227 - 2011/01**

**774.50 / 103.42**

## County Billing ONLY

St Anthonys Hospital

Type of Control: Proprietary(1)  
 Fiscal Year: 1/1/2009-12/31/2009  
 Hospital Classification: Special

Type of Action: Unaudited Cost Report [1]

County: Pinellas (52)  
 District: 5

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	49,503,388.00	39,738,827.00	3,076,283.00	1,896,800	Total Bed Days	89,790
2. Routine	39,565,144.00		2,399,128.00		Total Inpatient Days	60,661
3. Special Care	10,746,360.00		639,745.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	3,886
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	28,347
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,341,836.88	-534,219.12	-82,207.59	-25,499.16	Medicaid Paid Claims	11,247
9. Total Cost	98,473,055.12	39,204,607.88	6,032,948.41	1,871,300.84	Property Rate Allowance	0.80
10. Charges	\$372,125,524.00	\$232,473,299.00	\$24,507,522.00	9,873,110.00	First Semester in effect:	2010/07
11. Fixed Costs	15,585,316.00		1,026,421.06		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)		County Ceiling Base	IP (G)		OP (G)	Inflation/FPLI Data (H)	
		OP (F)						
1. Normalized Rate	1,448.31	187.04	895.55	161.18		Semester DRI Index	1.9210	
2. Base Rate Semester	2010/01	2010/07	691.64	116.39		Cost Report DRI Index	1.806	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43		FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,585.68	210.46		FPLI	0.9462	

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	6,032,948.41	1,871,300.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,026,421.06	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	5,006,527.35	1,871,300.84
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	5,325,326.16	1,990,458.98
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	3,886	11,247
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,370.39	176.98
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	699.92	118.45
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	699.92	118.45
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9462) for Pinellas county	1,585.68	210.46
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	906.27	164.03
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	906.27	164.03
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	699.92	118.45
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	211.31	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	911.23	118.45
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,507,522.00	9,873,110.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,306.62	877.84
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,708.20	933.74
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$911.23	\$118.45
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$136.73	\$15.03
AV	Final Prospective Rates	\$774.50	\$103.42



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120243 - 2011/01**

1,116.43 / 99.35

**W. Boca Med. Ctr.**

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	41,388,703.00	27,146,301.00	5,033,443.00	1,695,599	Total Bed Days	68,632
2. Routine	21,430,364.00		1,770,561.00		Total Inpatient Days	43,151
3. Special Care	13,755,423.00		3,121,554.00		Total Newborn Days	4,296
4. Newborn Routine	1,779,451.00		494,567.00		Medicaid Inpatient Days	5,634
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	231
6. Home Health					Medicare Inpatient Days	11,077
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-1,389,528.57	-481,412.43	-184,790.47	-30,069.75	Medicaid Paid Claims	15,477
9. Total Cost	76,964,412.43	26,664,888.57	10,235,334.53	1,665,529.25	Property Rate Allowance	0.80
10. Charges	\$315,686,640.00	\$143,177,745.00	\$38,730,934.00	6,778,078.00	First Semester in effect:	2011/01
11. Fixed Costs	7,896,074.00		968,752.81		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,639.44	111.67	County Ceiling Base	972.65	174.73	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,161.72	97.62	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	10,235,334.53	1,665,529.25
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 968,752.81	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	9,266,581.72	1,665,529.25
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,856,646.44	1,771,584.55
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,865	15,477
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,680.59	114.47
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,175.62	99.35
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,175.62	99.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	228.01
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	177.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	177.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	984.29	99.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	132.14	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,116.43	99.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$38,730,934.00	6,778,078.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,603.74	437.95
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,024.24	465.84
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,116.43	\$99.35
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,116.43	\$99.35



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

120260 - 2011/01

1,676.19 / 133.31

Palms West Hospital

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,477,041.00	30,829,864.00	7,837,178.00	2,996,264	Total Bed Days	63,875
2. Routine	31,553,326.00		6,054,419.00		Total Inpatient Days	46,888
3. Special Care	5,192,055.00		535,688.00		Total Newborn Days	2,356
4. Newborn Routine	920,201.00		415,968.00		Medicaid Inpatient Days	8,962
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	114
6. Home Health					Medicare Inpatient Days	10,944
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-1,146,850.38	-452,470.62	-217,845.14	-43,974.29	Medicaid Paid Claims	23,714
9. Total Cost	76,995,772.62	30,377,393.38	14,625,407.86	2,952,289.71	Property Rate Allowance	0.80
10. Charges	\$437,475,721.00	\$229,780,700.00	\$68,717,571.00	20,844,584.00	First Semester in effect:	2010/07
11. Fixed Costs	10,523,304.00		1,652,973.77		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,493.02	130.05	Exempt	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	14,625,407.86	2,952,289.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,652,973.77	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,972,434.09	2,952,289.71
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,890,772.52	3,161,286.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,076	23,714
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,530.49	133.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,530.49	133.31
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,530.49	133.31
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	145.70	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,676.19	133.31
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$68,717,571.00	20,844,584.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,571.35	879.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,107.34	941.23
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,676.19	\$133.31
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,676.19	\$133.31





# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120260 - 2011/01**

**842.30 / 72.32**

## County Billing ONLY

**Palms West Hospital**

Type of Control: Proprietary(1)

Fiscal Year : 6/1/2008-5/31/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	40,477,041.00	30,829,864.00	7,837,178.00	2,996,264	Total Bed Days	63,875
2. Routine	31,553,326.00		6,054,419.00		Total Inpatient Days	46,888
3. Special Care	5,192,055.00		535,688.00		Total Newborn Days	2,356
4. Newborn Routine	920,201.00		415,968.00		Medicaid Inpatient Days	8,962
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	114
6. Home Health					Medicare Inpatient Days	10,944
7. Malpractice					Prospective Inflation factor	1.0707915273
8. Adjustments	-1,146,850.38	-452,470.62	-217,845.14	-43,974.29	Medicaid Paid Claims	23,714
9. Total Cost	76,995,772.62	30,377,393.38	14,625,407.86	2,952,289.71	Property Rate Allowance	0.80
10. Charges	\$437,475,721.00	\$229,780,700.00	\$68,717,571.00	20,844,584.00	First Semester in effect:	2010/07
11. Fixed Costs	10,523,304.00		1,652,973.77		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,493.02	130.05	County Ceiling Base	972.65	174.73	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	835.30	81.39	Cost Report DRI Index	1.794
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	14,625,407.86	2,952,289.71
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,652,973.77	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	12,972,434.09	2,952,289.71
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	13,890,772.52	3,161,286.81
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	9,076	23,714
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,530.49	133.31
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	845.30	82.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	845.30	82.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	228.01
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	177.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	177.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	845.30	82.83
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	145.70	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	991.00	82.83
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$68,717,571.00	20,844,584.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	7,571.35	879.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,107.34	941.23
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$991.00	\$82.83
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$148.70	\$10.51
AV	Final Prospective Rates	\$842.30	\$72.32



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

120278 - 2011/01

482.45 / 47.66

HealthSouth Rehabilitation Hospital-Sunrise

Type of Control: Proprietary(1)  
Fiscal Year : 1/1/2009-12/31/2009  
Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Broward (6)  
District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	12,986,568.00	3,268,989.00	207,764.00	201,653	Total Bed Days	45,990
2. Routine	15,944,276.00		277,360.00		Total Inpatient Days	30,295
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	527
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	20,638
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-462,073.80	-52,211.20	-7,748.24	-3,220.73	Medicaid Paid Claims	2,875
9. Total Cost	28,468,770.20	3,216,777.80	477,375.76	198,432.27	Property Rate Allowance	0.80
10. Charges	\$51,227,679.00	\$12,893,418.00	\$933,503.00	460,727.00	First Semester in effect:	2011/01
11. Fixed Costs	2,765,379.00		50,392.48		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	796.50		67.85	935.46	178.36	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	485.31	53.64	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	477,375.76	198,432.27
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 50,392.48	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	426,983.28	198,432.27
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	454,172.14	211,067.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	527	2,875
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	861.81	73.41
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	491.12	54.59
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	491.12	54.59
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	181.52
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	181.52
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	491.12	54.59
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	76.50	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	567.62	54.59
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$933,503.00	460,727.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,771.35	160.25
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,884.14	170.45
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$567.62	\$54.59
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$85.17	\$6.93
AV	Final Prospective Rates	\$482.45	\$47.66



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120294 - 2011/01**

**1,130.21 / 86.30**

## Jupiter Hospital

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

Fiscal Year : 10/1/2008-9/30/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	51,669,535.00	58,834,987.00	1,378,611.00	716,189	Total Bed Days	59,495
2. Routine	33,917,941.00		969,773.00		Total Inpatient Days	47,206
3. Special Care	7,578,838.00		237,258.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,450
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	25,738
7. Malpractice					Prospective Inflation factor	1.0749860101
8. Adjustments	-1,154,911.62	-729,332.38	-32,052.23	-8,878.05	Medicaid Paid Claims	6,229
9. Total Cost	92,011,402.38	58,105,654.62	2,553,589.77	707,310.95	Property Rate Allowance	0.80
10. Charges	\$388,154,854.00	\$348,277,908.00	\$10,146,229.00	4,680,365.00	First Semester in effect:	2010/07
11. Fixed Costs	16,338,112.00		427,072.40		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)		OP (F)		County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07	1991/01	1993/01				Semester DRI Index	Cost Report DRI Index
1. Normalized Rate	1,537.94	119.08			972.65	174.73			1.9210
2. Base Rate Semester	2010/01	2010/07			884.00	84.80			1.787
3. Ultimate Base Rate Semester	1991/01	1993/01			1,675.84	222.43			2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712			1,717.90	228.01			1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,553,589.77	707,310.95
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 427,072.40	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,126,517.37	707,310.95
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,285,976.42	760,349.38
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,450	6,229
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,576.54	122.07
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	894.58	86.30
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	894.58	86.30
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	228.01
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	177.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	177.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	894.58	86.30
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	235.63	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,130.21	86.30
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,146,229.00	4,680,365.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,997.40	751.38
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,522.11	807.72
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,130.21	\$86.30
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,130.21	\$86.30



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120308 - 2011/01**

**1,104.79 / 146.73**

## Columbia Hospital

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,999,197.00	15,901,315.00	1,590,239.00	621,645	Total Bed Days	91,250
2. Routine	27,437,462.00		2,784,430.00		Total Inpatient Days	42,464
3. Special Care	3,572,320.00		238,867.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,296
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,068
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-790,708.65	-224,487.35	-65,131.75	-8,776.09	Medicaid Paid Claims	4,495
9. Total Cost	55,218,270.35	15,676,827.65	4,548,404.25	612,868.91	Property Rate Allowance	0.80
10. Charges	\$297,551,862.00	\$139,085,382.00	\$24,004,939.00	5,073,641.00	First Semester in effect:	2010/07
11. Fixed Costs	6,677,996.00		538,746.04		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	979.87		143.14	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,548,404.25	612,868.91
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 538,746.04	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,009,658.21	612,868.91
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,315,155.98	659,563.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,296	4,495
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,004.46	146.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,004.46	146.73
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,004.46	146.73
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	100.33	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,104.79	146.73
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,004,939.00	5,073,641.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,587.74	1,128.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,013.47	1,214.73
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,104.79	\$146.73
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,104.79	\$146.73



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120308 - 2011/01**

**566.94 / 55.14**

## County Billing ONLY

**Columbia Hospital**

Type of Control: Proprietary(1)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: CHEP

Type of Action: Unaudited Cost Report [1]

County: Palm Beach (50)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	24,999,197.00	15,901,315.00	1,590,239.00	621,645	Total Bed Days	91,250
2. Routine	27,437,462.00		2,784,430.00		Total Inpatient Days	42,464
3. Special Care	3,572,320.00		238,867.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,296
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,068
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-790,708.65	-224,487.35	-65,131.75	-8,776.09	Medicaid Paid Claims	4,495
9. Total Cost	55,218,270.35	15,676,827.65	4,548,404.25	612,868.91	Property Rate Allowance	0.80
10. Charges	\$297,551,862.00	\$139,085,382.00	\$24,004,939.00	5,073,641.00	First Semester in effect:	2010/07
11. Fixed Costs	6,677,996.00		538,746.04		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	979.87	143.14	County Ceiling Base	972.65	174.73	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	560.00	62.05	Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,717.90	228.01	FPLI	1.0251

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,548,404.25	612,868.91
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 538,746.04	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,009,658.21	612,868.91
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,315,155.98	659,563.68
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,296	4,495
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,004.46	146.73
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	566.70	63.15
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	566.70	63.15
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0251) for Palm Beach county	1,717.90	228.01
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	984.29	177.82
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	984.29	177.82
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	566.70	63.15
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	100.33	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	667.03	63.15
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$24,004,939.00	5,073,641.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,587.74	1,128.73
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,013.47	1,214.73
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$667.03	\$63.15
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$100.09	\$8.01
AV	Final Prospective Rates	\$566.94	\$55.14



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120324 - 2011/01**

**2,499.66 / 326.72**

## H L Moffitt Cancer Center

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

County: Hillsborough (29)

Fiscal Year : 7/1/2008-6/30/2009

Type of Action: Unaudited Cost Report [1]

District: 6

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,199,037.00	247,367,338.00	7,701,013.00	14,050,932	Total Bed Days	65,335
2. Routine	45,046,178.00		3,494,966.00		Total Inpatient Days	51,691
3. Special Care	12,331,155.00		752,341.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,003
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,883
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-1,712,672.60	-3,124,875.40	-150,937.51	-177,498.82	Medicaid Paid Claims	39,900
9. Total Cost	133,863,697.40	244,242,462.60	11,797,382.49	13,873,433.18	Property Rate Allowance	0.80
10. Charges	\$385,836,364.00	\$834,912,798.00	\$32,040,694.00	48,866,466.00	First Semester in effect:	2010/07
11. Fixed Costs	40,270,903.00		3,344,183.70		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt	Exempt	Semester DRI Index	
1. Normalized Rate	2,430.86	400.26	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,566.74	207.95	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,797,382.49	13,873,433.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,344,183.70	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,453,198.79	13,873,433.18
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,097,252.03	14,930,456.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,003	39,900
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,272.61	374.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	2,272.61	374.20
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	2,272.61	374.20
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	668.34	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,940.95	374.20
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$32,040,694.00	48,866,466.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,004.17	1,224.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,614.01	1,318.03
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,940.95	\$374.20
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$441.29	\$47.48
AV	Final Prospective Rates	\$2,499.66	\$326.72



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120324 - 2011/01**

**2,116.00 / 143.53**

## County Billing ONLY

**H L Moffitt Cancer Center**

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

Fiscal Year : 7/1/2008-6/30/2009

Type of Action: Unaudited Cost Report [1]

County: Hillsborough (29)

District: 6

Hospital Classification: Specialized/Statutory Teaching

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	78,199,037.00	247,367,338.00	7,701,013.00	14,050,932	Total Bed Days	65,335
2. Routine	45,046,178.00		3,494,966.00		Total Inpatient Days	51,691
3. Special Care	12,331,155.00		752,341.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,003
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	16,883
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-1,712,672.60	-3,124,875.40	-150,937.51	-177,498.82	Medicaid Paid Claims	39,900
9. Total Cost	133,863,697.40	244,242,462.60	11,797,382.49	13,873,433.18	Property Rate Allowance	0.80
10. Charges	\$385,836,364.00	\$834,912,798.00	\$32,040,694.00	48,866,466.00	First Semester in effect:	2010/07
11. Fixed Costs	40,270,903.00		3,344,183.70		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
				Exempt			Semester DRI Index
1. Normalized Rate	2,430.86	400.26	Variable Cost Base	1,799.67	260.22	Cost Report DRI Index	1.785
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,566.74	207.95	FPLI	0.9349
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,797,382.49	13,873,433.18
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 3,344,183.70	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	8,453,198.79	13,873,433.18
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	9,097,252.03	14,930,456.66
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,003	39,900
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	2,272.61	374.20
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,821.21	264.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,821.21	264.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9349) for Hillsborough county	Exempt	207.95
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	164.39
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	164.39
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,821.21	164.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	668.34	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	2,489.55	164.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$32,040,694.00	48,866,466.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	8,004.17	1,224.72
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	8,614.01	1,318.03
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$2,489.55	\$164.39
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$373.55	\$20.86
AV	Final Prospective Rates	\$2,116.00	\$143.53



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

120332 - 2011/01

476.23 / 64.23

HealthSouth Rehabilitation Hospital-Tallahassee

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Leon (37)

District: 2

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	6,206,378.00	1,261,289.00	117,814.00	66,987	Total Bed Days	27,740
2. Routine	8,619,420.00		172,507.00		Total Inpatient Days	16,638
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	333
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,116
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-245,774.04	-20,908.96	-4,812.78	-1,110.47	Medicaid Paid Claims	276
9. Total Cost	14,580,023.96	1,240,380.04	285,508.22	65,876.53	Property Rate Allowance	0.80
10. Charges	\$23,060,245.00	\$4,687,624.00	\$466,456.00	192,516.00	First Semester in effect:	2011/01
11. Fixed Costs	1,894,543.00		38,322.27		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		910.72	159.98	Semester DRI Index	1.9210
1. Normalized Rate	822.21	264.38	Variable Cost Base	462.69	72.28	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,609.31	213.60	FPLI	0.9603
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	285,508.22	65,876.53
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 38,322.27	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	247,185.95	65,876.53
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	262,925.92	70,071.33
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	333	276
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	789.57	253.88
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	468.23	73.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	468.23	73.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9603) for Leon county	1,609.31	213.60
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	921.62	162.81
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	921.62	162.81
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	468.23	73.56
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	92.07	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	560.30	73.56
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$466,456.00	192,516.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,400.77	697.52
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,489.97	741.94
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$560.30	\$73.56
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$84.07	\$9.33
AV	Final Prospective Rates	\$476.23	\$64.23





Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

120341 - 2011/01

465.89 / 53.16

HealthSouth Rehabilitation Hospital-Treasure Coast

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Indian River (31)

District: 9

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	8,064,837.00	621,040.00	164,904.00	175,293	Total Bed Days	32,850
2. Routine	9,572,425.00		221,484.00		Total Inpatient Days	18,714
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	433
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	15,267
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-297,919.71	-10,490.29	-6,526.67	-2,960.96	Medicaid Paid Claims	2,572
9. Total Cost	17,339,342.29	610,549.71	379,861.33	172,332.04	Property Rate Allowance	0.80
10. Charges	\$29,465,428.00	\$2,267,714.00	\$629,901.00	306,360.00	First Semester in effect:	2011/01
11. Fixed Costs	2,099,922.00		44,891.35		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	867.26	75.12	891.83	151.56	1.9210		
2. Base Rate Semester	2010/01	2010/07	459.70	59.83	1.806		
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	2008		
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,590.04	211.04	0.9488		

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	379,861.33	172,332.04
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 44,891.35	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	334,969.98	172,332.04
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	356,299.74	183,305.56
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	433	2,572
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	822.86	71.27
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	465.20	60.89
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	465.20	60.89
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9488) for Indian River county	1,590.04	211.04
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	902.50	154.24
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	902.50	154.24
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	465.20	60.89
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	82.94	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	548.14	60.89
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$629,901.00	306,360.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,454.74	119.11
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,547.37	126.69
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$548.14	\$60.89
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$82.25	\$7.73
AV	Final Prospective Rates	\$465.89	\$53.16



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120375 - 2011/01**

**674.82 / 39.14**

## Aventura Hospital & Medical Center

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Dade (13)

District: 11

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	83,803,754.00	34,313,551.00	4,604,721.00	941,073	Total Bed Days	148,555
2. Routine	56,574,667.00		1,770,684.00		Total Inpatient Days	97,243
3. Special Care	20,650,558.00		2,007,903.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,787
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	45,031
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-2,427,517.10	-517,277.90	-126,378.64	-14,186.71	Medicaid Paid Claims	9,109
9. Total Cost	158,601,461.90	33,796,273.10	8,256,929.36	926,886.29	Property Rate Allowance	0.80
10. Charges	\$959,794,847.00	\$281,580,997.00	\$53,746,497.00	7,572,395.00	First Semester in effect:	2011/01
11. Fixed Costs	18,236,176.00		1,021,187.58		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		Variable Cost Base	615.92	44.05	Semester DRI Index
1. Normalized Rate	1,334.60	89.84	State Ceiling	1,675.84	222.43	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	County Ceiling	2,018.88	267.96	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01				FPLI	1.2047
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	8,256,929.36	926,886.29
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 1,021,187.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	7,235,741.78	926,886.29
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	7,696,489.46	985,907.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,787	9,109
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,607.79	108.23
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	623.29	44.83
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	623.29	44.83
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.2047) for Dade county	2,018.88	267.96
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	981.34	201.51
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	981.34	201.51
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	623.29	44.83
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	170.66	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	793.95	44.83
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$53,746,497.00	7,572,395.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	11,227.59	831.31
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	11,942.53	884.25
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$793.95	\$44.83
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$119.13	\$5.69
AV	Final Prospective Rates	\$674.82	\$39.14



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

120383 - 2011/01

413.62 / 101.11

HealthSouth Rehabilitation Hospital Sarasota

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Sarasota (58)

District: 8

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	9,326,064.00	446,611.00	105,684.00	10,493	Total Bed Days	28,050
2. Routine	12,801,534.00		149,771.00		Total Inpatient Days	25,607
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	302
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	19,918
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-405,457.47	-8,183.53	-4,680.86	-192.27	Medicaid Paid Claims	82
9. Total Cost	21,722,140.53	438,427.47	250,774.14	10,300.73	Property Rate Allowance	0.80
10. Charges	\$38,339,381.00	\$1,833,982.00	\$454,271.00	21,980.00	First Semester in effect:	2011/01
11. Fixed Costs	1,911,606.00		22,650.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		909.24	164.78	Semester DRI Index	1.9210
1. Normalized Rate	816.88	135.85	Variable Cost Base	421.59	113.78	Cost Report DRI Index	1.806
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,648.36	218.78	FPLI	0.9836
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	250,774.14	10,300.73
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 22,650.00	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	228,124.14	10,300.73
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	242,650.31	10,956.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	302	82
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	803.48	133.62
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	426.64	115.80
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	426.64	115.80
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9836) for Sarasota county	1,648.36	218.78
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	920.12	167.70
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	920.12	167.70
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	426.64	115.80
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	60.00	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	486.64	115.80
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$454,271.00	21,980.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,504.21	268.05
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,599.99	285.12
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$486.64	\$115.80
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$73.02	\$14.69
AV	Final Prospective Rates	\$413.62	\$101.11



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120405 - 2011/01**

1,522.93 / 123.95

## Coral Springs Medical Center

Type of Control: Government (4)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,938,880.00	44,102,785.00	5,913,299.00	2,934,956	Total Bed Days	73,000
2. Routine	23,629,322.00		2,810,864.00		Total Inpatient Days	46,906
3. Special Care	16,817,727.00		2,524,646.00		Total Newborn Days	4,891
4. Newborn Routine	287,474.00		12,344.00		Medicaid Inpatient Days	6,501
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	36
6. Home Health					Medicare Inpatient Days	10,260
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-1,001,335.04	-521,552.96	-133,172.72	-34,708.35	Medicaid Paid Claims	21,986
9. Total Cost	83,672,067.96	43,581,232.04	11,127,980.28	2,900,247.65	Property Rate Allowance	0.80
10. Charges	\$326,910,715.00	\$253,561,091.00	\$38,689,159.00	14,243,933.00	First Semester in effect:	2010/07
11. Fixed Costs	8,046,211.00		952,251.25		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
							Semester DRI Index
1. Normalized Rate	1,548.28	131.20	Exempt	Exempt	Exempt	Cost Report DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	Exempt	Exempt	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI	1.0820
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67		

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,127,980.28	2,900,247.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 952,251.25	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,175,729.03	2,900,247.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,951,022.67	3,121,218.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,537	21,986
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,675.24	141.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,675.24	141.96
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,675.24	141.96
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	116.54	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,791.78	141.96
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$38,689,159.00	14,243,933.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,918.49	647.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,369.42	697.22
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,791.78	\$141.96
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$268.85	\$18.01
AV	Final Prospective Rates	\$1,522.93	\$123.95



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120405 - 2011/01**

903.67 / 86.19

## County Billing ONLY

**Coral Springs Medical Center**

Type of Control: Government (4)

Fiscal Year : 7/1/2008-6/30/2009

Hospital Classification: Special-Public

Type of Action: Unaudited Cost Report [1]

County: Broward (6)

District: 10

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	43,938,880.00	44,102,785.00	5,913,299.00	2,934,956	Total Bed Days	73,000
2. Routine	23,629,322.00		2,810,864.00		Total Inpatient Days	46,906
3. Special Care	16,817,727.00		2,524,646.00		Total Newborn Days	4,891
4. Newborn Routine	287,474.00		12,344.00		Medicaid Inpatient Days	6,501
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	36
6. Home Health					Medicare Inpatient Days	10,260
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	-1,001,335.04	-521,552.96	-133,172.72	-34,708.35	Medicaid Paid Claims	21,986
9. Total Cost	83,672,067.96	43,581,232.04	11,127,980.28	2,900,247.65	Property Rate Allowance	0.80
10. Charges	\$326,910,715.00	\$253,561,091.00	\$38,689,159.00	14,243,933.00	First Semester in effect:	2010/07
11. Fixed Costs	8,046,211.00		952,251.25		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)		
	1. Normalized Rate	1,548.28		131.20	935.46	184.78	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,052.42	96.99	Cost Report DRI Index	1.785	
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008	
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,813.26	240.67	FPLI	1.0820	

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,127,980.28	2,900,247.65
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 952,251.25	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	10,175,729.03	2,900,247.65
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	10,951,022.67	3,121,218.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	6,537	21,986
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,675.24	141.96
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	1,065.02	98.71
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,065.02	98.71
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	1,813.26	240.67
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	946.66	188.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	946.66	188.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	946.66	98.71
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	116.54	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,063.20	98.71
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$38,689,159.00	14,243,933.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,918.49	647.86
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,369.42	697.22
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,063.20	\$98.71
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$159.53	\$12.52
AV	Final Prospective Rates	\$903.67	\$86.19



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120413 - 2011/01**

**1,013.56 / 60.56**

## Bartow Memorial Hospital

Type of Control: Proprietary(1)

Fiscal Year : 4/1/2008-3/31/2009

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

: Rate Includes Buy Back

County: Polk (53)

District: 6

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,866,357.00	14,535,733.00	1,215,064.00	1,154,271	Total Bed Days	24,090
2. Routine	9,208,421.00		928,329.00		Total Inpatient Days	16,784
3. Special Care	2,309,458.00		134,158.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,574
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	6,583
7. Malpractice					Prospective Inflation factor	1.0595697739
8. Adjustments	-267,339.67	-173,603.33	-27,201.27	-13,785.70	Medicaid Paid Claims	17,635
9. Total Cost	22,116,896.33	14,362,129.67	2,250,349.73	1,140,485.30	Property Rate Allowance	0.80
10. Charges	\$110,551,018.00	\$97,317,759.00	\$10,345,946.00	8,151,405.00	First Semester in effect:	2010/07
11. Fixed Costs	3,875,139.00		362,655.90		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information.

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	1,347.84		72.68	845.05	160.00	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	819.43	59.51	Cost Report DRI Index	1.813
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,579.98	209.71	FPLI	0.9428

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,250,349.73	1,140,485.30
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 362,655.90	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,887,693.83	1,140,485.30
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,000,143.33	1,208,423.75
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,574	17,635
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,270.74	68.52
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	829.24	60.56
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	829.24	60.56
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9428) for Polk county	1,579.98	209.71
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	855.16	162.83
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	855.16	162.83
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	829.24	60.56
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	184.32	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	1,013.56	60.56
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$10,345,946.00	8,151,405.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,573.03	462.23
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,964.58	489.76
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$1,013.56	\$60.56
AU	Medicaid Trend Adjustment IP% : 0.000 OP% : 0.000	\$0.00	\$0.00
AV	Final Prospective Rates	\$1,013.56	\$60.56



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**120421 - 2011/01**

458.46 / 92.80

## HealthSouth Rehabilitation Hospital-Sea Pines

Type of Control: Proprietary(1)

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

Hospital Classification: General

Type of Action: Unaudited Cost Report [1]

County: Brevard (5)

District: 7

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	7,066,639.00	463,078.00	100,028.00	31,592	Total Bed Days	32,850
2. Routine	8,153,074.00		115,819.00		Total Inpatient Days	17,317
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	246
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,104
7. Malpractice					Prospective Inflation factor	1.0636766334
8. Adjustments	-267,396.15	-8,135.85	-3,792.23	-555.04	Medicaid Paid Claims	212
9. Total Cost	14,952,316.85	454,942.15	212,054.77	31,036.96	Property Rate Allowance	0.80
10. Charges	\$30,455,552.00	\$1,994,639.00	\$465,426.00	53,506.00	First Semester in effect:	2011/01
11. Fixed Costs	1,343,209.00		20,527.11		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	888.56		167.08	921.20	164.14	Semester DRI Index
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	467.06	104.43	Cost Report DRI Index	1.806
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,561.88	207.30	FPLI	0.9320

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	212,054.77	31,036.96
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 20,527.11	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	191,527.66	31,036.96
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	203,723.50	33,013.29
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	246	212
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	828.14	155.72
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	472.65	106.28
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	472.65	106.28
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9320) for Brevard county	1,561.88	207.30
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	932.23	167.05
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	932.23	167.05
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	472.65	106.28
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	66.75	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	539.40	106.28
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$465,426.00	53,506.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,891.98	252.39
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,012.45	268.46
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$539.40	\$106.28
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$80.94	\$13.48
AV	Final Prospective Rates	\$458.46	\$92.80



# Florida Agency For Health Care Administration

**260011 - 2011/01**

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

## Florida State Hospital

Type of Control: Government (4)

County: Gadsden (20)

Fiscal Year : 7/1/2008-6/30/2009

Type of Action: Unaudited Cost Report [1]

District: 2

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00		0.00		Total Bed Days	12,410
2. Routine	10,245,356.00		3,447,580.00		Total Inpatient Days	12,410
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,176
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	562
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00		0.00		Medicaid Paid Claims	0
9. Total Cost	10,245,356.00		3,447,580.00		Property Rate Allowance	1.00
10. Charges	\$10,245,356.00		\$3,447,580.00		First Semester in effect:	2010/07
11. Fixed Costs	103,195.00		34,725.30		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	972.38			Variable Cost Base	Exempt	
2. Base Rate Semester	2010/01		State Ceiling	1,675.84		Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01		County Ceiling	1,515.80		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969					FPLI	0.9045

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	3,447,580.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 34,725.30	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	3,412,854.70	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	3,672,881.73	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,176	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	879.52	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	879.52	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9045) for Gadsden county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	879.52	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	8.32	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	887.84	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$3,447,580.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	825.57	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	888.47	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$887.84	\$0.00
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 0.000	\$133.22	\$0.00
AV	Final Prospective Rates	\$754.62	





# Florida Agency For Health Care Administration

**260029 - 2011/01**

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

## Northeast Florida State Hospital

Type of Control: Government (4)

County: Baker (2)

Fiscal Year : 7/1/2008-6/30/2009

Type of Action: Unaudited Cost Report [1]

District: 4

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	2,066,428.00		41,279.00		Total Bed Days	27,740
2. Routine	9,200,201.00		2,300,551.00		Total Inpatient Days	22,571
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	5,644
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	81
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00		0.00		Medicaid Paid Claims	0
9. Total Cost	11,266,629.00		2,341,830.00		Property Rate Allowance	1.00
10. Charges	\$11,266,629.00		\$2,341,830.00		First Semester in effect:	2010/07
11. Fixed Costs	398,333.00		82,795.68		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)		IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	451.66		County Ceiling Base	Exempt		Semester DRI Index	1.9210
2. Base Rate Semester	2010/01		Variable Cost Base	Exempt		Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01		State Ceiling	1,675.84		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969		County Ceiling	1,598.25		FPLI	0.9537

Rate Calculations			
Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,341,830.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 82,795.68	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,259,034.32	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	2,431,151.22	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,644	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	430.75	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	430.75	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9537) for Baker county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	430.75	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	14.67	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	445.42	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$2,341,830.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	414.92	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	446.53	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$445.42	\$0.00
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 0.000	\$66.83	\$0.00
AV	Final Prospective Rates	\$378.59	



# Florida Agency For Health Care Administration

**260045 - 2011/01**

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

**So. Fla. State Hosp**

Type of Control: Government (4)

County: Broward (6)

Fiscal Year : 7/1/2008-6/30/2009

Type of Action: Unaudited Cost Report [1]

District: 10

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	475,208.00		22,521.00		Total Bed Days	20,075
2. Routine	4,215,029.00		4,214,989.00		Total Inpatient Days	8,415
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	8,415
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice					Prospective Inflation factor	1.0761904762
8. Adjustments	0.00		0.00		Medicaid Paid Claims	0
9. Total Cost	4,690,237.00		4,237,510.00		Property Rate Allowance	1.00
10. Charges	\$4,690,237.00		\$4,237,510.00		First Semester in effect:	2010/07
11. Fixed Costs	206,100.00		186,206.12		Last Rate Semester in Effect:	2011/01

### Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	478.85			Variable Cost Base	Exempt	
2. Base Rate Semester	2010/01		State Ceiling	1,675.84		Cost Report DRI Index	1.785
3. Ultimate Base Rate Semester	1991/01		County Ceiling	1,813.26		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969					FPLI	1.0820

### Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	4,237,510.00	
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 186,206.12	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	4,051,303.88	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	4,359,974.66	
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,415	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	518.12	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	518.12	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0820) for Broward county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	518.12	
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	22.13	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	540.25	
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,237,510.00	
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	503.57	
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	541.94	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$540.25	\$0.00
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 0.000	\$81.06	\$0.00
AV	Final Prospective Rates	\$459.19	



# Florida Agency For Health Care Administration

**260053 - 2011/01**

Office of Medicaid Cost Reimbursement Planning and Analysis  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 1, 2011 through June 30, 2011

## W. Fla. Comm. Care

Type of Control: Government (4)

County: Santa Rosa (57)

Fiscal Year : 7/1/2004-6/30/2005

Type of Action: Field Audit [3]

District: 1

Hospital Classification: Specialized: Psychiatric

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00		0.00		Total Bed Days	32,850
2. Routine	6,533,258.00		0.00		Total Inpatient Days	27,378
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	2,284
7. Malpractice					Prospective Inflation factor	1.2663150956
8. Adjustments	0.00		0.00		Medicaid Paid Claims	0
9. Total Cost	6,533,258.00		0.00		Property Rate Allowance	1.00
10. Charges	\$16,394,030.00		\$0.00		First Semester in effect:	2006/07
11. Fixed Costs	178,660.00		0.00		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information							
	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	1. Normalized Rate	309.00			Variable Cost Base	Exempt	
2. Base Rate Semester	2010/01		State Ceiling	1,675.84		Cost Report DRI Index	1.517
3. Ultimate Base Rate Semester	1991/01		County Ceiling	1,594.06		FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969					FPLI	0.9512

### Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200		Inpatient	Outpatient
AA	Inpatient based on Total Cost(A9) :Outpatient based on Medicaid Cost(D9)	6,533,258.00	
AB	Total Fixed Costs	(-) 178,660.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,354,598.00	
AE	Variable Operating Cost Inflated=AD x Inflation Factor (E7)	8,046,923.37	
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	27,378	
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	293.92	
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	293.92	
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (0.9512) for Santa Rosa county	Exempt	
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	293.92	
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	6.53	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	300.45	
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	\$16,394,030.00	
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	598.80	
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	758.27	
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$300.45	\$0.00
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 0.000	\$45.08	\$0.00
AV	Final Prospective Rates	\$255.37	



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1, 2011 through June 30, 2011

102814-00 - 2011/01

836.34 / 84.13

University of South Alabama Medical Center

Type of Control: Proprietary(1)

Fiscal Year: 4/1/1999-3/31/2000

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	13,661,945.00	0.00	10,261	Total Bed Days	406
2. Routine	72,258,816.00		11,584,768.00		Total Inpatient Days	50,735
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	8,134
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	1,021,573.51	193,148.49	163,781.98	145.07	Prospective Inflation factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	108
9. Total Cost	73,280,389.51	13,855,093.49	11,748,549.98	10,406.07	Property Rate Allowance	0.80
10. Charges	\$129,936,000.00	\$24,475,000.00	\$23,591,779.00	18,382.00	First Semester in effect:	2002/01
11. Fixed Costs	3,700,000.00		671,789.05		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		907.05	171.44	Semester DRI Index	1.9210
1. Normalized Rate	1,361.79	96.35	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.207
2. Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1.011969	1.017712	County Ceiling	1,675.84	222.43	FPLI	1.0000
4. Rate of Increase (Year/Sem.)							

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	11,748,549.98	10,406.07
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 671,789.05	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	11,076,760.93	10,406.07
AE	Variable Operating Cost - NOT Inflated due to Interim status	11,076,760.93	10,406.07
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	8,134	108
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,361.79	96.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,361.79	96.35
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	917.91	96.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	66.07	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	983.98	96.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$23,591,779.00	18,382.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	2,900.39	170.20
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	2,900.39	170.20
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$983.98	\$96.35
AU	Medicaid Trend Adjustment IP%: 15.005 OP%: 12.687	\$147.65	\$12.22
AV	Final Prospective Rates	\$836.34	\$84.13



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102814-02 - 2011/01

791.58 / 17.05

U.S.A Knollwood Park

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

Fiscal Year : 4/1/1999-3/31/2000

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	11,273,651.00	0.00	253	Total Bed Days	24
2. Routine	16,108,910.00		2,762,788.00		Total Inpatient Days	14,600
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	2,504
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	57,003.62	39,893.38	9,776.51	0.90	Prospective Inflation factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	13
9. Total Cost	16,165,913.62	11,313,544.38	2,772,564.51	253.90	Property Rate Allowance	0.80
10. Charges	\$34,583,000.00	\$23,744,000.00	\$4,535,408.00	533.00	First Semester in effect:	1999/01
11. Fixed Costs	320,000.00		41,966.59		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
	2010/01	2010/07		907.05	171.44	Semester DRI Index	1.9210
1. Normalized Rate	1,090.49	19.53	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	1.207
2. Base Rate Semester	2010/01	2010/07	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
3. Ultimate Base Rate Semester	1991/01	1993/01	County Ceiling	1,675.84	222.43	FPLI	1.0000
4. Rate of Increase (Year/Sem.)	1.011969	1.017712					

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	2,772,564.51	253.90
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 41,966.59	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,730,597.92	253.90
AE	Variable Operating Cost - NOT Inflated due to Interim status	2,730,597.92	253.90
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	2,504	13
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,090.49	19.53
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,090.49	19.53
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	917.91	19.53
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	13.41	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	931.32	19.53
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$4,535,408.00	533.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,811.27	41.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,811.27	41.00
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$931.32	\$19.53
AU	Medicaid Trend Adjustment: IP% : 15.005 OP% : 12.687	\$139.74	\$2.48
AV	Final Prospective Rates	\$791.58	\$17.05



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Analysis

Computation of Hospital Prospective Payment Rates

For Rate Semester January 1,2011 through June 30, 2011

102814-01 - 2011/01

783.76 / 57.25

U.S.A Children's & Women's Hospital

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

Fiscal Year : 4/1/1999-3/31/2000

Hospital Classification: General

Type of Action: Interim Budget [4]

County: Out-Of-State (69)

District:

Type of Cost/Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	9,351,611.00	0.00	326	Total Bed Days	159
2. Routine	68,880,483.00		48,717,630.00		Total Inpatient Days	55,141
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	20,807
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	9,594
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	388,692.82	52,771.18	214,298.81	1.84	Prospective Inflation factor	1.0000000000
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	5
9. Total Cost	69,269,175.82	9,404,382.18	48,931,928.81	327.84	Property Rate Allowance	0.80
10. Charges	\$81,340,000.00	\$12,434,000.00	\$52,099,374.00	434.00	First Semester in effect:	1999/01
11. Fixed Costs	250,000.00		160,128.39		Last Rate Semester in Effect:	2011/01

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation/FPLI Data (H)	
1. Normalized Rate	1,604.28	65.57	907.05	171.44	1.9210	1.9210	
2. Base Rate Semester	2010/01	2010/07	Exempt	Exempt	1.207	1.207	
3. Ultimate Base Rate Semester	1991/01	1993/01	1,675.84	222.43	2008	2008	
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	1,675.84	222.43	1.0000	1.0000	

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Total Medicaid Cost	48,931,928.81	327.84
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	(-) 160,128.39	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	48,771,800.42	327.84
AE	Variable Operating Cost - NOT Inflated due to Interim status	48,771,800.42	327.84
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	30,401	5
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,604.28	65.57
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,604.28	65.57
AJ	County Rate Ceiling = State Ceiling (70% for Inpatient & 80% for Outpatient) times the 08 Florida Price Level Index (1.0000) for Out-Of-State county	1,675.84	222.43
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	917.91	174.48
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	917.91	174.48
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	917.91	65.57
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	4.21	
AO	Plus Rate For Return on Equity	0.00	
AP	Total Rate Based On Medicaid Cost Data (AP=AM+AN+AO)	922.12	65.57
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	\$52,099,374.00	434.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	1,713.74	86.80
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	1,713.74	86.80
AT	Prospective Rate ( Lesser of rate based on Cost (AP) or Charges (AS))	\$922.12	\$65.57
AU	Medicaid Trend Adjustment IP% : 15.005 OP% : 12.687	\$138.36	\$8.32
AV	Final Prospective Rates	\$783.76	\$57.25