

# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

## Medicaid Reimbursement Rate Change Form

Florida State Hospital	Provider Number: 0260011-00
Building 260	Date: 7/1/2018
Chattahoochee, FL 32324-	Fiscal Year End: 6/30/2016
	Audit Status: Unaudited Cost Report

## Provider Type:

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient	300.66	306.51	7/1/2018
Outpatient	0.00	0.00	7/1/2018
Inpatient County Billing Rate			7/1/2018
Rate Type:			
<u>Interim</u>	X <u>Pro</u>	<u>spective</u>	
Total Interim		X Total Prospectiv	ve
Settlement Based on C	ost		

### **BASIS:**

	Budget
Х	Unaudited Costs
	Field Audited Costs
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Jesse Bottcher

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on : 7/3/2018 10:07 AM



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

### Medicaid Reimbursement Rate Change Form

Northeast Florida State HospitalProvider Number:<br/>0260029-00HWY 121 SOUTHDate:Macclenny, FL 32063-Fiscal Year End:<br/>6/30/2017Audit Status:Unaudited Cost Report

## Provider Type:

	HOSPI	TAL	Current Rat	e	New Rate	Effective Date
	Ir	npatient	355.59		364.30	7/1/2018
	O	utpatient	0.00		0.00	7/1/2018
Inpatier	nt County	/ Billing Rate				7/1/2018
Rate Type:						
<u> </u>	<u>Interim</u>		Х	Prospective		
		Total Interim		X	Total Prospective	
-		Settlement Based on Cos	st		-	

## **BASIS:**

	Budget
Х	Unaudited Costs
	Field Audited Costs
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Jesse Bottcher

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on : 7/3/2018 10:07 AM



# Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

### Medicaid Reimbursement Rate Change Form

South Florida State Hospital	Provider Number: 0260045-00
800 East Cypress Dr	Date: 7/1/2018
Pembroke Pines, FL 33025-	Fiscal Year End: 6/30/2017
	Audit Status: Unaudited Cost Report

# Provider Type:

HOSPITAL	Current Rate	New Rate	Effective Date
Inpatient	272.15	278.62	7/1/2018
Outpatient	0.00	0.00	7/1/2018
Inpatient County Billing Rate			7/1/2018
Rate Type:			
Interim	X <u>Pros</u> p	<u>ective</u>	
Total Interim		X Total Prospectiv	/e
Settlement Base	d on Cost		

## **BASIS:**

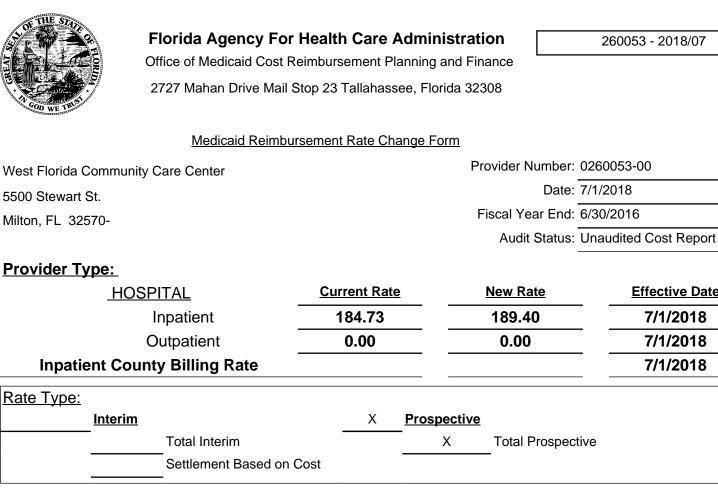
	Budget
Х	Unaudited Costs
	Field Audited Costs
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Jesse Bottcher

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on : 7/3/2018 10:07 AM



#### **BASIS:**

	Budget
Х	Unaudited Costs
	Field Audited Costs
	Revised Field Audit
	Cost Report Late Test

W. Rydell Samuel or Jesse Bottcher

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on : 7/3/2018 10:07 AM

260053 - 2018/07

Effective Date

7/1/2018

7/1/2018

7/1/2018

Med
West Florida Community Care Cente
5500 Stewart St.
Milton, FL 32570-