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: 0260011-00  
Date: 6/30/2020  
Fiscal Year End: 6/30/2019  
Audit Status: Amended Cost Report

Florida State Hospital  
Building 260  
Chattahoochee, FL 32324-

Provider Type:  
<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>419.68</td>
<td>301.89</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>Outpatient</td>
<td>0.00</td>
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<td>7/1/2020</td>
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</tbody>
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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  
Medicaid Cost Reimbursement Analysis

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

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

Provider Type:

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

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

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

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

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

South Florida State Hospital  
800 East Cypress Dr  
Pembroke Pines, FL 33025-

Provider Number: 0260045-00  
Date: 6/30/2020  
Fiscal Year End: 6/30/2019  
Audit Status: Unaudited Cost Report

Provider Type:  
HOSPITAL  
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<th>Category</th>
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<tr>
<td>Outpatient</td>
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<td>0.00</td>
<td>7/1/2020</td>
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</tbody>
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Inpatient County Billing Rate  

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

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

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

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

Provider Number: 0260053-00
Date: 6/30/2020
Fiscal Year End: 6/30/2019
Audit Status: Unaudited Cost Report

Provider Type: HOSPITAL

<table>
<thead>
<tr>
<th>Provider Type</th>
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<tbody>
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Inpatient County Billing Rate

Rate Type:

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

BASIS:

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

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate