Medicaid Reimbursement Rate Change Form

Provider Number: 0260011-00
Date: 7/1/2019
Fiscal Year End: 6/30/2018
Audit Status: Unaudited Cost Report

Florida State Hospital
Building 260
Chattahoochee, FL 32324-

Provider Type: HOSPITAL

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>306.51</td>
<td>431.24</td>
<td>7/1/2019</td>
</tr>
<tr>
<td>Outpatient</td>
<td>0.00</td>
<td>0.00</td>
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</tr>
</tbody>
</table>

Inpatient County Billing Rate

Rate Type: Interim X Prospective

<table>
<thead>
<tr>
<th>Rate Type</th>
<th>Total Interim</th>
<th>Total Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Settlement Based on Cost</td>
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<td></td>
</tr>
</tbody>
</table>

BASIS:

- Budget
- Unaudited Costs X
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Medicaid Reimbursement Rate Change Form

Northeast Florida State Hospital
HWY 121 SOUTH
Macclenny, FL 32063-

Provider Number: 0260029-00
Date: 7/1/2019
Fiscal Year End: 6/30/2018
Audit Status: Unaudited Cost Report

<table>
<thead>
<tr>
<th>Provider Type:</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
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</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>364.30</td>
<td>272.22</td>
<td>7/1/2019</td>
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<tr>
<td>Outpatient</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2019</td>
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Inpatient County Billing Rate

<table>
<thead>
<tr>
<th>Rate Type:</th>
<th>Total Interim</th>
<th>Total Prospective</th>
<th>Settlement Based on Cost</th>
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</thead>
<tbody>
<tr>
<td>Interim</td>
<td>X</td>
<td>X</td>
<td></td>
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</tbody>
</table>

BASIS:

- Budget
- X Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: T1JM0
Printed on: 7/2/2019 12:40 PM
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
800 East Cypress Dr
Pembroke Pines, FL 33025-

Provider Number: 0260045-00
Date: 7/1/2019
Fiscal Year End: 6/30/2018
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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<thead>
<tr>
<th></th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
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</thead>
<tbody>
<tr>
<td>Inpatient</td>
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<tr>
<td>Outpatient</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2019</td>
</tr>
</tbody>
</table>

Inpatient County Billing Rate

| Rate Type: |          |          |          |          |          |
|------------|----------|----------|----------|----------|
|            | Interim  | X        | Prospective | Total Interim | X    | Total Prospective | Settlement Based on Cost |

BASIS:

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

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Medicaid Reimbursement Rate Change Form

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

Provider Type:

<table>
<thead>
<tr>
<th></th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>189.40</td>
<td>200.80</td>
<td>7/1/2019</td>
</tr>
<tr>
<td>Outpatient</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2019</td>
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</tbody>
</table>

Inpatient County Billing Rate

Rate Type:

<table>
<thead>
<tr>
<th></th>
<th>Interim</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

BASIS:

- Budget
- Unaudited Costs  X
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate