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

Provider Number: 0004170-00  
Date: 6/29/2015  
Fiscal Year End: 8/31/2014  
Audit Status: Unaudited Cost Report

Kindred Hospital The Palm Beaches  
5555 W. Blue Heron Blvd  
Riviera Beach, FL 33418-7813

Provider Type: HOSPITAL

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<th>Effective Date</th>
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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:  
  Managed Care  
  Contract Management  
  9

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Florida Hospital at Connerton Long Term Acute Care Hospital
9441 Health Center Drive
Land O’ Lakes, FL  34637-

Provider Number: 0009496-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

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BASIS:

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

DISTRIBUTION:

- Hospitals: 
  - Managed Care
  - Contract Management
  - 5

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Batch ID:XX920
Printed on : 6/29/2015 9:56 AM
## Medicaid Reimbursement Rate Change Form

**Provider Number:** 0016815-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 8/31/2014  
**Audit Status:** Unaudited Cost Report  

**Provider Type:** HOSPITAL  

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**Outpatient**  

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**BASIS:**  

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

**DISTRIBUTION:**  

Hospitals:  
Managed Care  
Contract Management  
7

---

For Information only - No Change in rate

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

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

Provider Number: 0020127-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 2

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Shriners Hospital for Children-Tampa
12502 USF Pine Dr
Tampa, FL 33612-

Provider Type: HOSPITAL

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 6

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
## Medicaid Reimbursement Rate Change Form

**Viera Hospital**  
8745 Wickham Rd  
Melbourne, FL 32940-

**Provider Number:** 0031588-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/2014  
**Audit Status:** Unaudited Cost Report

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**Inpatient County Billing Rate**  
7/1/2015

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### DISTRIBUTION:

Hospitals:  
Managed Care  
Contract Management  
7

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

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For Information only - No Change in rate

Batch ID: XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

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

Provider Type:

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Inpatient County Billing Rate

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Settlement Based on Cost

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Field Audited Costs
Revised Field Audit
Cost Report Late Test

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Palm Bay Hospital  
1425 Malabar Road N.E.  
Palm Bay, FL 32907-

**Provider Number:** 0032975-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/2014  
**Audit Status:** Unaudited Cost Report

**Provider Type:**  
HOSPITAL

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

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**  
- Hospitals:  
- Managed Care  
- Contract Management  
- 7

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

Provider Number: 0040876-00  
Date: 6/29/2015

Fiscal Year End: 12/31/2013  
Audit Status: Interim Budget

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CON Settlement Agreement Rate: Avg of Prov #'s 100609 & 101516

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### BASIS:

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

**DISTRIBUTION:**

- Hospitals: Managed Care Contract Management 7
- Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

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Printed on: 6/29/2015 12:22 PM
Medicaid Reimbursement Rate Change Form

Florida Hospital Wesley Chapel
2600 Bruce B Downs
Wesley Chapel, FL 33544-

Provider Number: 0054568-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
**Medicaid Reimbursement Rate Change Form**

Provider Number: 0063447-00  
Date: 6/29/2015  
Fiscal Year End: 12/31/2012  
Audit Status: Interim Budget

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**Inpatient County Billing Rate**

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**DISTRIBUTION:**

Hospitals:  
Managed Care  
Contract Management  

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W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

---

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

**Provider Number:** 0083692-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 12/31/2013  
**Audit Status:** Interim Budget

**Healthsouth Rehabilitation Hospital of Ocala**  
3660 Grandview Parkway Suite 200  
Birmingham, AL  35243-

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### Inpatient County Billing Rate

- **Rate Type:** Interim
- **Basis:** Budget
- **Distribution:**
  - Hospitals:  
  - Managed Care  
  - Contract Management

For Information only - No Change in rate

---

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Poinciana Medical Center  
325 Cyrpress Parkway  
Kissimmee, FL 34758-

Provider Number: 0092683-00
Date: 6/29/2015
Fiscal Year End: 6/30/2015
Audit Status: Interim Budget

Provider Type:

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DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
7

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0095875-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Interim Budget

Healthsouth Rehab of Martin
5850 SE Community Drive
Stuart, FL 34997-

Provider Type:

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<td>7/1/2015</td>
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<tr>
<td>Outpatient</td>
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Inpatient County Billing Rate

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

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

St. Vincents Clay County
1670 St. Vincents Way
Middleburg, FL 32068-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type:
- **Interim**
- **Prospective**

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

**DISTRIBUTION:**
- Hospitals:
- Managed Care
- Contract Management
- 4

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0100030-00

UF Health Shands Hospital
Box J-100336
Gainesville, FL 32610

Provider Type:

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<thead>
<tr>
<th>Provider Type</th>
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<th>Effective Date</th>
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<tbody>
<tr>
<td>Inpatient</td>
<td>DRG 166.51</td>
<td>DRG 159.82</td>
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Rate Type:
- [ ] Interim
- [x] Prospective

Settlement Based on Cost:

BASIS:

- [x] Unaudited Costs
- [ ] Field Audited Costs
- [ ] Revised Field Audit
- [ ] Cost Report Late Test

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: 649K3
Printed on: 11/3/2015 11:35 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0100030-01
Date: 10/29/2015

Box J-100336
Gainesville, Fl 32610-

Provider Type:
HOSPITAL

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Inpatient County Billing Rate

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: 6J9K3
Printed on: 11/3/2015 11:35 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

Provider Number: 0100030-02

Date: 10/29/2015

Box J-100336

Gainesville, Fl 32610

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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<tbody>
<tr>
<td>Outpatient DRG</td>
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Rate Type: Interim X Prospective

BASIS:

- [ ] Budget
- [ ] Total Interim Settlement Based on Cost
- [ ] Total Prospective
- [ ] Unaudited Costs
- [ ] Field Audited Costs
- [ ] Revised Field Audit
- [ ] Cost Report Late Test

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:6J9K3  
Printed on: 11/3/2015 11:35 AM
Medicaid Reimbursement Rate Change Form

UF Health Shands Hospital
Box J-100336
Gainesville, FL 32610-

Provider Number: 0100030-03
Date: 10/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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<tr>
<td>Outpatient</td>
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<td>159.82</td>
<td>7/1/2015</td>
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</table>

Rate Type:
- **Interim**
- **Prospective**

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 11/3/2015 11:35 AM
Medicaid Reimbursement Rate Change Form

UF Health Shands Hospital
Box J-100336
Gainesville, FL 32610

Provider Number: 0100030-04
Date: 10/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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<td>Total Interim</td>
<td>Total Prospective</td>
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<tr>
<td></td>
<td>Settlement Based on Cost</td>
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</tr>
</tbody>
</table>

BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

**Ed Fraser Memorial Hospital**  
159 North Third Street  
MacClenney, FL 32063-  

**Provider Number:** 0100048-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/2014  
**Audit Status:** Unaudited Cost Report

#### Provider Type:

**HOSPITAL**

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<td>Outpatient</td>
<td>DRG</td>
<td>110.51</td>
<td>7/1/2015</td>
</tr>
</tbody>
</table>

#### Rate Type:

- **Interim**  
  - Total Interim
  - Settlement Based on Cost

- **Prospective**  
  - Total Prospective

#### BASIS:

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

#### DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 4

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W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

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

Bay Medical Center Sacred Heart Health System
P.O. Box 2515
Panama City, FL 32402-2515

Provider Number: 0100064-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

**Provider Type:**

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**Inpatient County Billing Rate**

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<tr>
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**BASIS:**

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
## Medicaid Reimbursement Rate Change Form

**Provider Name:** Shands Starke Regional Medical Center  
**Provider Number:** 0100072-00

**Date:** 6/29/2015  
**Fiscal Year End:** 6/30/2014  
**Audit Status:** Unaudited Cost Report

### Provider Type:

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### Inpatient County Billing Rate

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<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Prospective</td>
<td>X 82.75</td>
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</table>

### Basis:

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

### Distribution:

- Hospitals:
- Managed Care
- Contract Management
- 3

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

---

Batch ID: XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Holmes Regional Medical Center
3300 Fiske Boulevard
Rockledge, FL 32955-

Provider Number: 0100081-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Cape Canaveral Hospital  
3300 Fiske Boulevard  
Rockledge, FL  32955-

Provider Number: 0100099-00  
Date: 6/29/2015  
Fiscal Year End: 9/30/2014  
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type: Interim  
X Prospective

BASIS:

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

DISTRIBUTION:

Hospitals:  
Managed Care  
Contract Management  
7

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920  
Printed on : 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0100102-00
Date: 10/29/2015

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

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

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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<tbody>
<tr>
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Rate Type: Interim X Prospective

Total Interim X Total Prospective

Settlement Based on Cost

BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: 353SA Printed on: 11/3/2015 11:42 AM
Medicaid Reimbursement Rate Change Form

Wuesthoff Medical Center-Rockledge
110 Longwood Avenue
P.O. Box 565002
Rockledge, FL 32956-5002

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type: Interim X Prospective

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

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Wuesthoff Medical Center-Rockledge
110 Longwood Avenue P.O. Box 565002
Rockledge, FL 32956-5002

Provider Type:
- **HOSPITAL**
  - Inpatient
    - Current Rate: 71.83
    - New Rate: 60.43
    - Effective Date: 7/1/2015
  - Outpatient
    - Current Rate: 71.83
    - New Rate: 60.43
    - Effective Date: 7/1/2015

Inpatient County Billing Rate
- Current Rate: 71.83
- New Rate: 60.43
- Effective Date: 7/1/2015

Provider Number: 0100111-01
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Rate Type:
- **Interim**
- **Prospective**
- Total Interim
- Total Prospective
- Settlement Based on Cost

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

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management
- 7

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Broward Health Medical Center
1600 S. Andrews Avenue
Ft. Lauderdale, FL 33316

Medicaid Reimbursement Rate Change Form

Provider Number: 0100129-00
Date: 10/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

<table>
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<th>Inpatient County Billing Rate</th>
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<td>Inpatient</td>
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Rate Type:
- Interim
- X Total Interim
- ___ Total Prospective
- ___ Settlement Based on Cost

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

**Broward Health Medical Center**  
1600 S. Andrews Avenue  
Ft. Lauderdale, FL 33316-

**Provider Number:** 0100129-01  
**Date:** 10/29/2015  
**Fiscal Year End:** 6/30/2014  
**Audit Status:** Unaudited Cost Report

### Provider Type:

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<td>DRG 134.59</td>
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### Inpatient County Billing Rate

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### Basis:

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

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

For Information only - No Change in rate

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Batch ID: 9FW6N  
Printed on: 11/3/2015 11:44 AM
**Medicaid Reimbursement Rate Change Form**

**Provider Number:** 0100129-05  
**Date:** 10/29/2015  
**Fiscal Year End:** 6/30/2014  
**Audit Status:** Unaudited Cost Report

