

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:
0260029-00HWY 121 SOUTHDate:Macclenny, FL 32063-Fiscal Year End:
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:

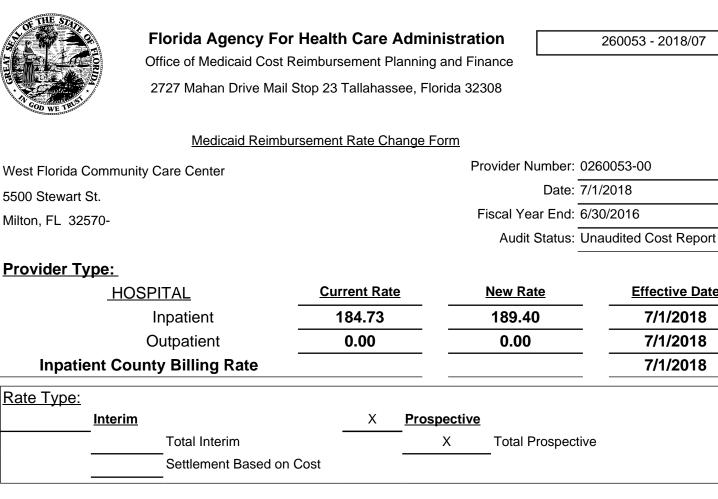
	Budget
Х	Unaudited Costs
	Field Audited Costs
	Revised Field Audit
	Cost Report Late Test

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-