**Provider Type:**  
- Inpatient  
- Outpatient  

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**Rate Type:**  
- Interim  
- **Prospective**  

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

**W. Rydell Samuel or Chanda Farcas**  
Medicaid Cost Reimbursement Analysis  
For Information only - No Change in rate

Batch ID:9FW6N  
Printed on: 11/3/2015 11:44 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

Holy Cross Hospital, Inc.  
P.O. Box 23460  
Ft. Lauderdale, FL 33307-

Provider Type:  

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Inpatient County Billing Rate

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DISTRIBUTION:

Hospitals:  
Managed Care  
Contract Management  
10

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100196-00
Date: 6/29/2015
Fiscal Year End: 8/31/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

|                  | Current Rate | New Rate | Effective Date |
|------------------|--------------|----------|               |
| Inpatient DRG    | 9.15         | 14.53    | 7/1/2015       |
| Outpatient       |              |          |               |

Inpatient County Billing Rate

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For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Memorial Regional Hospital
3501 Johnson St.
Hollywood, FL 33021

Provider Type: HOSPITAL
Inpatient

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Provider Number: 0100200-00
Date: 10/29/2015
Fiscal Year End: 4/30/2014
Audit Status: Unaudited Cost Report

Rate Type: Interim

Total Interim
Settlement Based on Cost

Rate Type: Prospective

Total Prospective

BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: K2S3N
Printed on: 11/3/2015 11:45 AM
Medicaid Reimbursement Rate Change Form

Broward Health North

Provider Number: 0100218-00
Date: 10/29/2015

303 South East 17th St.
Ft. Lauderdale, FL 33316

Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Rate Type: Interim X Prospective

Settlement Based on Cost

BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: MZTY7
Printed on: 11/3/2015 11:48 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

Broward Health North  
303 South East 17th St.  
Ft. Lauderdale, FL 33316-

Provider Number: 0100218-03  
Date: 6/29/2015  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited Cost Report

Provider Type:  
HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
10

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

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

Provider Type: Hospital

<table>
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Inpatient County Billing Rate

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<tr>
<td>Prospective</td>
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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 2

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
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

Bayfront Health Punta Gorda
809 E. Marion Ave.
Punta Gorda, FL 33950-3898

Provider Number: 0100277-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

- **Rate Type:**
  - Interim: Total Interim
  - Prospective: Total Prospective

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Bayfront Health Punta Gorda
809 E. Marion Ave.
Punta Gorda, FL 33950-3898

Provider Number: 0100277-02
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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**BASIS:**

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 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

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Bayfront Health Port Charlotte  
2500 Harbor Blvd  
Port Charlotte, FL 33952-

Provider Type:  
- HOSPITAL

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Inpatient County Billing Rate  
- Rate Type: Interim X Prospective

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DISTRIBUTION:  
- Hospitals:  
- Managed Care  
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

Batch ID:XX920  
Printed on: 6/29/2015 9:56 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

Naples Community Hospital  
350 7th Street North  
Naples, FL 33941-3029

Provider Type: HOSPITAL

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

Batch ID: XX920  
Printed on: 6/29/2015 9:56 AM
### Medicaid Reimbursement Rate Change Form

**Provider Number:** 0100331-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 6/30/2014  
**Audit Status:** Unaudited Cost Report

#### Shands Lake Shore Regional Medical Center
Post Office 100336  
Gainesville, FL 32610-0336

#### Provider Type:

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#### Inpatient County Billing Rate

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#### BASIS:

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

#### DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 3

---

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

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Batch ID: XX920  
Printed on: 6/29/2015 9:56 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

Baptist Of Miami  
8900 North Kendall Dr.  
Miami, FL  33176-

Provider Number: 0100358-00  
Date: 6/29/2015  
Fiscal Year End: 9/30/2014  
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Outpatient

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

Hospitals:  
Managed Care  
Contract Management  
11

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0100366-00
Date: 6/29/2015
Fiscal Year End: 5/31/2014
Audit Status: Unaudited Cost Report

University of Miami Hospital
1475 NW 12th Avenue, Hope Lodge
Suite #205
Miami, FL 33136-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- Medicaid Reimbursement Analysis

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0100366-03
Date: 6/29/2015
Fiscal Year End: 5/31/2014
Audit Status: Unaudited Cost Report

University of Miami Hospital
1475 NW 12th Avenue, Hope Lodge
Suite #205
Miami, FL 33136-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM

Batch ID:XX920
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

Provider Number: 0100412-00
Date: 6/29/2015
Fiscal Year End: 5/31/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type: Interim X Prospective

Total Interim
Settlement Based on Cost

BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:
Hospitals:
Managed Care
Contract Management
11

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

Provider Number: 0100421-00

Date: 10/21/2015

Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, FL 33136-

Provider Type:

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Rate Type: Interim

Total Interim Settlement Based on Cost

BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: EKNN8
Printed on: 10/22/2015 9:31 AM
Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

1611 N.W. 12th Avenue

Miami, FL 33136-

Provider Number: 0100421-01

Date: 10/21/2015

Fiscal Year End: 9/30/2014

Audit Status: Unaudited Cost Report

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**BASIS:**

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

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

Jackson Memorial Hospital

1611 N.W. 12th Avenue
Miami, FL  33136-

Provider Number: 0100421-02
Date: 10/21/2015

Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: EKNN8
Printed on: 10/22/2015 9:31 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

Provider Number: 0100421-07

Date: 10/21/2015

Jackson Memorial Hospital

1611 N.W. 12th Avenue

Miami, FL 33136-

Fiscal Year End: 9/30/2014

Audit Status: Unaudited Cost Report

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Settlement Based on Cost

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W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: EKNN8

Printed on: 10/22/2015 9:31 AM
Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

1611 N.W. 12th Avenue

Miami, FL 33136-

Provider Number: 0100421-17
Date: 10/21/2015

Fiscal Year End: 9/30/2014

Audit Status: Unaudited Cost Report

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Inpatient County Billing Rate

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Rate Type: [ ] Interim [X] Prospective

Total Interim [ ]
Settlement Based on Cost
Total Prospective [X]

BASIS:

[ ] Budget
[X] Unaudited Costs

Field Audited Costs
Revised Field Audit
Cost Report Late Test

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
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

Provider Number: 0100421-18

Date: 10/21/2015

Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, FL 33136-

Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: EKNN8  
Printed on: 10/22/2015 9:31 AM
Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, FL 33136-

Medicaid Reimbursement Rate Change Form

Provider Number: 0100421-19
Date: 10/21/2015

Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

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

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: EKNN8
Printed on: 10/22/2015 9:31 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

Jackson Memorial Hospital  
1611 N.W. 12th Avenue  
Miami, FL 33136-

Provider Number: 0100421-27  
Date: 10/21/2015

Fiscal Year End: 9/30/2014  
Audit Status: Unaudited Cost Report

Provider Type:  
HOSPITAL  
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Inpatient County Billing Rate

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Rate Type:  
Interim  
Prospective

Total Interim X Settlement Based on Cost  
Total Prospective X

BASIS:  
Budget  
X Unaudited Costs

Field Audited Costs

Revised Field Audit

Cost Report Late Test

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: EKN8  
Printed on: 10/22/2015 9:31 AM
Medicaid Reimbursement Rate Change Form

Jackson Memorial Hospital

1611 N.W. 12th Avenue
Miami, FL 33136

Provider Type: HOSPITAL

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Rate Type: Interim X Prospective

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: EKNN8
Printed on: 10/22/2015 9:31 AM
**Medicaid Reimbursement Rate Change Form**

Jackson Memorial Hospital

1611 N.W. 12th Avenue

Miami, FL 33136-

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**BASIS:**

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: EKNN8
Printed on: 10/22/2015 9:31 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0100421-36

Date: 10/21/2015

Jackson Memorial Hospital

1611 N.W. 12th Avenue

Miami, FL 33136

Fiscal Year End: 9/30/2014

Audit Status: Unaudited Cost Report

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, FL 33136-

Provider Number: 0100421-42
Date: 10/21/2015

Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
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

Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, FL 33136

Provider Number: 0100421-46  
Date: 10/21/2015

Fiscal Year End: 9/30/2014  
Audit Status: Unaudited Cost Report

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Inpatient County Billing Rate

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Basis:

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

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: EKNN8  
Printed on: 10/22/2015 9:31 AM
Jackson Memorial Hospital

1611 N.W. 12th Avenue
Miami, FL 33136-

Provider Number: 0140422-00
Date: 10/21/2015

Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

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Rate Type: [Interim] X [Prospective]
Total Interim Settlement Based on Cost
Total Prospective

BASIS:
- Budget
- Unaudited Costs [X]
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Mercy Hospital, Inc.
3663 S Miami Ave.
Miami, FL 33133-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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<th>Total Prospective</th>
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<tr>
<td></td>
<td>Settlement</td>
<td>Based on Cost</td>
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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 11

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
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

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<th>Effective Date</th>
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<tbody>
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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

Hospitals:  
Managed Care  
Contract Management  
11

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

Batch ID: XX920  
Printed on: 6/29/2015 9:56 AM
Mercy Hospital, Inc.
3663 S Miami Ave.
Miami, FL 33133-

Provider Type:

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BASIS:

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

DISTRIBUTION:

Hospitals:
- Managed Care
- Contract Management

11

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

**Mount Sinai Medical Center**  
4300 Alton Rd  
Miami Beach, FL 33140-

**Provider Type:** Hospital

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**Audit Status:** Unaudited Cost Report

**Distribution:**  
- Hospitals:  
- Managed Care  
- Contract Management  

W. Rydell Samuel or Chanda Farca  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
**Medicaid Reimbursement Rate Change Form**

Mount Sinai Medical Center
4300 Alton Rd
Miami Beach, FL  33140-

**Provider Type:**

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**Inpatient County Billing Rate**

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**Settlement Based on Cost**

**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 11

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

_for Information only - No Change in rate_

Batch ID: XX920   Printed on: 6/29/2015 9:56 AM
University of Miami Hospital and Clinics  
P.O. Box 016217  
Miami, FL 33101-  

Provider Type:  

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BASIS:  

- Budget  
- X Unaudited Costs  
- Field Audited Costs  
- Revised Field Audit  
- Cost ReportLate Test

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis  

For Information only - No Change in rate

Batch ID: XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Northshore Medical Center
1100 N.W. 95th Street
Miami, FL 33150-2098

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Northshore Medical Center  
1100 N.W. 95th Street  
Miami, FL 33150-2098

Provider Number: 0100498-07  
Provider Type: HOSPITAL  
Date: 6/29/2015  
Fiscal Year End: 5/31/2014  
Audit Status: Unaudited Cost Report

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<td>Outpatient</td>
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<td>59.78</td>
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Inpatient County Billing Rate  
Rate Type:  
Interim X Prospective  
Total Interim X Total Prospective  
Settlement Based on Cost

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

DISTRIBUTION:  
- Hospitals:  
- Managed Care  
- Contract Management  
- 11

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

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

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

Provider Number: 0100536-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

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<td>Cost Report Late Test</td>
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DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
11

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0100544-00
Date: 6/29/2015
Fiscal Year End: 4/29/2014
Audit Status: Unaudited Cost Report

Metropolitan Hospital Miami
5959 NW 7th Street
Miami, FL 33126-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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

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

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management
- 11

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0100587-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

South Miami Hospital
6200 S.W. 73rd Street
Miami, FL 33143-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Nicklaus Children's Hospital
3100 S.W. 62nd Avenue
Miami, FL  33155-3009

Provider Type:

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BASIS:

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

DISTRIBUTION:

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM

Batch ID: XX920
Medicaid Reimbursement Rate Change Form

Westchester General Hospital
2500 SW 75th Avenue
Miami, FL 33155-

Provider Type:

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Inpatient County Billing Rate

Rate Type:

- Interim
- Prospective

BASIS:

- Budget
- Unaudited Costs

DISTRIBUTION:

- Hospitals
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Baptist Medical Center Jacksonville
800 Prudential Drive
Jacksonville, FL 32207-

Provider Type:

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Inpatient County Billing Rate

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<tbody>
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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 4

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Baptist Medical Center Jacksonville  
800 Prudential Drive  
Jacksonville, FL 32207-

Provider Number: 0100641-02

Date: 6/29/2015

Fiscal Year End: 9/30/2014

Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

UF Health Jacksonville
580 West 8th Street
Jacksonville, FL 32209-

Medicaid Reimbursement Rate Change Form

Provider Number: 0100676-00
Date: 10/29/2015

Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Rate Type:

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Basis:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 11/3/2015 12:16 PM
Medicaid Reimbursement Rate Change Form

Provider Number: 0100676-01
Date: 10/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

UF Health Jacksonville
580 West 8th Street
Jacksonville, FL 32209

Provider Type: HOSPITAL

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: 3I78M Printed on: 11/3/2015 12:16 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

Mayo Clinic
4500 San Pablo Road
Jacksonville, FL 32216-

Provider Number: 0100722-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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Settlement Based on Cost

BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 4

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

St. Vincent's Medical Center
Riverside
1800 Barrs Street 3rd Floor, Seton Hall
Jacksonville, FL 32204-

Provider Number: 0100731-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Outpatient

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
4

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

Baptist Hospital Inc
P.O. Box 17500
Pensacola, FL 32522-7500

Provider Number: 0100749-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

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**BASIS:**

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
**Medicaid Reimbursement Rate Change Form**

**Provider Number:** 0100749-02  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/2014  
**Audit Status:** Unaudited Cost Report

**Baptist Hospital Inc**  
P.O. Box 17500  
Pensacola, FL 32522-7500

**Provider Type:** HOSPITAL

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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

Hospitals:  
Managed Care  
Contract Management  
1

**For Information only - No Change in rate**

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

**Printed on:** 6/29/2015 9:56 AM
## Medicaid Reimbursement Rate Change Form

**Baptist Hospital Inc**
P.O. Box 17500
Pensacola, FL 32522-7500

**Provider Number:** 0100749-03  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/2014  
**Audit Status:** Unaudited Cost Report

### Provider Type:

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### Inpatient County Billing Rate

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### Basis:

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

---

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 1

**For Information only - No Change in rate**

---

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

---

**Batch ID:** XX920  
**Printed on:** 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Sacred Heart Hospital
Post Office Box 2728
Pensacola, FL 32513-2728

Provider Number: 0100765-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

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Settlement Based on Cost

BASIS:

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DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 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

Provider Number: 0100803-00
Date: 6/29/2015
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type: Interim X Prospective

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BASIS:

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DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
2

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Hendry Regional Medical Center
524 W Sagamore Street
Clewiston, FL 33440

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type:
- **Interim**: Total Interim
- **Prospective**: Total Prospective

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

**DISTRIBUTION:**
- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0100871-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Bayfront Health Brooksville
Post Office Box 37
Brooksville, FL 34605-0037

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 3

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Bayfront Health Brooksville  
Post Office Box 37  
Brooksville, FL  34605-0037

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**BASIS:**

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

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

3

For Information only - No Change in rate

Batch ID:XX920  
Printed on : 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100897-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type: Interim x Prospective

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 6

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0100901-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

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

Provider Type:
- **HOSPITAL**
  - Inpatient
  - Outpatient

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Settlement Based on Cost

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

DISTRIBUTION:
Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Batch ID: XX920  Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

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

Provider Number: 0100901-02
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

**Provider Type:**

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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals: 6
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 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

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Florida Hospital Carrollwood  
3100 East Fletcher Avenue  
Tampa, FL 33613-  

Provider Type: 

<table>
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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:  
- Managed Care  
- Contract Management  
- 6

For Information only - No Change in rate

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

St. Josephs Hospital
3001 W. ML King Blvd. Post Office
Box 4227
Tampa, FL 33677-4227

Provider Number: 0100978-00  
Date: 6/29/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited Cost Report

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Rate Type:
- Interim
- Prospective  

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

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management
- 6

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

St. Josephs Hospital  
3001 W. ML King Blvd. Post Office  
Box 4227  
Tampa, FL 33677-4227

**Provider Number:** 0100978-02  
**Date:** 6/29/2015  
**Fiscal Year End:** 12/31/2013  
**Audit Status:** Unaudited Cost Report

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 6

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

Batch ID: XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

St. Josephs Hospital
3001 W. ML King Blvd.Post Office
Box 4227
Tampa, FL  33677-4227

Provider Number: 0100978-03
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

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Inpatient County Billing Rate

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DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

6

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on : 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

St. Josephs Hospital
3001 W. ML King Blvd. Post Office
Box 4227
Tampa, FL 33677-4227

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Inpatient County Billing Rate

Rate Type:

- Interim
- Prospective

BASIS:

- Budget
- Unaudited Costs

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
# Medicaid Reimbursement Rate Change Form

**Provider Number:** 0100986-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 12/31/2013  
**Audit Status:** Unaudited Cost Report

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 6

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

Provider Number: 0100994-00
Date: 10/29/2015
Tampa General Hospital
P.O. Box 1289
Tampa, FL 33601

Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:X9FW9 Printed on : 11/3/2015 12:17 PM
Medicaid Reimbursement Rate Change Form

Tampa General Hospital
P.O. Box 1289
Tampa, FL 33601-

Provider Number: 0100994-01
Date: 10/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

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Rate Type:

- Interim
- X Total Interim
- X Total Prospective
- Settlement Based on Cost

BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: X9FW9 Printed on: 11/3/2015 12:17 PM
Medicaid Reimbursement Rate Change Form

Tampa General Hospital
Provider Number: 0100994-12
Date: 10/29/2015

P.O. Box 1289
Tampa, FL 33601-
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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Settlement Based on Cost

BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: X9FW9
Printed on: 11/3/2015 12:17 PM
Medicaid Reimbursement Rate Change Form

Tampa General Hospital

Provider Number: 0100994-13

Date: 10/29/2015

P.O. Box 1289
Tampa, FL 33601-

Fiscal Year End: 9/30/2014

Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
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

Provider Number: 0100994-14

Date: 10/29/2015

Provider: Tampa General Hospital

P.O. Box 1289

Tampa, FL 33601-

Fiscal Year End: 9/30/2014

Audit Status: Unaudited Cost Report

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: X9FW9

Printed on: 11/3/2015 12:17 PM
Florida Hospital Tampa
3100 East Fletcher Avenue
Tampa, FL 33613-

Provider Number: 0101028-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

### Provider Type:

**HOSPITAL**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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For Information only - No Change in rate
Florida Hospital Tampa
3100 East Fletcher Avenue
Tampa, FL 33613-

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Inpatient County Billing Rate

Rate Type:
- **Interim**
- **Prospective**

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

**DISTRIBUTION:**
- Hospitals:
- Managed Care
- Contract Management
- 6

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920 Printed on: 6/29/2015 9:56 AM
# Medicaid Reimbursement Rate Change Form

**Provider Number:** 0101036-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/2014  
**Audit Status:** Unaudited Cost Report

**Providers:**

- **Doctors Memorial Hospital**  
  - P.O. Box 188  
  - Bonifay, FL 32425-

**Provider Type:** Hospital

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
  - Managed Care
  - Contract Management
  - 2

**For Information only - No Change in rate**

**Printed on:** 6/29/2015 9:56 AM  
**W. Rydell Samuel or Chanda Farcas**  
Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Rate Change Form

Indian River Medical Center
1000 36th Street
Vero Beach, FL 32960-

Provider Number: 0101044-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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DISTRIBUTION:

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Medicaid Reimbursement Rate Change Form

Jackson Hospital  
4250 Hospital Drive  
Marianna, FL 32446-

Provider Type:  
HOSPITAL

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<th>Effective Date</th>
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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 2

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

Leesburg Regional Medical Center
600 E Dixie Ave
Leesburg, FL 32748-

Provider Number: 0101079-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 3

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

South Lake Memorial Hospital
847 8th Street
Clermont, FL  32711-

Provider Type:

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Inpatient County Billing Rate

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Basis:

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

DISTRIBUTION:

- Hospitals: 3
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0101095-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

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

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Inpatient County Billing Rate

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DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
3

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Lee Memorial Hospital
PO Box 151247
Cape Coral, FL 33915-

Provider Number: 0101109-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

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

Provider Number: 0101109-11
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

8

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Lee Memorial Hospital
PO Box 151247
Cape Coral, FL 33915-

Inpatient
Outpatient

Inpatient County Billing Rate

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Rate Type:
- Interim
- Prospective

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

DISTRIBUTION:
- Hospitals
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis
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

Provider Number: 0101109-18  
Date: 6/29/2015  
Fiscal Year End: 9/30/2014  
Audit Status: Unaudited Cost Report

Lee Memorial Hospital  
PO Box 151247  
Cape Coral, FL 33915

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

Batch ID:XX920  
Printed on: 6/29/2015 9:56 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

Lehigh Regional Medical Center  
1500 Lee Blvd.  
Lehigh Acres, FL 33936-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

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

Tallahassee Memorial Regional M.C.
1300 Miccousukee
Tallahassee, FL 32308-

Provider Type:

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Inpatient County Billing Rate

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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Regional General Hospital Williston
P.O. Drawer 460
Williston, FL 32696-

Provider Number: 0101141-00
Date: 6/29/2015
Fiscal Year End: 8/14/2013
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

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

Madison County Memorial Hospital
201 East Marion Street
Madison, FL 32340-

Provider Number: 0101150-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Rate Type: Interim X Prospective

**BASA:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 2

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

**Provider Number:** 0101168-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 12/31/2013  
**Audit Status:** Unaudited Cost Report

**Manatee Memorial Hospital**  
206 Second Street East  
Bradenton, FL  34208-

**Provider Type:**  
**HOSPITAL**

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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 6

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis  
For Information only - No Change in rate
**Medicaid Reimbursement Rate Change Form**

Munroe Regional Medical Center  
Post Office Box 6000  
Ocala, FL 34478-

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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:  
- Managed Care  
- Contract Management  
- 3

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Provider Number: 0101184-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
9

For Information only - No Change in rate
**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

**Provider Number:** 0101192-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/2014  
**Audit Status:** Unaudited Cost Report

**Lower Keys Medical Center**
P.O. Box 9107  
Key West, FL 33401-

**Provider Type:** HOSPITAL

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 11

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

**For Information only - No Change in rate**

Batch ID: XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Lower Keys Medical Center  
P.O. Box 9107  
Key West, FL 33401-  

Provider Type:  

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Inpatient County Billing Rate  

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BASIS:  

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

DISTRIBUTION:  

Hospitals:  
Managed Care  
Contract Management  
11  

For Information only - No Change in rate  

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Rate Change Form

Provider Number: 0101206-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Fishermen's Hospital
3301 Overseas Highway
Marathon, FL 33050-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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Prospective

BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

11

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
# Medicaid Reimbursement Rate Change Form

Provider Number: 0101214-00  
Date: 6/29/2015  
Fiscal Year End: 9/30/2014  
Audit Status: Unaudited Cost Report

**Mariners Hospital**  
91500 Overseas Highway  
Tavernier, FL 33070-

**Provider Type:**  
HOSPITAL

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**Inpatient County Billing Rate**

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

**DISTRIBUTION:**  
- Hospitals:  
- Managed Care  
- Contract Management  
- 11

**For Information only - No Change in rate**

Batch ID:XX920  
Printed on: 6/29/2015 9:56 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**

**Provider Number:** 0101231-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/2014  
**Audit Status:** Unaudited Cost Report

**Provider:** Baptist Medical Center - Nassau  
1250 South 18th Street  
Fernandina Beach, FL 32034-

**Provider Type:** HOSPITAL

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**Current Rate** | **New Rate** | **Effective Date**
---|---|---
Inpatient DRG | 98.41 | 7/1/2015 |
Outpatient DRG | 95.30 | 7/1/2015 |

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

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

**DISTRIBUTION:**  
- Hospitals:  
- Managed Care  
- Contract Management  
- 4

---

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

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For Information only - No Change in rate

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Batch ID: XX920  
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Medicaid Reimbursement Rate Change Form

Twin Cities Hospital
2190 Hwy 85 North
Niceville, FL 32578-

Provider Number: 0101257-00
Date: 6/29/2015
Fiscal Year End: 5/31/2014
Audit Status: Unaudited Cost Report

Provider Type:

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

North Okaloosa Medical Center
151 Redstone Ave.
Crestview, FL 32536-

Provider Number: 0101265-00
Date: 6/29/2015
Fiscal Year End: 3/31/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

- Interim
- X Prospective

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 1

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Florida Hospital
500 East Rollins Street
Orlando, FL 32803-

Provider Number: 0101290-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Amended Cost Report

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
## Medicaid Reimbursement Rate Change Form

### Provider Information
- **Provider Number:** 0101290-01
- **Date:** 6/29/2015
- **Fiscal Year End:** 12/31/2013
- **Audit Status:** Amended Cost Report
- **Florida Hospital**
  - **Address:** 500 East Rollins Street, Orlando, FL 32803
  - **Provider Type:** Hospital

### Inpatient Rates
- **Current Rate:** DRG 117.06
- **New Rate:** DRG 112.81
- **Effective Date:** 7/1/2015

### Outpatient Rates
- **Current Rate:** DRG 117.06
- **New Rate:** DRG 112.81
- **Effective Date:** 7/1/2015

### Inpatient County Billing Rate
- **Effective Date:** 7/1/2015

### Rate Type:
- **Interim:** Total Interim
- **Prospective:** Total Prospective

### BASIS:
- **Budget**
- **Unaudited Costs**
- **Field Audited Costs**
- **Revised Field Audit**
- **Cost Report Late Test**

### DISTRIBUTION:
- **Hospitals:**
- **Managed Care**
- **Contract Management**
- **W. Rydell Samuel or Chanda Farcas**

### For Information only - No Change in rate

---

**Batch ID:** XX920
**Printed on:** 6/29/2015 9:56 AM
Florida Hospital
500 East Rollins Street
Orlando, FL 32803-

Provider Number: 0101290-04
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Amended Cost Report

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Inpatient County Billing Rate

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Settlement Based on Cost

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0101338-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type: Hospital

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Inpatient County Billing Rate

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BASIS:
- Budget
- Unaudited Costs [X]
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0101354-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

Hospitals: W. Rydell Samuel or Chanda Farcas
Managed Care
Contract Management

For Information only - No Change in rate
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

Provider Number: 0101389-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider: Osceola Regional Medical Center
700 West Oak St.
Kissimmee, FL 32742-2589

Provider Type: HOSPITAL

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
7

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Rate Change Form

Provider Number: 0101401-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Bethesda Hospital East
2815 S Seacrest Blvd.
Boynton Beach, FL 33435-

Provider Type:
HOSPITAL

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Inpatient County Billing Rate

Rate Type:
- Interim
- Prospective

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

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management
- 9

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 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

Boca Raton Regional Hospital
800 Meadows Rd.
Boca Raton, FL 33486-

Provider Number: 0101419-00  
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

**Provider Type:**

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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 9

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0101443-00  
Date: 6/29/2015  
Fiscal Year End: 9/30/2014  
Audit Status: Unaudited Cost Report

Lakeside Medical Center  
39200 Hooker Highway  
Belle Glade, FL  33430-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 9

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0101460-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

JFK Medical Center
5301 S. Congress Ave.
Lake Worth, FL 33462-1149

Provider Type:
HOSPITAL

<table>
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<th>Effective Date</th>
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<tr>
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Inpatient County Billing Rate

Rate Type: Interim x Prospective

Settlement Based on Cost

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

St. Mary’s Medical Center  
1300 N. Flagler Drive  
West Palm Beach, FL 33401-  

Provider Number: 0101486-00  
Date: 6/29/2015  
Fiscal Year End: 5/31/2014  
Audit Status: Unaudited Cost Report

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<tbody>
<tr>
<td>Inpatient</td>
<td>DRG</td>
<td>DRG</td>
<td>7/1/2015</td>
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<tr>
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### Inpatient County Billing Rate

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### BASIS:

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

### DISTRIBUTION:

- Hospitals:  
- Managed Care  
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Rate Change Form

St. Mary's Medical Center
1300 N. Flagler Drive
West Palm Beach, FL 33401

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management 9

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Florida Hospital Zephyrhills
7050 Gall Blvd
Zephyrhills, FL  33541-

Provider Number: 0101494-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

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<td>DRG</td>
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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

Hospitals:  
Managed Care
Contract Management
5

For Information only - No Change in rate
Florida Hospital Zephyrhills
7050 Gall Blvd
Zephyrhills, FL 33541-

Provider Type:

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<td>Outpatient</td>
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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 5

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Morton Plant North Bay Hospital
16255 Bay Vista Drive
Clearwater, FL  33760-

Provider Number: 0101508-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
5

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
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

All Children's Hospital
501 6th Avenue S
St. Petersburg, FL 33701-

Provider Number: 0101516-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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BASIS:

Budget

X Unaudited Costs

Field Audited Costs

Revised Field Audit

Cost Report Late Test

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
### Medicaid Reimbursement Rate Change Form

**Provider Number:** 0101524-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 5/31/2014  
**Audit Status:** Unaudited Cost Report

#### Good Samaritan Hospital
1300 N. Flagler Drive  
West Palm Beach, FL 33401

#### Provider Type:

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**Provider Type:** HOSPITAL

#### Inpatient County Billing Rate

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<tr>
<td>Prospective</td>
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#### BASIS:

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

#### DISTRIBUTION:

- Hospitals:
  - Managed Care
  - Contract Management

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

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

Mease Dunedin Hospital
Post Box 210Mailstation 102
Clearwater, FL 33517-

Provider Number: 0101541-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

- Interim
- X Prospective

Total Interim
Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 5

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 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

Bayfront Health - St Petersburg  
701 6th St. South  
St. Petersburg, FL 33701-

Provider Type:  
HOSPITAL

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<tbody>
<tr>
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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

Hospitals:  
Managed Care  
Contract Management

5

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
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

Bayfront Health - St Petersburg
701 6th St. South
St. Petersburg, FL 33701-

Provider Number: 0101567-07
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
5

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Morton F. Plant Hospital  
16255 Bay Vista Dr, MS 100  
Clearwater, FL 33760-

**Provider Type:**

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**Inpatient County Billing Rate**  

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<tr>
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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 5

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Morton F. Plant Hospital
16255 Bay Vista Dr, MS 100
Clearwater, FL 33760-

Provider Type:

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Inpatient County Billing Rate

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Basis:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920 Printed on: 6/29/2015 9:56 AM
# Medicaid Reimbursement Rate Change Form

**Florida Hospital North Pinellas**

1395 South Pinellas Ave.
Tarpon Springs, FL 34689-1487

**Provider Number:** 0101613-00

**Date:** 6/29/2015

**Fiscal Year End:** 12/31/2013

**Audit Status:** Unaudited Cost Report

## Provider Type:

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**Inpatient County Billing Rate**

**Rate Type:**

- **Interim**
- **Prospective**

**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:  
- Managed Care
- Contract Management

5

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0101648-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Lakeland Regional Medical Center
230 South Florida Ave, Reimb Dept
4th Floor
Lakeland, FL  33801-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on : 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

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

Provider Type:

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<tr>
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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

6

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
### Medicaid Reimbursement Rate Change Form

**Provider Number:** 0101699-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 12/31/2013  
**Audit Status:** Unaudited Cost Report

**Provider Type:** HOSPITAL

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<tbody>
<tr>
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<td>DRG</td>
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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

Hospitals:
Managed Care
Contract Management

6

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0101702-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

West Gables Rehabilitation
2525 Southwest 75th Av.
Miami, FL 33155-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type: Interim X Prospective

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 11

W. Rydell Samuel or Chanda Farca
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Flagler Hospital
400 Health Park Blvd.
St. Augustine, FL 32086-

Provider Number: 0101711-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

**Provider Type:** HOSPITAL

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**Inpatient County Billing Rate**

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**BASIS:**

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

---

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 4

---

For Information only - No Change in rate

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Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
**Medicaid Reimbursement Rate Change Form**

**Jay Hospital**
221 South Alabama Street
Jay, FL 32565-

**Provider Type:**

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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Rate Change Form

Santa Rosa Hospital
P.O. BOX 648
Milton, FL 32570-

Provider Number: 0101745-00
Date: 6/29/2015
Fiscal Year End: 5/31/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

- **Interim**
- **Prospective**

**BASIS:**

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

**DISTRIBUTION:**

Hospitals:
Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

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

Provider Type:

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Inpatient County Billing Rate

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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

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W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Memorial Hospital
1901 Arlington St.
Sarasota, FL 33579-

Provider Number: 0101761-00
Date: 10/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

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Inpatient County Billing Rate: 7/1/2015

Rate Type: 
- Interim 
- Total Interim 
- Settlement Based on Cost

Prospective 
- Total Prospective

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

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

Provider Type:

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Inpatient County Billing Rate

Rate Type:

- Interim
- Prospective

Total Interim: X
Total Prospective: X
Settlement Based on Cost: X

BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
### Medicaid Reimbursement Rate Change Form

**Shands Live Oak Regional Medical Center**
Post Office Box 100336
Gainesville, FL 32610-0336

**Provider Type:**

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**Inpatient County Billing Rate**

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**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

---

**Florida Agency For Health Care Administration**
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

**Provider Number:** 0101796-00
**Date:** 6/29/2015
**Fiscal Year End:** 6/30/2014
**Audit Status:** Unaudited Cost Report

**Medicaid Reimbursement Rate Change Form**

**Batch ID:** XX920
**Printed on:** 6/29/2015 9:56 AM
### Medicaid Reimbursement Rate Change Form

**Doctors’ Memorial Hospital**  
407 East Ash Street  
Perry, FL 32347-

**Provider Number:** 0101800-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 5/31/2014  
**Audit Status:** Unaudited Cost Report

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

**DISTRIBUTION:**  
Hospitals:  
Managed Care  
Contract Management  
2

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**For Information only - No Change in rate**
Florida Hospital - Fish Memorial
1055 Sax Boulevard
Orange City, FL 32763-

Provider Type:

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Settlement Based on Cost

**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 4

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
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

Provider Number: 0101834-00  
Date: 6/29/2015  
Fiscal Year End: 9/30/2014  
Audit Status: Unaudited Cost Report

Bert Fish Memorial Hospital  
401 Palmetto Street  
New Smyrna Beach, FL 32170-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

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

Halifax Health Medical Center  
P.O. Box 2830  
Daytona Beach, FL 32115-2830

Provider Number: 0101842-00  
Date: 6/29/2015  
Fiscal Year End: 9/30/2014  
Audit Status: Unaudited Cost Report

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### Inpatient County Billing Rate

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### BASIS:

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

### DISTRIBUTION:

- Hospitals:  
  - Managed Care  
  - Contract Management  
- 4

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Florida Hospital Memorial Medical Center
875 Sterthaus Avenue
Ormond Beach, FL 32174

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Florida Hospital DeLand
701 West Plymouth Avenue
Deland, FL 32720-

Provider Type:

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Inpatient County Billing Rate

Rate Type:

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DISTRIBUTION:

Hospitals: Managed Care Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

**Provider Number:** 0101885-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/2014  
**Audit Status:** Unaudited Cost Report

Healthmark Regional Medical Center  
PO Box 1326  
Defuniak Springs, FL 32433-

**Provider Type:** HOSPITAL

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**Inpatient County Billing Rate**

**Rate Type:**

- Interim
- **Prospective**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0101893-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

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

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type:

- Interim
- Prospective

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis
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

Northwest Florida Community Hospital
Post Office Box 889
Chipley, FL 32428-

Provider Number: 0101907-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0101915-00
Date: 6/29/2015
Fiscal Year End: 8/31/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 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

Desoto Memorial Hospital
PO Box 2180
Arcadia, FL 33821-

Provider Number: 0101923-00
Provider Type: Hospital

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Rate Type:
- Interim
- Prospective

Total Interim Settlement Based on Cost

Total Prospective Settlement Based on Cost

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

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0101931-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Memorial Hospital Jacksonville
PO Box 16325
Jacksonville, FL 32216-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals: Medicaid Cost Reimbursement Analysis
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas

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

Campbellton-Graceville Hospital
5429 College Dr.
Graceville, FL 32420-

Provider Number: 0101940-00
Date: 6/29/2015
Fiscal Year End: 9/30/2009
Audit Status: Unaudited Cost Report

Provider Type:

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Wiregrass Hospital
1200 Maple Av.
Geneva, AL 36340-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
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

Florala Memorial Hospital
PO BOX 206
Florala, AL 36442

Provider Number: 0102016-00
Date: 6/29/2015
Fiscal Year End: 6/30/2013
Audit Status: Unaudited Cost Report

Provider Type:

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Settlement Based on Cost

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DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

D.W.Mcmillan Memorial  
PO BOX 908  
Brewton, AL  36427-

Provider Number: 0102024-00
Date: 6/29/2015
Fiscal Year End: 9/30/2004
Audit Status: Unaudited Cost Report

Provider Type:  

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Inpatient County Billing Rate

Total Interim:  
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Settlement Based on Cost:  

Rate Type:  
Interim:  
Prospective: X  

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

DISTRIBUTION:  
Hospitals:  
Managed Care:  
Contract Management:  
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W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on : 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0102041-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Archbold Memorial Hospital
Post Office Box 1018
Thomasville, GA 31799-1018

Provider Type:

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Inpatient County Billing Rate

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W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0102067-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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

DISTRIBUTION:
- Hospitals: W. Rydell Samuel or Chanda Farcas
- Managed Care Medicaid Cost Reimbursement Analysis
- Contract Management 0

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0102075-00
Date: 6/29/2015
Fiscal Year End: 9/30/2012
Audit Status: Unaudited Cost Report

South Georgia Medical Center
PO BOX 1727
Valdosta, GA  31601-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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Settlement Based on Cost

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

DISTRIBUTION:
- Hospitals: W. Rydell Samuel or Chanda Farcas
- Managed Care
- Contract Management 0

For Information only - No Change in rate

Batch ID:XX920 Printed on : 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0102091-00
Date: 6/29/2015
Fiscal Year End: 6/30/2013
Audit Status: Unaudited Cost Report

Flowers Hospital
PO BOX 6907
Dothan, AL  36302-

Provider Type:

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Inpatient County Billing Rate

Rate Type:

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BASIS:

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

DISTRIBUTION:

- Hospitals: 0
- Managed Care:
- Contract Management:

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0102105-00  
Date: 6/29/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited Cost Report

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

Provider Type:  
HOSPITAL

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<tr>
<td>Inpatient DRG</td>
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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 9

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Grady General Hospital
1155 5th St.
Cairo, GA  31728-

Provider Type:

<table>
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<th>Effective Date</th>
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Inpatient County Billing Rate

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Settlement Based on Cost

**Basis:**

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

**Distribution:**

Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

**Wellington Regional Medical Center**
10101 Forest Hill Blvd.
West Palm Beach, FL 33414-

<table>
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<tr>
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**Inpatient County Billing Rate**

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<tr>
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**BASIS:**

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

**DISTRIBUTION:**

Hospitals:
Managed Care
Contract Management

9

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Mizell Memorial Hospital

Provider Number: 0102164-00  
Date: 6/29/2015  
Fiscal Year End: 9/30/1992  
Audit Status: Unaudited Cost Report

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<th>Effective Date</th>
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<td>Outpatient</td>
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<td>14.53</td>
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### Inpatient County Billing Rate

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### BASIS:

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

**DISTRIBUTION:**

- Hospitals:  
- Managed Care:  
- Contract Management:  
- 0

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Citrus Memorial Hospital
502 Highland Blvd.
Iverness, FL 32652-

Provider Type:

<table>
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Inpatient County Billing Rate

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<tr>
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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Cleveland Clinic Hospital  
3100 Weston Rd  
Weston, FL 33331-

<table>
<thead>
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<td>DRG</td>
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| Inpatient County Billing Rate | 7/1/2015 |

**Rate Type:**
- Interim
- Prospective

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

**DISTRIBUTION:**
- Hospitals:
- Managed Care
- Contract Management
- 10

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
Provider Number: 0102229-00  
Date: 6/29/2015  
Fiscal Year End: 4/30/2014  
Audit Status: Unaudited Cost Report

Memorial Hospital Pembroke  
2301 University Dr.  
Pembroke Pines, FL 33024-

Provider Type:  
HOSPITAL

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Inpatient County Billing Rate  

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Total Interim Settlement Based on Cost  

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

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farca  
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:  
- Hospitals:  
- Managed Care  
- Contract Management  
- 10
**Medicaid Reimbursement Rate Change Form**

**Provider Number:** 0102261-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/2014  
**Audit Status:** Unaudited Cost Report

**Provider:** Homestead Hospital  
160 N.W. 13th Street  
Homestead, FL 33030-

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**Provider Type:** Hospital

<table>
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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 11

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Heart Of Florida Hospital
P.O. Box 67
Haines City, FL 33845-

Provider Type:

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Inpatient County Billing Rate

Rate Type: X Interim

Prospective X Total Prospective

Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Rate Change Form

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

Provider Number: 0102300-00
Date: 6/29/2015
Fiscal Year End: 8/31/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

<table>
<thead>
<tr>
<th>Provider Type</th>
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<th>New Rate</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>Inpatient DRG</td>
<td>9.15</td>
<td>14.53</td>
<td>7/1/2015</td>
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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on : 6/29/2015 9:56 AM
**Medicaid Reimbursement Rate Change Form**

**Provider Type:**

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<tr>
<td>Inpatient</td>
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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 4

**For Information only - No Change in rate**

**W. Rydell Samuel or Chanda Farcas**

Medicaid Cost Reimbursement Analysis
Atmore Community Hospital
401 Medical Park Dr.
Atmore, AL  36502-

Provider Number: 0102334-00
Date: 6/29/2015
Fiscal Year End: 9/30/2013
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Rate Type: Interim  X  Prospective

Total Interim  X  Total Prospective
Settlement Based on Cost

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

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management 0

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on : 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0102342-00
Date: 6/29/2015
Fiscal Year End: 8/31/2014
Audit Status: Unaudited Cost Report

Kindred Hospital-Bay Area-Tampa
4555 SOUTH MANHATTAN AVE.
Tampa, FL 33611-

Provider Type: HOSPITAL

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<th>Effective Date</th>
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<td>Inpatient DRG</td>
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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Rate Change Form

Provider Number: 0102369-00
Date: 6/29/2015
Fiscal Year End: 12/31/2010
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

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<tr>
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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals: [Signature]
- Managed Care [Signature]
- Contract Management 0

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

St. Anthony's Rehabilitation Hospital
3075 N.W. 35th Ave.
Lauderdale Lake, FL 33311-

Provider Type:

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<td>Outpatient</td>
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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 10

For Information only - No Change in rate

Printed on: 6/29/2015 9:56 AM
### Medicaid Reimbursement Rate Change Form

**Provider Number:** 0102474-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/1995  
**Audit Status:** Unaudited Cost Report

**South Baldwin Hospital**  
1613 West McKenzie St.  
Foley, AL 36536

**Provider Type:** HOSPITAL

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**Inpatient County Billing Rate**  
- Effective Date: 7/1/2015

**Rate Type:**
- **Interim:** X
- **Prospective:** X
- **Settlement Based on Cost:**

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

**DISTRIBUTION:**
- Hospitals:
- Managed Care
- Contract Management
- 0

**For Information only - No Change in rate**

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

**Batch ID:** XX920  
**Printed on:** 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Memorial Hospital West
703 North Flamingo Road
Pembroke Pines, FL 33028-

Provider Type:

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Rate Type: Total Interim X Total Prospective

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:722A9 Printed on : 11/3/2015 12:22 PM
Medicaid Reimbursement Rate Change Form

Englewood Community Hospital
700 Medical Blvd.
Englewood, FL 34223-

Provider Number: 0102539-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type: Hospital

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Rate Type:

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<tbody>
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BASIS:

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

DISTRIBUTION:

Medicaid Cost Reimbursement Analysis

W. Rydell Samuel or Chanda Farcas

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

Provider Number: 0102555-00
Date: 6/29/2015
Fiscal Year End: 4/30/2010
Audit Status: Unaudited Cost Report

Southeast Georgia Medical Center
3100 Kemble Avenue
Brunswick, GA  31520-

Provider Type:

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<th>Effective Date</th>
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<tbody>
<tr>
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<tr>
<td>Inpatient</td>
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Inpatient County Billing Rate

Rate Type:

- Interim
- Prospective

BASIS:

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

DISTRIBUTION:

- Hospitals: 0
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on : 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

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

Provider Number: 0102598-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

**Provider Type:**

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<tbody>
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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Florida Hospital Wauchula
2501 U.S. Hwy 27 North P.O. Box 1200
Avon Park, FL 33825-

Provider Type: Hospital

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Inpatient County Billing Rate

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<td>Prospective</td>
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Basis:

- Budget
- X Unaudited Costs

Distribution:

- Hospitals:
- Managed Care
- Contract Management
- 6

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
### Medicaid Reimbursement Rate Change Form

**Provider Number:** 0102610-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 6/30/2010  
**Audit Status:** Unaudited Cost Report

**A.G. Holley State Hospital**  
1199 Lantana Rd. P.O. Box 3084  
Lantana, FL  33465-

**Provider Type:** Hospital  
**Current Rate**  
**New Rate**  
**Effective Date**

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<tbody>
<tr>
<td>DRG</td>
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**Outpatient**

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<td>7/1/2015</td>
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**Rate Type:**  
- Interim  
- Prospective

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

**DISTRIBUTION:**  
- Hospitals:  
- Managed Care  
- Contract Management  

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

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

Provider Number: 0102679-00
Date: 6/29/2015
Fiscal Year End: 8/31/2014
Audit Status: Unaudited Cost Report

Kindred Hosp. - North Fla
801 Oak Street
Green Cove Springs, FL 32043

Provider Type:

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Inpatient County Billing Rate

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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

4

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

HealthSouth Rehab - Dothan
1736 East Main Street
Dothan, AL 36301-

Provider Number: 0102687-00
Date: 6/29/2015
Fiscal Year End: 12/31/2012
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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<td>Inpatient DRG</td>
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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals: 0
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

HealthSouth Rehabilitation Hospital of Miami  
20601 Old Cutler Road  
Miami, FL 33188-

Provider Number: 0102709-00  
Date: 6/29/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited Cost Report

### Provider Type:

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<td>DRG 14.53</td>
<td>7/1/2015</td>
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### Inpatient County Billing Rate

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**Total Interim**  
**X**  
Settlement Based on Cost  
**Total Prospective**  
**X**

### BASIS:

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

### DISTRIBUTION:

Hospitals:  
- Managed Care  
- Contract Management  
- 11

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

Batch ID: XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

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

Provider Type: HOSPITAL

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Inpatient County Billing Rate

<table>
<thead>
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<tr>
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<tr>
<td>Prospective</td>
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BASIS:

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

DISTRIBUTION:

Hospitals: Managed Care
Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis
## Medicaid Reimbursement Rate Change Form

**Provider Number:** 0102750-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 12/31/2013  
**Audit Status:** Unaudited Cost Report

### Provider Type:

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### Inpatient County Billing Rate

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<tr>
<td>Interim</td>
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<tr>
<td>Prospective</td>
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### BASIS:

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

### DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 2

---

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

---

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

**Provider Number:** 0102768-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 8/31/2014  
**Audit Status:** Unaudited Cost Report

**Provider Type:** Hospital

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<td>DRG</td>
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<td>Outpatient</td>
<td>9.15</td>
<td>14.53</td>
<td>7/1/2015</td>
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#### Inpatient County Billing Rate

**Rate Type:**
- **Interim**: Total Interim  
- **Prospective**: Total Prospective  
- **Settlement Based on Cost**

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

**DISTRIBUTION:**
- Hospitals:  
- Managed Care  
- Contract Management  
- Batch ID: XX920  
- Printed on: 6/29/2015 9:56 AM

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Rate Change Form

Douglas Gardens Hospital
5200 NE 2nd Avenue
Miami, FL 33137-

Provider Number: 0102776-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

- [ ] Interim
- [x] Prospective
- [ ] Total Interim
- [x] Total Prospective
- [ ] Settlement Based on Cost

BASIS:

- [x] Unaudited Costs

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
11

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Physicians Regional Medical Center - Pine Ridge
6101 Pine Ridge Road
Naples, FL 34119-

Provider Number: 0103144-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type:

- **Interim**
  - Total Interim
  - Settlement Based on Cost

- **Prospective**
  - Total Prospective

**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Physicians Regional Medical Center - Pine Ridge
6101 Pine Ridge Road
Naples, FL 34119-

Provider Number: 0103144-01
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type:

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
The Villages Regional Hospital
600 East Dixie Ave
Leesburg, FL  34748-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type:
- Interim
- Prospective

Total Interim
- Settlement Based on Cost

BASIS:
- Budget
- Unaudited Costs

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate
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

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

Provider Number: 0103209-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:
HOSPITAL

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Inpatient County Billing Rate

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Settlement Based on Cost

BASIS:

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

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 7

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

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

Provider Number: 0103233-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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Settlement Based on Cost

BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Sister Emmanuel Hospital
3663 South Miami Ave, 4th Floor
Miami, FL 33133-

Provider Type: HOSPITAL

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

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For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

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

Provider Type: HOSPITAL

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Settlement Based on Cost

BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 11
Select Specialty Hospital - Orlando (South Campus)  
601 E Rollins Street  
Orlando, FL  32803-

Provider Number: 0103390-00  
Date: 6/29/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited Cost Report

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

DISTRIBUTION:  
- Hospitals:  
- Managed Care  
- Contract Management  
- 7

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Charlton Memorial Hospital
Post Office Box 188
Folkston, GA  31537-

Provider Type:

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Inpatient County Billing Rate

Rate Type:

- Interim
- Prospective

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Lakewood Ranch Medical Center
8330 Lakewood Ranch Boulevard
Bradenton, FL 34202

Provider Number: 0103420-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type:

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Settlement Based on Cost

BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0103438-00
Date: 6/29/2015
Fiscal Year End: 7/31/2014
Audit Status: Unaudited Cost Report

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

Provider Type: HOSPITAL

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursement Rate Change Form

Memorial Hospital Miramar  
1901 SW 172nd Avenue  
Miramar, FL 33029

Provider Number: 0103454-00  
Date: 6/29/2015  
Fiscal Year End: 4/30/2014  
Audit Status: Unaudited Cost Report

Provider Type:  
HOSPITAL

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Inpatient County Billing Rate

Rate Type:  
Interim X Prospective

BASIS:

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

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

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

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

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

Provider Number: 0103535-00  
Date: 6/29/2015  
Fiscal Year End: 8/31/2014  
Audit Status: Unaudited Cost Report

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

Provider Type: 

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Settlement Based on Cost

BASIS:

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

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920  
Printed on: 6/29/2015 9:56 AM
**Medicaid Reimbursement Rate Change Form**

Doctors Hospital  
5000 University Drive  
Coral Gables, FL 33146-  

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**Inpatient County Billing Rate**  
7/1/2015  

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

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

**DISTRIBUTION:**  
- Hospitals:  
- Managed Care  
- Contract Management  

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis  

For Information only - No Change in rate  

Batch ID: XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital of Spring Hill
12440 Cortez Boulevard
Brooksville, FL 34613-

Provider Number: 0103551-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type:

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

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W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM

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

Healthsouth Ridgelake Hospital
6150 Edgelake Drive
Sarasota, FL 34240-

Provider Number: 0103560-00
Date: 6/29/2015
Fiscal Year End: 5/31/2014
Audit Status: Unaudited Cost Report

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Settlement Based on Cost

**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Select Specialty Hospital Pensacola Inc
7000 Cobble Creek Drive
Pensacola, Fl 32504-

Provider Type: HOSPITAL

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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

BayCare Alliant Hospital
601 Main Street, MS 469
Dunedin, FL 34698-

Provider Type: HOSPITAL

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BASIS:

- Budget
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- Field Audited Costs
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- Cost Report Late Test

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 5

For Information only - No Change in rate

Batch ID:XX920

Printed on: 6/29/2015 9:56 AM
**Medicaid Reimbursement Rate Change Form**

Provider Number: 0103730-00  
Date: 6/29/2015  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited Cost Report

St. Vincent's Medical Center  
Southside  
4201 Belfort Road  
Jacksonville, FL 32215-  

**Provider Type:**  

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**BASIS:**

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

**DISTRIBUTION:**

Hospitals:
Managed Care
Contract Management

For Information only - No Change in rate

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Select Specialty Hospital - Tallahassee
1554 Surgeon's Drive
Tallahassee, FL 32308-

Provider Number: 0103748-00
Date: 6/29/2015
Fiscal Year End: 2/28/2014
Audit Status: Unaudited Cost Report

Provider Type:
HOSPITAL

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<tr>
<td>Outpatient 9.15</td>
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Inpatient County Billing Rate

<table>
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<tr>
<th>Type</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>DRG</td>
<td></td>
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Rate Type:
Interim

Prospective

BASIS:
Budget

Unaudited Costs

Field Audited Costs

Revised Field Audit

Cost Report Late Test

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920 Printed on: 6/29/2015 9:56 AM
Select Specialty Hospital-Palm Beach  
3060 Melaleuca Lane  
Lake Worth, FL 33461-

**Provider Type:**

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<th>Effective Date</th>
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<td>DRG 14.53</td>
<td>7/1/2015</td>
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**Inpatient County Billing Rate**

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<td></td>
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<tr>
<td>Prospective</td>
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</table>

**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Select Specialty Hospital Gainesville Inc.
2708 SW Archer Road
Gainesville, FL 32608-

**Provider Number:** 0103772-00
**Date:** 6/29/2015
**Fiscal Year End:** 7/31/2014
**Audit Status:** Unaudited Cost Report

### Provider Type:

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<td>7/1/2015</td>
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**Inpatient County Billing Rate**

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<tr>
<td>Prospective</td>
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**BASIS:**

- Budget
- X Unaudited Costs

**DISTRIBUTION:**

- Hospitals: 3
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

**Provider Number:** 0104591-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 12/31/2013  
**Audit Status:** Unaudited Cost Report

---

**Northwest Medical Center**  
5801 North State Road 7  
Margate, FL 33063-

**Provider Type:** HOSPITAL

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**Inpatient County Billing Rate**

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**Settlement Based on Cost**

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<tr>
<td>Field Audited Costs</td>
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<td>Revised Field Audit</td>
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<tr>
<td>Cost Report Late Test</td>
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**DISTRIBUTION:**

Hospitals:  
Managed Care  
Contract Management  
10

---

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

---

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

Provider Number: 0104604-00
Provider: Palmetto General Hospital
Address: 2001 West 68th St.
City: Hialeah
State: FL
Zip: 33016
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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<tr>
<td>Prospective</td>
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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
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

Medical Center of Trinity
5637 Marine Parkway
New Port Richey, FL 34652-

Provider Number: 0105520-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0106470-00

Provider Type:

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</table>

Inpatient County Billing Rate

Rate Type:

Interim   X   Prospective

Total Interim X Total Prospective

Settlement Based on Cost

BASIS:

Budget

X Unaudited Costs

Field Audited Costs

Revised Field Audit

Cost Report Late Test

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Broward Health Imperial Point
1608 S.E. 3rd Avenue
Ft. Lauderdale, FL 33316-

Provider Number: 0108219-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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<th>Effective Date</th>
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<tr>
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Rate Type: Interim X Prospective

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 10

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Broward Health Imperial Point
1608 S.E. 3rd Avenue
Ft. Lauderdale, FL 33316

Provider Number: 0108219-05
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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<td>Inpatient DRG</td>
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Inpatient County Billing Rate

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<td>Settlement Based on Cost</td>
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BASIS:

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

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
## Medicaid Reimbursement Rate Change Form

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### Lake Butler Hospital
850 EAST MAIN ST. P.O.B. 748
Lake Butler, FL 32954-

### Provider Type:
- **Provider Type:** Hospital

### Current Rate vs. New Rate

<table>
<thead>
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<th>Effective Date</th>
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<tr>
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<td>Total Prospective</td>
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<td>X</td>
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<td>Cost Report Late Test</td>
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### DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management
- 3

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0108626-00
Date: 6/29/2015
Fiscal Year End: 2/28/2014
Audit Status: Unaudited Cost Report

North Florida Regional Medical Center
P.O. Box NFR
Gainesville, FL  32602-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type:
- Interim (X)
- Prospective (X)

Settlement Based on Cost

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management
- 3

For Information only - No Change in rate

Batch ID:XX920
Printed on : 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0109592-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Bayfront Health Dade City
13100 Fort King Road
Dade City, FL 33525-

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type: Interim X Prospective

Total Interim X Total Prospective
Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Coral Gables Hospital
P.O. BOX 610
Coral Gables, FL  33134-

### Provider Type:

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**Inpatient County Billing Rate**

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

### BASIS:

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

**DISTRIBUTION:**

Hospitals:
Managed Care
Contract Management
11

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Ocala Regional Medical Center
1431 SW 1st Avenue
Post Office Box
2200
Ocala, FL 32678-

Provider Number: 0109886-00
Date: 6/29/2015
Audit Status: Unaudited Cost Report
Fiscal Year End: 8/31/2014

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 3

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Blake Memorial Hospital
2020 59th St. West
Bradenton, FL 33505-

Provider Number: 0110213-00
Date: 6/29/2015
Fiscal Year End: 4/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

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Settlement Based on Cost

BASIS:

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<th>Field Audited Costs</th>
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</table>

| Cost Report Late Test |

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Rate Change Form

Provider Number: 0111325-00  
Date: 6/29/2015  
Fiscal Year End: 5/31/2014  
Audit Status: Unaudited Cost Report

Ft. Walton Beach Medical Center  
1000 Mar-Walt Drive  
Ft. Walton, FL 32547-

Provider Type:  
HOSPITAL

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Inpatient County Billing Rate  

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<td>Settlement Based on Cost</td>
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BASIS:  
- Budget
- Unaudited Costs
- Field Audited Costs
- Revised Field Audit
- Cost Report Late Test

DISTRIBUTION:  
Hospitals:  
Managed Care  
Contract Management  
1

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Gulf Coast Medical Center Lee
Memorial Health System
PO Box 151247
Cape Coral, FL 33915-

Provider Type: HOSPITAL

<table>
<thead>
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<th>Effective Date</th>
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Inpatient County Billing Rate

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<td>Prospective</td>
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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

Printed on: 6/29/2015 9:56 AM

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0111741-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

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**Inpatient County Billing Rate**

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**Settlement Based on Cost**

**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 4

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Westside Regional Medical Center
8201 West Broward Blvd.
Plantation, FL 33324-

Provider Type:

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BASIS:

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

DISTRIBUTION:

Hospitals: Managed Care, Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
**Medicaid Reimbursement Rate Change Form**

Memorial Hospital Of Tampa  
2901 Swann Avenue  
Tampa, FL  33609-0409

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<tr>
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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

University Hospital and Medical Center
7201 University Drive
Tamarac, FL 33321-

Provider Type:

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Rate Type: x Prospective

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 10

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0113212-00
Date: 6/29/2015
Fiscal Year End: 5/31/2014
Audit Status: Unaudited Cost Report

West Florida Hospital
8383 North Davis Hwy.
Pensacola, FL 32514-

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
1

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Putnam Community Hospital
P.O. Drawer 778
Palatka, FL 32007-

Provider Number: 0113514-00
Date: 6/29/2015
Fiscal Year End: 2/28/2013
Audit Status: Unaudited Cost Report

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### Inpatient County Billing Rate:

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### BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

3

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0115193-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Northside Hospital
6000 49th St. North
St. Petersburg, FL 33709-

Provider Type:

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Inpatient County Billing Rate

Rate Type:

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BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920  Printed on : 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Anne Bates Leach Eye Hospital
900 NW 17th St.
Miami, FL 33136-

Provider Number: 0116483-00
Date: 6/29/2015
Fiscal Year End: 5/31/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:
- Interim
- Prospective

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

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

**Provider Number:** 0117463-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 12/31/2013  
**Audit Status:** Unaudited Cost Report

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### Inpatient County Billing Rate

- **Rate Type:**  
  - Interim  
  - Prospective

- **Total Interim**  
- **Settlement Based on Cost**

- **Total Prospective**

### BASIS:

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

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

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**For Information only - No Change in rate**

---

**Batch ID:** XX920  
**Printed on:** 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Gulf Coast Regional Medical Center
449 West 23rd Street
Panama City, FL 32405-

Provider Number: 0117617-00
Date: 6/29/2015
Fiscal Year End: 1/31/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type: Interim ____ Prospective __x__

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DISTRIBUTION:

Hospitals: Managed Care
Contract Management
2

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
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

Provider Number: 0118079-00  
Date: 6/29/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited Cost Report

Brandon Regional Hospital  
119 Oakfield Drive  
Brandon, FL  33511-  
Provider Type: HOSPITAL

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BASIS:

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

DISTRIBUTION:

Hospitals:  
Managed Care  
Contract Management  
6

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis
Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive Mail Stop 23 Tallahassee, Florida 32308

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

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W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Cape Coral Hospital
PO Box 151247
Cape Coral, FL  33915-

Provider Number: 0119717-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Provider Type: HOSPITAL

Rate Type: Interim x Prospective

BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

8

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on : 6/29/2015 9:56 AM
Venice Regional Bayfront Health  
540 THE RIALTO  
Venice, FL 34285-

Provider Type: Hospital

<table>
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Inpatient County Billing Rate

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Basis:

- Budget
- Unaudited Costs

DISTRIBUTION:

Hospitals: 
Managed Care
Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Largo Medical Center  
201 14th St., SW  
Largo, FL 33540-

Provider Number: 0119741-00  
Date: 6/29/2015  
Fiscal Year End: 2/28/2014  
Audit Status: Unaudited Cost Report

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### Inpatient County Billing Rate

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### BASIS:

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

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate
Raulerson Hospital  
P.O.Box 1307  
Okeechobee, FL 34974-  

Medicaid Reimbursement Rate Change Form  

Provider Number: 0119750-00  
Date: 6/29/2015  
Fiscal Year End: 4/30/2014  
Audit Status: Unaudited Cost Report  

Raulerson Hospital  
P.O.Box 1307  
Okeechobee, FL 34974-  

Provider Type:  

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Inpatient County Billing Rate  

Rate Type:  

- Interim  
- Prospective  

BASIS:  

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

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis  

DISTRIBUTION:  

- Hospitals:  
- Managed Care  
- Contract Management  

For Information only - No Change in rate  

Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Lake City Medical Center
1050 N. Commerce Blvd
Lake City, FL  32055-

Provider Number: 0119768-00
Date: 6/29/2015
Fiscal Year End: 10/31/2013
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920  Printed on : 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Florida State Hospital-Med
Medicaid Billing Office
Chattahoochee, FL 32324-

Provider Type:

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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 2

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 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**

Provider Number: 0119806-00  
Date: 6/29/2015  
Fiscal Year End: 4/30/2014  
Audit Status: Unaudited Cost Report

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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:  
- Managed Care  
- Contract Management  

2

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920  
Printed on : 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Tampa Community Hospital
6001 Webb Road
Tampa, FL 33615-

Provider Number: 0119849-00
Date: 6/29/2015
Fiscal Year End: 9/30/2013
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type: Interim X Prospective

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BASIS:

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

DISTRIBUTION:

Hospitals:
- Managed Care
- Contract Management

6

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Regional Medical Center Bayonet Point  
14000 FIVAY RD  
Hudson, FL 34667-

Provider Type: 

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
**Medicaid Reimbursement Rate Change Form**

Kindred Hospital-South Florida-Coral Gables
5190 SW 8TH ST
Coral Gables, FL 33134-

**Provider Type:**

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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

South Bay Hospital
4016 STATE RD 674 EAST
Sun City Center, FL  33570-

Provider Number: 0119946-00
Date: 6/29/2015
Fiscal Year End: 8/31/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Doctors Hospital Of Sarasota
5731 Bee Ridge Road
Sarasota, FL 34233-

Provider Number: 0119954-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type:

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Rate Type:

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

Hospitals:
Managed Care
Contract Management

**For Information only - No Change in rate**

---

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Rate Change Form

Provider Number: 0119989-00
Date: 6/29/2015
Fiscal Year End: 5/31/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

Hospitals:
- Managed Care
- Contract Management

3

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0120006-00
Date: 6/29/2015
Fiscal Year End: 8/31/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

- Interim
- X Prospective

BASIS:

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

DISTRIBUTION:

- Hospitals: 10
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0120006-01  
Date: 6/29/2015  
Fiscal Year End: 8/31/2014  
Audit Status: Unaudited Cost Report

Provider Type:  

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Inpatient County Billing Rate

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DISTRIBUTION:  
Hospitals:  
Managed Care  
Contract Management

10

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Sebastian Hospital
P.O. BOX 780838
Sebastian, FL 32978-

Provider Type:
HOSPITAL

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Inpatient County Billing Rate

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Rate Type: Interim x Prospective

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
# Medicaid Reimbursement Rate Change Form

St. Catherine's Rehabilitation Hospital  
1050 NE 125 ST  
North Miami, FL 33161-  

**Provider Number:** 0120022-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/2014  
**Audit Status:** Unaudited Cost Report

## Provider Type:

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### Inpatient County Billing Rate

**Rate Type:**  
- **Interim**  
- **Prospective**

**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management

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

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

Healthsouth Larkin Hospital-Miami
7031 SW 62 AVE.
South Miami, FL 33143-

Provider Number: 0120057-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

<table>
<thead>
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<th>Current Rate</th>
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<th>Effective Date</th>
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<tr>
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Inpatient County Billing Rate

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Settlement Based on Cost

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

DISTRIBUTION:
- Hospitals:
- Managed Care
- Contract Management
- 11

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Oak Hill Hospital
P.O. BOX 5300
Spring Hill, FL 33526-

Provider Number: 0120073-00
Date: 6/29/2015
Fiscal Year End: 2/28/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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**BASIS:**

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 3

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Mease Countryside Hospital
16331 BayVista Drive
Clearwater, FL 33760-

Provider Number: 0120081-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Settlement Based on Cost

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DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
5

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0120090-00  
Provider Type: HOSPITAL

| Provider Number: 0120090-00 | Date: 6/29/2015  
|-----------------------------|------------------|------------------|------------------|
| Fiscal Year End: 12/31/2013  
| Audit Status: Unaudited Cost Report  

**Provider Type:**

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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:
- Managed Care
- Contract Management
- 9

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

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

St. Petersburg General Hospital
6500 38TH AVE., NORTH
St Petersburg, FL 33710-

Provider Type:

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Inpatient County Billing Rate

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Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 5

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0120111-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Palms Of Pasadena Hospital
1501 Pasadena Ave.
South Pasadena, FL 33707-

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis
Medicaid Reimbursement Rate Change Form

Kendall Regional Medical Center
11750 SW 40TH ST
Miami, FL  33175-

Provider Number: 0120138-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

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

### BASIS:

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

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
11

For Information only - No Change in rate

Batch ID:XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

St Anthonys Hospital
3001 W. ML King Blvd. Post Office
Box 4227
Tampa, FL 33677-4227

Provider Number: 0120227-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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<td>Prospective</td>
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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 5

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

W. Boca Med. Ctr.
21644 STATE RD 7
Boca Raton, FL 33428-

Provider Type:

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Inpatient County Billing Rate

Rate Type:

- Interim: X
- Prospective: X

Total Interim Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

For Information only - No Change in rate

Batch ID: XX920
### Medicaid Reimbursement Rate Change Form

**Provider Number:** 0120260-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 5/31/2014  
**Audit Status:** Unaudited Cost Report

**Provider Type:** HOSPITAL

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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:  
- Managed Care  
- Contract Management  
  9

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W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

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Batch ID:XX920  
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital-Sunrise
4399 NOB HILL RD
Ft Lauderdale, FL  33351-

Provider Number: 0120278-00
Date: 6/29/2015
Fiscal Year End: 12/31/2013
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type: Interim X Prospective

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W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
10
Medicaid Reimbursement Rate Change Form

Provider Number: 0120294-00
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Jupiter Hospital
1210 S Old Dixie Highway
Jupiter, FL 33458-

Provider Type: HOSPITAL

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 9

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

West Palm Hospital
2201 45TH ST
West Palm Beach, FL  33407-

Provider Number: 0120308-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

H Lee Moffitt Cancer Center & Research Institute Hospital
12902 Magnolia Drive
Tampa, FL 33612-9497

Provider Number: 0120324-00
Provider Type: HOSPITAL
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

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Inpatient County Billing Rate

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For Information only - No Change in rate

DISTRIBUTION:

Hospitals: Managed Care
Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

H Lee Moffitt Cancer Center & Research Institute Hospital
12902 Magnolia Drive
Tampa, FL 33612-9497

Provider Number: 0120324-02
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

HOSPITAL

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Effective Date: 7/1/2015

Inpatient County Billing Rate

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<tbody>
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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

6

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

HealthSouth Rehabilitation Hospital of Tallahassee
1675 RIGGINS RD
Tallahassee, FL  32308-

Provider Type: HOSPITAL

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<tbody>
<tr>
<td>Inpatient</td>
<td>DRG</td>
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<td>7/1/2015</td>
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<tr>
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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
2

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

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

**HealthSouth Treasure Coast**  
Rehabilitation Hospital  
1600 37TH ST  
Vero Beach, FL  32960-

**Provider Number:** 0120341-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 12/31/2013  
**Audit Status:** Unaudited Cost Report

**Provider Type:**  
- **HOSPITAL**
  - Inpatient
  - Outpatient

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</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong></td>
<td>DRG</td>
<td>DRG</td>
<td>7/1/2015</td>
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<td><strong>Outpatient</strong></td>
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**Inpatient County Billing Rate**  
**Rate Type:**  
- **Interim**  
- **Prospective**

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

**DISTRIBUTION:**  
- Hospitals:
- Managed Care
- Contract Management

---

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

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*Batch ID:XX920*  
*Printed on: 6/29/2015 9:56 AM*
Medicaid Reimbursement Rate Change Form

Aventura Hospital and Medical Center
20900 Biscayne Blvd
Miami, FL 33180-

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

11

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
## Medicaid Reimbursement Rate Change Form

Provider Number: 0120383-00  
Date: 6/29/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited Cost Report  

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### BASIS:

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

### DISTRIBUTION:

- Hospitals:  
- Managed Care  
- Contract Management

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis  

For Information only - No Change in rate
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

Broward Health Coral Springs
303 South East 17th St.
Ft. Lauderdale, FL 33316-2015

Provider Number: 0120405-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

Rate Type:

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management
- 10

For Information only - No Change in rate

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

Printed on: 6/29/2015 9:56 AM
**Medicaid Reimbursement Rate Change Form**

**Provider Type:**

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**Inpatient County Billing Rate**

- **Rate Type:** Interim (X) Prospective
- **BASIS:** Budget (X) Unaudited Costs
- **DISTRIBUTION:**
  - Hospitals:
  - Managed Care
  - Contract Management

**Medicaid Cost Reimbursement Analysis**

W. Rydell Samuel or Chanda Farcas

For Information only - No Change in rate
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

HealthSouth Rehabilitation Hospital - Sea Pines
101 E Florida Ave.
Melbourne, FL 32901-

Provider Number: 0120421-00  
Date: 6/29/2015  
Fiscal Year End: 12/31/2013  
Audit Status: Unaudited Cost Report

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Inpatient County Billing Rate  

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BASIS:

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

DISTRIBUTION:

- Hospitals:
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas  
Medicaid Cost Reimbursement Analysis

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

Provider Number: 0260011-00
Date: 6/29/2015
Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

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

Provider Number: 0260029-00
Date: 6/29/2015

Fiscal Year End: 6/30/2014
Audit Status: Unaudited Cost Report

Provider Type:

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<td>7/1/2015</td>
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Rate Type:

- Interim
- X
- Prospective
- Total Interim
- X
- Total Prospective
- Settlement Based on Cost

BASIS:

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

DISTRIBUTION:

Medicaid Cost Reimbursement Analysis

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

Provider Number: 0260045-00  
Date: 6/29/2015  
Fiscal Year End: 6/30/2014  
Audit Status: Unaudited Cost Report  

Provider Type:  

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Basis:  

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

DISTRIBUTION:  

- Hospitals:  
  - Managed Care  
  - Contract Management  
- Medicaid Cost Reimbursement Analysis  

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

Provider Number: 0260053-00

Date: 6/29/2015

Fiscal Year End: 6/30/2014

Audit Status: Unaudited Cost Report

Provider Type:

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Provider Number: 0260053-00

W. Fla. Comm. Care

5500 Stewart St.

Milton, FL 32570-

W. Rydell Samuel or Chanda Farcas

Medicaid Cost Reimbursement Analysis

BASIS:

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

DISTRIBUTION:

Hospitals:
Managed Care
Contract Management

For Information only - No Change in rate

Printed on: 6/29/2015 10:46 AM
# Medicaid Reimbursement Rate Change Form

**Provider Number:** 0102814-00  
**Date:** 6/29/2015  
**Fiscal Year End:** 9/30/2014  
**Audit Status:** Unaudited Cost Report

**University of South Alabama Medical Center**  
1504 Springhill Ave Suite #3170  
Mobile, AL 36604-

## Provider Type:

<table>
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**Inpatient County Billing Rate**

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**BASIS:**

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

**DISTRIBUTION:**

- Hospitals:  
- Managed Care  
- Contract Management  
- 0

For Information only - No Change in rate

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

**Batch ID:** XX920  
**Printed on:** 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

Provider Number: 0102814-02
Date: 6/29/2015
Fiscal Year End: 3/31/2000
Audit Status: Interim Budget

Infirmary West
5600 Girby Road
Mobile, AL 36693-

Provider Type:

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Inpatient County Billing Rate

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BASIS:

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DISTRIBUTION:

Hospitals:
Managed Care
Contract Management
0

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Batch ID: XX920
Printed on: 6/29/2015 9:56 AM
Medicaid Reimbursement Rate Change Form

U.S.A Children's & Women's Hospital
1504 Springhill Ave #3170
Mobile, AL  36604-

Provider Number: 0102814-01
Date: 6/29/2015
Fiscal Year End: 9/30/2014
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

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Inpatient County Billing Rate

Rate Type: Interim X Prospective

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

DISTRIBUTION:
- Hospitals: 0
- Managed Care
- Contract Management

W. Rydell Samuel or Chanda Farcas
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate