

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

2019 SEP 13 P 12

MEMORIAL HOSPITAL  
FLAGLER, INC. d/b/a FLORIDA  
HOSPITAL FLAGLER,

PROVIDER NO.: 101893

Petitioner,

AHCA NO.: 15-113

vs.

RENDITION NO.: AHCA-19-0739-S-MDA


AGENCY FOR HEALTH CARE  
ADMINISTRATION,

Respondent.

**FINAL ORDER**

THE PARTIES resolved all disputed issues and executed a Settlement Agreement. The parties are directed to comply with the terms of the attached settlement agreement. Based on the foregoing, this file is **CLOSED**.

DONE and ORDERED on this the 13 day of Sept., 2019, in Tallahassee,  
Leon County, Florida.

  
\_\_\_\_\_  
MARY C. MAYHEW, SECRETARY  
Agency for Health Care Administration

**A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO A JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY ALONG WITH FILING FEE AS PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.**

Copies furnished to:

Florida Hospital-Flagler  
Attn: Hospital Administrator  
60 Memorial Medical Parkway  
Palm Coast, FL 32164  
(U.S. MAIL)

Joseph M. Goldstein, Esquire  
Shutts & Bowen LLP  
200 East Broward Blvd., Suite 2100  
Fort Lauderdale, FL 33301  
[jgoldstein@shutts.com](mailto:jgoldstein@shutts.com)  
(E-Mail)

Shena L. Grantham, Esquire  
MAL & MPI Chief Counsel  
[Shena.Grantham@ahca.myflorida.com](mailto:Shena.Grantham@ahca.myflorida.com)  
(E-Mail)

Stefan Grow, General Counsel  
Agency for Health Care Administration  
(E-Mail)

Lisa Smith, Bureau Chief MPF  
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[smindlin@asfflaw.com](mailto:smindlin@asfflaw.com)  
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(E-Mail)

Bureau of Health Quality Assurance  
Agency for Health Care Administration  
(E-Mail)


Division of Health Quality Assurance  
Bureau of Central Services  
[CSMU-86@ahca.myflorida.com](mailto:CSMU-86@ahca.myflorida.com)  
(E-Mail)

Division of Administrative Hearings  
The Desoto Building  
1230 Apalachee Parkway  
Tallahassee, FL 32399-3060

Deborah Kenon, MPF  
(E-Mail)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to the above named addressees by U.S. Mail or other designated method on this the 15 day of September, 2019.



---

Richard J. Shoop, Esquire  
Agency Clerk  
State of Florida  
Agency for Health Care Administration  
2727 Mahan Drive, MS #3  
Tallahassee, Florida 32308-5403  
(850) 412-3689/FAX (850) 921-0158

**STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION**

MEMORIAL HOSPITAL  
FLAGLER, INC. d/b/a  
FLORIDA HOSPITAL  
FLAGLER,

Petitioner,

v.

AHCA CASE NO.: 15-113  
DOAH CASE NO. 15-1666  
Medicaid Provider #: 101893

AGENCY FOR HEALTH CARE  
ADMINISTRATION,

Respondent.

\_\_\_\_\_ /

**SETTLEMENT AGREEMENT**

Petitioner, FLORIDA HOSPITAL FLAGLER, INC. f/d/b/a FLORIDA HOSPITAL FLAGLER (“AdventHealth Palm Coast”), and Respondent, the STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION (“AHCA” or “Agency”), and collectively referred to as the “Parties,” by and through the undersigned, hereby stipulate and agree as follows:

1. The Parties enter into this Agreement for the purpose of memorializing the resolution of this matter.
2. AdventHealth Palm Coast is a Medicaid provider in the State of Florida, provider number 101893, and was a provider during the relevant period.
3. In its Notice of Agency Action dated February 13, 2015, (the “Notice”), the Agency notified AdventHealth Palm Coast, in part that “... AHCA has determined that all cost reports, desk or onsite audits of cost reports, audited per diem reimbursement rates calculated by AHCA, or adjustments to audited per diem reimbursement rates calculated by AHCA relating to the

Medicaid inpatient and outpatient reimbursement rates identified in the Attached Exhibit A are ‘final’ ... and therefore not subject to further re-opening or adjustment.” A copy of the Notice is attached hereto as **Exhibit “A.”**

4. In response to the Notice, on March 13, 2015, AdventHealth Palm Coast filed a Petition for Formal Administrative Hearing (“Petition”). A copy of the Petition (less exhibits) is attached hereto as **Exhibit “B.”** The Petition sought a determination that the Agency incorrectly calculated AdventHealth Palm Coast’s rates for the rate semesters set forth in the Notice.

5. In order to resolve this matter without further administrative proceedings, and based upon additional information reviewed during the pendency of litigation, AdventHealth Palm Coast and AHCA agree with the revised rates and payments as included on the attached **Exhibit “C”**. AdventHealth Palm Coast agrees to promptly make payment consistent with the terms on **Exhibit “C”** in the total amount of **\$21,644.07**, but no later than 90 days after the entry of the Final Order, which shall be entered no later than 90 days after this Agreement is fully executed by the Parties.

6. As to the adjustment of any outpatient rates on **Exhibit “C”** that are within the past seven years (rate semesters beginning July 1, 2012), AHCA agrees to promptly re-process all applicable claims using the revised rates, and the Parties agree that they are bound by such revised rates and will make any payments or adjustments required consistent with applicable law as required by such re-processing.

7. AdventHealth Palm Coast and AHCA agree that the revised rates as shown on **Exhibit “C”** supersede the rates on **Exhibit “A”** and shall be final and not subject to further re-opening or adjustment. AdventHealth Palm Coast and AHCA further agree that all other rates appearing at **Exhibit “A”** shall also be final and not subject to further re-opening or adjustment.

Such finality, however, may not affect any reconciliation that AHCA may have to make as a matter of law as a result of Medicaid Disproportionate Share Hospital (DSH) Payments. Such finality, however, may also not affect any adjustment to the rates resulting from any recalculation of the Medicaid Trend Adjustment which may be required as a result of the consolidated appeals styled *Southern Baptist Hospital of Florida, et al. v. Agency for Health Care Administration* (lowest Case No. 1D17-2027, Florida First District Court of Appeal).

8. The Parties otherwise agree that the above adjustments resolve and settle this case completely and release each from any administrative or civil liabilities arising from the findings relating to the claims of adjustment of Medicaid Inpatient and Outpatient Hospital Rates pursuant to the Notice. Such resolution, however, shall not prevent AHCA from recovering any overpayment that is not authorized to be paid by the Medicaid program whether paid as a result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse, or mistake. Further, such release shall not prevent AHCA, the United States Medicaid Fraud Control Unit, or any other nonsignatory to this Agreement from pursuing any action relating to fraud against AdventHealth Palm Coast.

9. This settlement does not constitute an admission of wrongdoing or error by either party with respect to this case or any other matter.

10. The signatories to this Agreement, acting in a representative capacity, represent that they are duly authorized to enter into this Agreement on behalf of the respective parties.

11. This Agreement shall be construed in accordance with the provisions of the laws of Florida. The exclusive venue for any action arising from this Agreement shall be in Leon County, Florida.

12. This Agreement constitutes the entire agreement between AdventHealth Palm Coast and AHCA, including anyone acting for, associated with or employed by them, concerning all matters and supersedes any prior discussions, agreements or understandings; there are no promises, representations or agreements between AdventHealth Palm Coast and AHCA other than as set forth herein. No modification or waiver of any provision shall be valid unless a written amendment to the Agreement is completed and properly executed by the Parties.

13. This is an Agreement of settlement and compromise, made in recognition that the Parties may have different or incorrect understandings, information and contentions as to facts and law, and with each party compromising and settling any potential correctness or incorrectness of its understandings, information and contentions as to facts and law, so that no misunderstanding or misinformation shall be a ground for rescission hereof.

14. AdventHealth Palm Coast expressly waives in this matter its right to any hearing pursuant to sections 120.569 or 120.57, Florida Statutes, the making of findings of fact and conclusions of law by the Agency, and all further and other proceedings to which it may be entitled by law or rules of the Agency regarding this proceeding and any and all issues raised herein. AdventHealth Palm Coast further agrees that it shall not challenge or contest any Final Order entered in this matter which is consistent with the terms of this Agreement in any forum now or in the future available to it, including the right to any administrative proceeding, circuit or federal court action or any appeal.

15. The Parties agree to bear their own attorneys fees and costs.

16. This Agreement is and shall be deemed jointly drafted and written by all Parties to it and shall not be construed or interpreted against the party originating or preparing it.

17. To the extent that any provision of this Agreement is prohibited by law for any reason, such provision shall be effective to the extent not so prohibited, and such prohibition shall not affect any other provision of this Agreement; provided, however, if any provision of this Agreement regarding the payments required herein is prohibited by law, this Agreement is null and void and of no further effect, and AHCA agrees that it will send this appeal to DOAH for hearing at the request of AdventHealth Palm Coast.

18. This Agreement shall inure to the benefit of and be binding on each Party's successors, assigns, heirs, administrators, representatives and trustees.

19. All times stated herein are of the essence of this Agreement.

20. The Parties acknowledge that AHCA's payments required pursuant to the terms of this Agreement are subject to and contingent upon the review and approval of the Chief Financial Officer pursuant to his authority as set forth in the Florida Constitution and section 17.03, Florida Statutes, which provides in pertinent part: "The Chief Financial Officer of this state, using generally accepted auditing procedures for testing or sampling, shall examine, audit, and settle all accounts, claims, and demands, whatsoever, against the state, arising under any law or resolution of the Legislature, and issue a warrant directing the payment out of the State Treasury of such amount as he or she allows thereon." Should the Chief Financial Officer not approve such payments, then this Agreement shall be null and void and of no further effect, and AHCA shall immediately refer the matter to DOAH for a formal administrative hearing.

21. This Agreement shall be in full force and effect upon execution by the respective Parties in counterpart; provided, however, if AHCA does not execute the agreement within 90 days of execution by AdventHealth Palm Coast, such hospital may, in its sole discretion, withdraw its



acceptance of the agreement at any point thereafter.

**THE REMAINDER OF THIS PAGE INTENTIONALLY BLANK**

**FLORIDA HOSPITAL FLAGLER, INC.**

\_\_\_\_\_  
Providers' Representative

Dated: \_\_\_\_\_

BY: \_\_\_\_\_  
(Print name and Title)

\_\_\_\_\_  
Legal Counsel for Provider (as to form and sufficiency)

Dated: \_\_\_\_\_

BY: \_\_\_\_\_  
(Print Name)

**AGENCY FOR HEALTH CARE ADMINISTRATION**

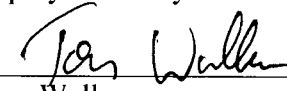
2727 Mahan Drive, Bldg. 3, Mail Stop #3  
Tallahassee, FL 32308-5403

\_\_\_\_\_  
Stefan R. Grow, Esquire  
General Counsel

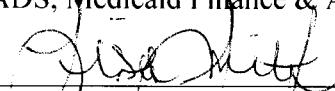
Dated: \_\_\_\_\_, 2019

\_\_\_\_\_  
Beth Kidder  
Deputy Secretary for Medicaid

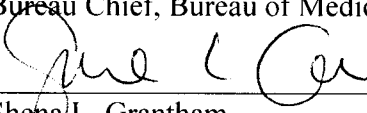
Dated: \_\_\_\_\_, 2019

  
\_\_\_\_\_  
Tom Wallace  
ADS, Medicaid Finance & Analytics


Dated: 9/4, 2019

  
\_\_\_\_\_  
Lisa Smith  
Bureau Chief, Bureau of Medicaid Program Finance

Dated: 8/29, 2019

  
\_\_\_\_\_  
Shena L. Grantham  
Chief Medicaid Administrative Litigation and  
Medicaid Program Integrity Counsel

Dated: 9/5, 2019

  
\_\_\_\_\_  
Joseph M. Goldstein  
Shutts & Bowen, AHCA Outside Counsel

Dated: August 6, 2019



# Exhibit “A”



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 13, 2015  
Certified Mail Receipt No.:  
91 7108 2133 3937 6303 6144

Florida Hospital - Flagler  
Attn: Hospital Administrator  
60 Memorial Medical Parkway  
Palm Coast, Florida 32164

**Reference(s):** Notice of Agency Action  
Historical Medicaid Inpatient and Outpatient Hospital Reimbursement Rates  
Medicaid Provider Number 101893

Dear Administrator:

Section 409.905, Florida Statutes and Florida's Medicaid inpatient and outpatient hospital reimbursement plans provide, in relevant part, the following with regard to hospital cost reports and Medicaid reimbursement rates for inpatient or outpatient hospital services:

The agency [AHCA] may not make any adjustment to a hospital's reimbursement more than 5 years after a hospital is notified of an audited rate established by the agency. The prohibition against adjustments more than 5 years after notification is remedial and applies to actions by providers involving Medicaid claims for hospital services.<sup>13</sup>

Effective October 1, 2013, for cost reports received prior to October 1, 2003, all desk or onsite audits of these cost reports shall be final and not subject to reopening.<sup>14</sup>

For cost reports received on or after October 1, 2003, all desk or onsite audits of these cost reports shall be final and shall not be reopened past three years of the date that the audit adjustments are noticed through a revised per diem rate completed by the agency.<sup>15</sup>

In accordance with these provisions, AHCA has determined that all cost reports, desk or onsite audits of cost reports, audited per diem reimbursement rates calculated by AHCA, or adjustments to audited per diem reimbursement rates calculated by AHCA relating to the

<sup>13</sup> §§ 409.905(5)(c)2 and (6)(b)2., Fla. Stat. (2013); Subsection I(M), Florida Title IX Inpatient Hospital Reimbursement Plan, Version XXXIX, incorporated by reference in 59G-6.020, Fla. Admin. Code ("Inpatient Plan"); Subsection I(O), Florida Title IX Outpatient Hospital Reimbursement Plan, version XXIII, incorporated by reference in 59-G 6.030, Fla. Admin. Code ("Outpatient Plan").

<sup>14</sup> Inpatient Plan § IV(H)(3); Outpatient Plan § IV(G)(5).

<sup>15</sup> Inpatient Plan §§ I(I), II(F), IV(H)(3); Outpatient Plan §§ II(F), IV(G)(5).

2727 Mahan Drive • Mail Stop 23  
Tallahassee, FL 32308  
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida

Medicaid inpatient and outpatient reimbursement rates identified in the attached Exhibit A are "final" as that term is used in the provisions quoted above, and therefore not subject to further re-opening or adjustment.

The authorities cited in this notice contain provisions which under certain circumstances authorize the Agency to re-open, correct or adjust historical cost reports and reimbursement rates.<sup>16</sup> AHCA's determination that the reimbursement rates identified in Exhibit A are final is without prejudice to, or limitation on, your hospital's entitlement to submit amended cost reports or request corrections or adjustments to reimbursement rates in accordance with, and subject to any limitations in, the provisions authorizing such adjustments in the authorities cited herein. If AHCA enters an order determining the reimbursement rates identified in Exhibit A are final, that determination of finality will apply only to a reimbursement rate as currently established and as reflected in Exhibit A, and will not preclude your hospital from requesting the re-opening of a cost report or the correction or adjustment of a reimbursement rate if your hospital was entitled to such adjustments both prior to and after the entry of AHCA's order determining the finality of the rate as currently calculated and as reflected in Exhibit A.

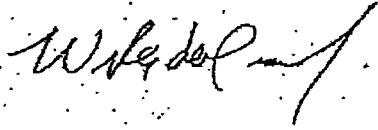
For audited reimbursement rates listed in Exhibit A which your hospital is not currently entitled to have re-opened under any other provisions set forth in the authorities cited above, any requests for cost report re-opening or adjustments to such rates before they become final as a matter of law must be in the form of a request for a hearing challenging the Agency action described in this notice, and must be made in strict compliance with the directions in this notice and the enclosed Notice of Administrative Hearing and Mediation Rights within twenty-one (21) days of your receipt of this letter, or else your hospital's opportunity to challenge this Agency action before it becomes final will be lost.

The Agency action/determination of finality described in this notice only applies to audited reimbursement rates listed in Exhibit A. It does not apply to any rates included in Exhibit A that are preliminary or unaudited as of the date of this notice. When final, audited reimbursement rates are established for any currently unaudited rate semesters included in Exhibit A, a separate Notice of Agency Action and Notice of Administrative Hearing and Mediation Rights will be sent with notice of those audited rates.

Pursuant to §120.57, Fla. Stat., you have the right to request a formal or informal hearing challenging the determinations set forth in this letter and Exhibit A to same. If a petition for a formal hearing is made, the petition must be made in compliance with Rule 28-106.201, Fla. Admin. Code. Please note that Rule 28-106.201(2) specifies that the petition must contain a concise discussion of specific items in dispute. Additionally, you are hereby informed that if a request for a hearing is made, the request or petition must be received within twenty-one (21) days of your receipt of this notice, and that failure to timely request a hearing shall be deemed a waiver of your right to a hearing. For more information regarding your hearing and mediation rights, please see the enclosed Notice of Administrative Hearing and Mediation Rights form. If you wish to request an administrative hearing, you must carefully follow all of the directions for doing so set out in that form.

<sup>16</sup> For example, Inpatient Plan § IV(H); Outpatient Plan § IV(G)

Sincerely,



W. Rydell Samuel  
Regulatory Analyst Supervisor  
Medicaid Program Finance

Enclosures:  
Exhibit A  
Notice of Administrative Hearing and Mediation Rights

WRS/ba

Exhibit A

MGD PROVID	NAME	CODE RATE TYPE	EFFECTIVE DATE	EMMIS RATE
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19890719	782.76
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19890719	120.26
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19891001	794.80
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19891001	120.26
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19900701	814.02
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19900701	83.83
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19910101	830.74
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19910101	83.90
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19910701	829.62
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19910701	83.73
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19920101	627.11
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19920101	45.60
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19920701	580.20
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19920701	39.80
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19930101	586.70
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19930101	40.37
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19930701	660.11
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19930701	50.22
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19940101	663.74
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19940101	50.58
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19940701	670.60
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19940701	51.18
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19950101	780.67
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19950101	52.18
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19950701	729.78
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19950701	48.15
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19960101	736.92
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19960101	48.76
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19960701	744.85
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19960701	49.44
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19970101	752.00
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19970101	50.05
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19970701	921.80
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19970701	55.14
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19980101	925.44
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19980101	55.40
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19980701	856.76
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19980701	50.07
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19990101	864.15
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19990101	50.58



Exhibit A

MCD PROVID	NAME	CD-RATE-TYP	EFFECTIVE DATE	CD-MISRATE
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	19990701	874.05
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	19990701	51.27
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20000101	887.57
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20000101	52.20
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20000701	954.64
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20000701	53.89
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20010101	968.10
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20010101	54.79
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20010701	926.90
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20010701	52.64
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20020101	944.38
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20020101	53.81
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20020401	1,004.66
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20020401	57.25
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20020701	1,023.26
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20020701	58.50
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20030101	69.57
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20030101	1,218.94
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20031001	1,184.29
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20031001	72.75
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20040101	1,329.95
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20040101	74.10
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20040701	1,348.25
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20040701	72.94
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20050101	1,056.50
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20050101	78.21
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20050701	1,056.50
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20050701	81.46
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20060101	1,056.50
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20060101	81.46
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20060701	1,375.43
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20060701	81.26
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20070101	1,309.51
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20070101	72.41
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20070701	1,309.51
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20070701	72.37
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20080101	1,265.84
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20080101	62.34
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20080701	1,226.97
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20080701	62.01
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20090101	1,350.76

Exhibit A

MCD PROVID	NAME	CDE RATE TYPE	EFFECTIVE DATE	FIMIS RATE
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20090101	63.98
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20090301	1,295.75
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20090301	61.22
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20090701	1,420.41
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20090701	65.88
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20100101	1,517.30
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20100101	67.93
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20100701	1,536.44
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20100701	69.08
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20110101	1,619.70 ✓
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20110101	75.02 ✓
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20110701	1,615.48 ✓
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20110701	73.96 ✓
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Inpatient	20120701	1,683.34 ✓
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20120701	82.30 ✓
010189300	MEMORIAL HEALTH SYSTEMS, INC.	Outpatient	20130701	86.32 ✓



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

**NOTICE OF ADMINISTRATIVE HEARING  
AND MEDIATION RIGHTS**

You have the right to request an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. If you disagree with the facts stated in the enclosed Notice of Agency Action, you may request a formal administrative hearing pursuant to Section 120.57(1), Florida Statutes. If you do not dispute the facts stated in the Notice of Agency Action, but believe there are additional reasons to grant the relief you seek, you may request an informal administrative hearing pursuant to Section 120.57(2), Florida Statutes. Additionally, pursuant to Section 120.573, Florida Statutes, mediation may be available if you have chosen a formal administrative hearing, as discussed more fully below.

Your written request for an administrative hearing must conform to the requirements of either Rule 28-106.201(2) or Rule 28-106.301(2), Florida Administrative Code, and must be received by the Agency Clerk for the Agency for Health Care Administration, by 5:00 P.M. no later than 21 days after the day you received the Notice of Agency Action. The address for filing the written request for an administrative hearing is:

Richard J. Shoop, Esquire  
Agency Clerk  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop # 3  
Tallahassee, Florida 32308  
Fax: (850) 921-0158

The request must be legible, on 8 ½ by 11-inch white paper, and contain:

1. Your name, address, telephone number, any Agency identifying number on the Notice of Agency Action, if known, and name, address, and telephone number of your representative, if any;
2. An explanation of how your substantial interests will be affected by the action described in the Notice of Agency Action;
3. A statement of when and how you received the Notice of Agency Action;
4. For a request for formal hearing, a statement of all disputed issues of material fact;
5. For a request for formal hearing, a concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle you to relief;
6. For a request for formal hearing, whether you request mediation, if it is available;
7. For a request for informal hearing, what bases support an adjustment to the amount owed to the Agency; and
8. A demand for relief.

A formal hearing will be held if there are disputed issues of material fact. Additionally, mediation may be available in conjunction with a formal hearing. Mediation is a way to use a neutral third party to assist the parties in a legal or administrative proceeding to reach a settlement of their case. If you and the Agency agree to mediation, it does not mean that you give up the right to a hearing. Rather, you and the Agency will try to settle your case first with mediation.

2727 Mahan Drive • Mail Stop 23  
Tallahassee, FL 32308  
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida

If you request mediation and the Agency agrees to it, you will be contacted by the Agency to set up a time for the mediation and to enter into a mediation agreement. If a mediation agreement is not reached within 10 days following the request for mediation, the matter will proceed without mediation. The mediation must be concluded within 60 days of having entered into the agreement, unless you and the Agency agree to a different time period. The mediation agreement between you and the Agency will include provisions for selecting the mediator, the allocation of costs and fees associated with the mediation, and the confidentiality of discussions and documents involved in the mediation. Mediators charge hourly fees that must be shared equally by you and the Agency.

If a written request for an administrative hearing is not timely received you will have waived your right to have the intended action reviewed pursuant to Chapter 120, Florida Statutes, and the action set forth in the Notice of Agency Action shall be conclusive and final.

# Exhibit “B”

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

MEMORIAL HOSPITAL  
FLAGLER, INC. d/b/a  
FLORIDA HOSPITAL  
FLAGLER,

Petitioner,

v.

AGENCY FOR HEALTH CARE  
ADMINISTRATION,

Respondent.

---

AHCA Case No.:  
Medicaid Provider #: 101893

RECEIVED  
AGENCY CLERK  
MAR 13 2015  
Agency for Health  
Care Administration

**PETITION FOR FORMAL ADMINISTRATIVE HEARING**

Petitioner, MEMORIAL HOSPITAL FLAGLER, INC. d/b/a FLORIDA HOSPITAL FLAGLER ("Florida Hospital Flagler"), by and through its undersigned counsel, and pursuant to Sections 120.569 and 120.57(1), Florida Statutes, and Rule 28-106.201, Florida Administrative Code, hereby requests a formal administrative hearing regarding Respondent Agency for Health Care Administration's "Notice of Agency Action: Historical Medicaid Inpatient and Outpatient Hospital Reimbursement Rates" dated February 13, 2015. In support of this Petition, Petitioner states as follows:

1. For the purpose of this Petition, Petitioner's name, address and telephone number is Florida Hospital Flagler, Reimbursement Services, 900 Hope Way, Altamonte Springs, Florida 32714, 407-357-2315. The name, address, telephone number, facsimile number and e-mail address of the attorneys for Petitioner upon whom service of pleadings and other papers should be made is provided in the signature block below.

2. The name and address of Respondent is STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION (hereinafter "Agency" or "AHCA"), 2727 Mahan Drive, Mail Stop #3, Tallahassee, Florida 32308. The agency action at issue in this proceeding is a letter dated February 13, 2015, entitled "Notice of Agency Action: Historical Medicaid Inpatient and Outpatient Hospital Reimbursement Rates" (hereinafter "Notice"). A copy of the Notice is attached hereto as Exhibit "1." The Agency's file or identification number is not known.

3. The Petitioner's Medicaid Provider Number is 101893. Petitioner received the Notice via certified mail on February 20, 2015, and this Petition for Formal Administrative Hearing is timely filed within twenty-one (21) days from receipt of the Notice.

4. Florida Hospital Flagler is a hospital located in Palm Coast, Florida, which participates in the Florida Medicaid Program administered by the Respondent. The Agency's Notice states, in pertinent part, that "... AHCA has determined that all cost reports, desk or onsite audits of cost reports, audited per diem reimbursement rates calculated by AHCA, or adjustments to audited per diem reimbursement rates calculated by AHCA relating to the Medicaid inpatient and outpatient reimbursement rates identified in the Attached Exhibit A are 'final' ... and therefore not subject to further re-opening or adjustment." Exhibit 1, pgs. 1 and 2.

5. The Agency included as an attachment to the Notice a three page document identified as Exhibit A therein and referenced herein above, consisting of a list of the Medicaid inpatient and outpatient reimbursement rates which are the subject of the Notice (hereinafter, "Exhibit A"). For Petitioner, the list includes reimbursement rates going back as far as 1989, a total of almost 100 different rates spanning a cumulative total of more than twenty years.

6. The process for determining Medicaid reimbursement rates involves the filing by the hospital of a cost report, which is subject to audit. The Medicaid reimbursement rates are also the result of an audit process.

7. The procedures to be utilized to determine the Medicaid reimbursement rates for hospitals providing inpatient services or outpatient services to eligible Medicaid recipients are established by Section 409.905, Florida Statutes (2014), Rule 59G-6.020, Florida Administrative Code, Rule 59 G-6.030, Florida Administrative Code, the Florida Title IX Inpatient Hospital Reimbursement Plan, and the Florida Title IX Outpatient Hospital Reimbursement Plan (the latter two documents have been incorporated by reference into Florida rules). Generally speaking, the Agency over the years has established a Medicaid inpatient hospital reimbursement rate and a Medicaid outpatient hospital reimbursement rate for a given rate semester (which from 1984 through 2011 was for a six month period, and after 2011 is for a twelve month period), and uses the applicable hospital specific reimbursement rates to determine the payments due to the hospital for providing services to Medicaid eligible patients during the relevant rate semester.

8. The general purpose of the Agency Notice appears to be to “clean up” and render final the Medicaid hospital inpatient and outpatient reimbursement rates for Petitioner for the past twenty years. Although this is a laudable goal with which Petitioner agrees in principle, in practice AHCA has, with little warning, required that Petitioner must file a Petition for Administrative Hearing if it seeks to retain or exercise its rights to question the finality of any of the almost one hundred reimbursement rates potentially becoming “final” under the provisions of the Notice.



9. The listed Medicaid reimbursement rates included in Exhibit A of the Notice constitute all of the reimbursement rates established by AHCA for Petitioner going back to 1989, through and including 2013. AHCA has not, in Exhibit A, specified the status of any of these individual rates, and has apparently commingled reimbursement rates both audited and unaudited, as well as rates which may have been audited but which have not been utilized to process Medicaid claims, which would be the final step of the rate setting process necessary to bring to full closure the reimbursement due for the period of the reimbursement rate's applicability. The Agency's Notice is deficient in not clearly providing Petitioner with adequate notice as to which Medicaid rates are impacted in which ways by the Notice, and by including reimbursement rates which should not be subject to final Agency Action.

10. Petitioner's interests will be substantially and adversely affected if the action contained in the Notice were to become final, and if its rights to challenge the finality of each of the rates identified in the Agency's Exhibit A were thereby eliminated, lessened or compromised. The Medicaid reimbursement rates listed in Exhibit A are the rates at which AHCA will reimburse Petitioner for services provided to Medicaid eligible patients and the establishment of the final rates thus substantially affects Petitioner.

11. The disputed issues of material fact raised by this Petition include the following:

A. What the status is of each individual Medicaid reimbursement rate contained in Exhibit A.

B. Whether each of the rates contained in Exhibit A have been audited.

C. Whether any requests for reopening or other challenges to each rate contained in Exhibit A have been filed and are pending.

D. Whether each individual rate contained in Exhibit A is unaudited.

E. Whether each individual rate contained in Exhibit A has been utilized by AHCA or its contractors to process all relevant claims for the applicable rate semester.

F. Whether each individual rate contained in Exhibit A is, has been, or should be considered final and not subject to further reopening or other proceedings.

G. Whether for each individual rate contained in Exhibit A, AHCA or its agents or contractors have completed all necessary steps to result in each rate being final, including the processing or reprocessing of all claims under each reimbursement rate.

12. The ultimate facts alleged by Petitioner are that many of the reimbursement rates contained in Exhibit A to the Agency Notice are not and should not be deemed "final," and that the Agency must determine which of the rates should be declared "final," and which should still be open for determining payments, reopening, or other adjustments.

13. The statutes and rules entitling Petitioner to relief include Sections 120.569, 120.57(1), and 409.905, Florida Statutes, Rules 59G-6.020, 59G-6.030, and Rule Chapters 28-106 and 59A-7, Florida Administrative Code, the Florida Title IX Inpatient Hospital Reimbursement Plan and the Florida Title IX Outpatient Hospital Reimbursement Plan. These statutes and rules require Respondent, now and in the future, to make adjustments to all of the Petitioner's unaudited reimbursement rates, as well as rates which may have been audited but which have not been utilized to process Medicaid claims, and preclude Respondent from making final all rates set forth in Exhibit A.

14. The ultimate relief sought by Petitioner is the withdrawal of the Agency's Notice and the issuance of an updated Notice which declares "Final" only those rates determined by this proceeding or agreement between the parties to be final under relevant law.

15. Petitioner is willing to participate in mediation of the issues herein presented.

**WHEREFORE**, Petitioner requests the following relief:


A. That the Agency accept Petitioner's Petition for Formal Administrative Hearing and transmit the Petition to the Division of Administrative Hearings for the conduct of a formal hearing;

B. That the Administrative Law Judge enter a Recommended Order recommending that the Agency's Notice be withdrawn;

C. That the Agency issue a Final Order withdrawing its Notice; and

D. That all other relief be granted as is appropriate under the circumstances.

Respectfully submitted this 13th day of March, 2015.



STEVEN T. MINDLIN, P.A.

Fla. Bar #378534

smindlin@sfflaw.com

KYLE L. KEMPER, ESQ.

Fla. Bar #628069

kkemper@sfflaw.com

SUNDSTROM & MINDLIN, LLP

2548 Blairstone Pines Drive

Tallahassee, Florida 32301

Telephone: (850) 877-6555

Facsimile: (850) 656-4029

Attorneys for Florida Hospital Flagler

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that the original and one copy of the foregoing has been served by Hand Delivery to the Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, Florida 32308 and a true and correct copy of the foregoing has been served by Hand Delivery to Don Freeman, Esquire, AHCA General Counsel's Office, Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, Florida 32308 on this 13th day of March, 2015.



\_\_\_\_\_  
STEVEN T. MINDLIN, P.A.

# Exhibit “C”



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

101893 - 2008/01

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0101893-00  
 Date: 6/19/2017  
 Fiscal Year End: 12/31/2006  
 Audit Status: Field Audit

**Provider Type:**



<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>1265.84</u>	<u>1261.20</u>	<u>1/1/2008</u>
Outpatient	<u>62.34</u>	<u>63.02</u>	<u>1/1/2008</u>
<b>Inpatient County Billing Rate</b>			<u>1/1/2008</u>

Rate Type:

<u>          </u> <b>Interim</b>	<u>          </u> X <b>Prospective</b>
<u>          </u> Total Interim	<u>          </u> X Total Prospective
<u>          </u> Settlement Based on Cost	

**BASIS:**

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

W. Rydell Samuel or Jesse Bottcher    
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

101893 - 2008/07

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0101893-00  
 Date: 6/19/2017  
 Fiscal Year End: 12/31/2006  
 Audit Status: Field Audit

**Provider Type:**


<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>1226.97</u>	<u>1222.46</u>	<u>7/1/2008</u>
Outpatient	<u>62.01</u>	<u>62.69</u>	<u>7/1/2008</u>
<b>Inpatient County Billing Rate</b>			<u>7/1/2008</u>

**Rate Type:**

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u>Total Interim</u>	<u>X</u>	<u>Total Prospective</u>
<u>Settlement Based on Cost</u>		

**BASIS:**

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

W. Rydell Samuel or Jesse Bottcher   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

101893 - 2011/01

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0101893-00

Date: 6/19/2017

Fiscal Year End: 12/31/2009

Audit Status: Field Audit

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>1619.70</b>	<b>1615.07</b>	<b>1/1/2011</b>
Outpatient	<b>75.02</b>	<b>75.03</b>	<b>1/1/2011</b>
<b>Inpatient County Billing Rate</b>			<b>1/1/2011</b>

**Rate Type:**

<u>Interim</u>	<u>X</u>	<b><u>Prospective</u></b>
<u>        </u> Total Interim	<u>        </u>	<u>        </u> Total Prospective
<u>        </u> Settlement Based on Cost	<u>        </u>	

**BASIS:**

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

W. Rydell Samuel or Jesse Bottcher

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate





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

101893 - 2011/07

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0101893-00

Date: 6/19/2017

Fiscal Year End: 12/31/2009

Audit Status: Field Audit

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>1615.48</b>	<b>1610.96</b>	<b>7/1/2011</b>
Outpatient	<b>73.96</b>	<b>73.97</b>	<b>7/1/2011</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2011</b>

**Rate Type:**

<u>          </u> <b>Interim</b>	<u>          </u> X <b>Prospective</b>
<u>          </u> Total Interim	<u>          </u> X Total Prospective
<u>          </u> Settlement Based on Cost	

**BASIS:**

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

W. Rydell Samuel or Jesse Bottcher

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

101893 - 2012/07

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0101893-00  
 Date: 6/19/2017  
 Fiscal Year End: 12/31/2010  
 Audit Status: Field Audit

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<u>1683.34</u>	<u>1671.07</u>	<u>7/1/2012</u>
Outpatient	<u>82.30</u>	<u>83.46</u>	<u>7/1/2012</u>
<b>Inpatient County Billing Rate</b>			<u>7/1/2012</u>

**Rate Type:**

<u>          </u> <b>Interim</b>	<u>          </u> X <b>Prospective</b>
<u>          </u> Total Interim	<u>          </u> X Total Prospective
<u>          </u> Settlement Based on Cost	

**BASIS:**

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

W. Rydell Samuel or Jesse Bottcher

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

101893 - 2013/07

Medicaid Reimbursement Rate Change Form

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

Provider Number: 0101893-00

Date: 6/19/2017

Fiscal Year End: 12/31/2011

Audit Status: Field Audit

**Provider Type:**

<u>HOSPITAL</u>	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Inpatient	<b>DRG</b>	<b>DRG</b>	<b>7/1/2013</b>
Outpatient	<b>86.32</b>	<b>86.72</b>	<b>7/1/2013</b>
<b>Inpatient County Billing Rate</b>			<b>7/1/2013</b>

**Rate Type:**

<u>Interim</u>	<u>X</u>	<u>Prospective</u>
<u>        </u> Total Interim		<u>        </u> Total Prospective
<u>        </u> Settlement Based on Cost		

**BASIS:**

<u>        </u>	Budget
<u>        </u>	Unaudited Costs
<u>        </u> X	Field Audited Costs
<u>        </u>	Revised Field Audit
<u>        </u>	Cost Report Late Test

W. Rydell Samuel or Jesse Bottcher

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  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 01, 2008 through June 30, 2008

<b>101893 - 2008/01</b>
<b>1261.20 / 63.02</b>

Type of Control: Nonprofit (Church)

**Florida Hospital Flagler**

County: Flagler (18)

Fiscal Year: 1/1/2006 - 12/31/2006

Type of Action: Field Audit

District: 4

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,865,334.00	17,672,656.00	418,395.00	915,793.00	Total Bed Days	29,565
2. Routine	9,108,457.00		237,629.00		Total Inpatient Days	23,133
3. Special Care	4,553,148.00		129,714.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	637
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,182
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0653634698
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	14,920
9. Total Cost	29,526,939.00	17,672,656.00	785,738.00	915,793.00	Property Rate Allowance	1.00
10. Charges	125,090,981.00	104,453,485.00	3,189,085.00	5,578,278.00	First Rate Semester in Effect	2008/01
11. Fixed Costs	4,447,152.00		113,376.25		Last Rate Semester in Effect	2008/07

**Ceiling and Target Information**

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,189.95	69.20	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.7440
2. Base Rate Semester	2007/01	2007/07	Variable Cost Base	1,155.77	72.37	Cost Report DRI Index	1.6370
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,447.50	159.94	FPLI Year Used	2005
4. Rate of Increase (Year/Sem.)	1.024473	1.025336	County Ceiling	1,367.89	151.14	FPLI	0.9450

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	785,738.00	915,793.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	113,376.25	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	672,361.75	915,793.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	716,309.65	975,652.41
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	637	14,920
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,124.50	65.39
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,124.50	65.39
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9450) for Flagler (18)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,124.50	65.39
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	177.98	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	1,302.49	65.39
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,189,085.00	5,578,278.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,006.41	373.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,333.65	398.32
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	1,302.49	65.39
AU	Medicaid Trend Adjustment (IP%: 3.1704 %, OP%: 3.6284 %)	(41.29)	(2.37)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>	<b>1,261.20</b>	<b>63.02</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2008 through December 31, 2008

<b>101893 - 2008/07</b>
<b>1222.46 / 62.69</b>

Type of Control: Nonprofit (Church)

**Florida Hospital Flagler**

County: Flagler (18)

Fiscal Year: 1/1/2006 - 12/31/2006

Type of Action: Field Audit

District: 4

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	15,865,334.00	17,672,656.00	418,395.00	915,793.00	Total Bed Days	29,565
2. Routine	9,108,457.00		237,629.00		Total Inpatient Days	23,133
3. Special Care	4,553,148.00		129,714.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	637
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	12,182
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0900183711
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	14,920
9. Total Cost	29,526,939.00	17,672,656.00	785,738.00	915,793.00	Property Rate Allowance	1.00
10. Charges	125,090,981.00	104,453,485.00	3,189,085.00	5,578,278.00	First Rate Semester in Effect	2008/01
11. Fixed Costs	4,447,152.00		113,376.25		Last Rate Semester in Effect	2008/07

**Ceiling and Target Information**

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,214.28	70.61	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.7800
2. Base Rate Semester	2008/01	2008/01	Variable Cost Base	1,124.50	65.39	Cost Report DRI Index	1.6330
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,521.17	174.17	FPLI Year Used	2006
4. Rate of Increase (Year/Sem.)	1.019699	1.019943	County Ceiling	1,441.31	165.03	FPLI	0.9475

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	785,738.00	915,793.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	113,376.25	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	672,361.75	915,793.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	732,886.66	998,231.19
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	637	14,920
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,150.53	66.91
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,150.53	66.91
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9475) for Flagler (18)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,150.53	66.91
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	177.98	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	1,328.51	66.91
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,189,085.00	5,578,278.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	5,006.41	373.88
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	5,457.08	407.54
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	1,328.51	66.91
AU	Medicaid Trend Adjustment (IP%: 7.9829 %, OP%: 6.2948 %)	(106.05)	(4.21)
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>	<b>1,222.46</b>	<b>62.69</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester January 01, 2011 through June 30, 2011

101893 - 2011/01

1615.07 / 75.03

Florida Hospital Flagler

Type of Control: Nonprofit (Church)

County: Flagler (18)

Fiscal Year: 1/1/2009 - 12/31/2009

Type of Action: Field Audit

District: 4

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,704,234.00	32,834,971.00	1,339,332.00	2,167,116.00	Total Bed Days	29,565
2. Routine	14,503,448.00		877,566.00		Total Inpatient Days	25,827
3. Special Care	5,371,280.00		328,083.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,644
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,258
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0636766334
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	30,722
9. Total Cost	40,578,962.00	32,834,971.00	2,544,981.00	2,167,116.00	Property Rate Allowance	1.00
10. Charges	170,427,002.00	172,668,128.00	10,114,056.00	15,511,438.00	First Rate Semester in Effect	2011/01
11. Fixed Costs		7,671,457.00		455,265.57	Last Rate Semester in Effect	2011/07

Ceiling and Target Information

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,444.97	80.19	County Ceiling Base	Exempt	Exempt	Semester DRI Index	1.9210
2. Base Rate Semester	2010/01	2010/07	Variable Cost Base	1,139.98	69.08	Cost Report DRI Index	1.8060
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,675.84	222.43	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011969	1.017712	County Ceiling	1,568.08	208.13	FPLI	0.9357

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	2,544,981.00	2,167,116.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	455,265.57	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,089,715.43	2,167,116.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	2,222,781.48	2,305,110.65
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,644	30,722
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,352.06	75.03
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,352.06	75.03
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9357) for Flagler (18)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,352.06	75.03
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	276.93	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	1,628.98	75.03
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,114,056.00	15,511,438.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,152.10	504.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,543.85	537.05
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	1,628.98	75.03
AU	Medicaid Trend Adjustment (IP%: 0.8540 %, OP%: 0.0000 %)	(13.91)	0.00
AV			
AW			
AX			
AY	<b>Final Prospective Rates</b>	<b>1,615.07</b>	<b>75.03</b>



**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2011 through December 31, 2011

<b>101893 - 2011/07</b>
<b>1610.96 / 73.97</b>

Type of Control: Nonprofit (Church)

**Florida Hospital Flagler**

County: Flagler (18)

Fiscal Year: 1/1/2009 - 12/31/2009

Type of Action: Field Audit

District: 4

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,704,234.00	32,834,971.00	1,339,332.00	2,167,116.00	Total Bed Days	29,565
2. Routine	14,503,448.00		877,566.00		Total Inpatient Days	25,827
3. Special Care	5,371,280.00		328,083.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,644
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,258
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.1107419712
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	30,722
9. Total Cost	40,578,962.00	32,834,971.00	2,544,981.00	2,167,116.00	Property Rate Allowance	1.00
10. Charges	170,427,002.00	172,668,128.00	10,114,056.00	15,511,438.00	First Rate Semester in Effect	2011/01
11. Fixed Costs	7,671,457.00		455,265.57		Last Rate Semester in Effect	2011/07

**Ceiling and Target Information**

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,508.91	83.74	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.0060
2. Base Rate Semester	2011/01	2011/01	Variable Cost Base	1,153.63	70.30	Cost Report DRI Index	1.8060
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,739.90	183.72	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.021231	1.031397	County Ceiling	1,628.02	171.91	FPLI	0.9357

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	2,544,981.00	2,167,116.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	455,265.57	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,089,715.43	2,167,116.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	2,321,134.64	2,407,106.70
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,644	30,722
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,411.88	78.35
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,411.88	78.35
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9357) for Flagler (18)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,411.88	78.35
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	276.93	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	1,688.81	78.35
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	10,114,056.00	15,511,438.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,152.10	504.90
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	6,833.40	560.81
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	1,688.81	78.35
AU	Medicaid Trend Adjustment (IP%: 14.6550 %, OP%: 11.3210 %)	(247.49)	(8.87)
AV	Buy Back of Medicaid Trend Adjustment	169.65	4.49
AW			
AX			
AY	<b>Final Prospective Rates</b>	<b>1,610.96</b>	<b>73.97</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2012 through June 30, 2013

101893 - 2012/07

1671.07 / 83.46

Florida Hospital Flagler

Type of Control: Nonprofit (Church)

County: Flagler (18)

Fiscal Year: 1/1/2010 - 12/31/2010

Type of Action: Field Audit

District: 4

Hospital Classification: Rural Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	21,044,763.00	37,003,494.00	1,203,254.00	2,246,477.00	Total Bed Days	36,135
2. Routine	14,248,461.00		750,951.00		Total Inpatient Days	25,693
3. Special Care	4,850,798.00		272,878.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,441
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,182
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0988372093
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	29,497
9. Total Cost	40,144,022.00	37,003,494.00	2,227,083.00	2,246,477.00	Property Rate Allowance	1.00
10. Charges	173,818,971.00	199,756,194.00	9,469,742.00	17,045,522.00	First Rate Semester in Effect	2012/07
11. Fixed Costs	7,277,087.00		396,459.24		Last Rate Semester in Effect	2012/07

Ceiling and Target Information

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,491.87	89.44	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.0790
2. Base Rate Semester	2011/07	2011/07	Variable Cost Base	1,178.12	72.51	Cost Report DRI Index	1.8920
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,754.32	204.30	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.020787	1.045902	County Ceiling	1,641.52	191.16	FPLI	0.9357

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	2,227,083.00	2,246,477.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	396,459.24	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,830,623.76	2,246,477.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )	2,011,557.51	2,468,512.52
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	1,441	29,497
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	1,395.95	83.69
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	1,395.95	83.69
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9357) for Flagler (18)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	1,395.95	83.69
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	275.13	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	1,671.07	83.69
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	9,469,742.00	17,045,522.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	6,571.65	577.87
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	7,221.17	634.99
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	1,671.07	83.69
AU	Medicaid Trend Adjustment (IP%: 14.3670 %, OP%: 10.5460 %)	(240.08)	(8.83)
AV	Buy Back of Medicaid Trend Adjustment	240.08	8.60
AW			
AX			
AY	<b>Final Prospective Rates</b>	<b>1,671.07</b>	<b>83.46</b>





**Florida Agency for Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 Computation of Hospital Prospective Payment Rates  
 For Rate Semester July 01, 2013 through June 30, 2014

<b>101893 - 2013/07</b>
<b>Outpatient Rate: 86.72</b>

Type of Control: Nonprofit (Church)  
 Fiscal Year: 1/1/2011 - 12/31/2011  
 Hospital Classification: Rural Hospital

**Florida Hospital Flagler**  
 Type of Action: Field Audit

County: Flagler (18)  
 District: 4

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	20,658,947.00	38,276,003.00	1,234,792.00	2,336,415.00	Total Bed Days	30,295
2. Routine	14,507,140.00		861,407.00		Total Inpatient Days	25,754
3. Special Care	5,038,907.00		324,451.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	1,509
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	13,519
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0395395395
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	27,979
9. Total Cost	40,204,994.00	38,276,003.00	2,420,650.00	2,336,415.00	Property Rate Allowance	1.00
10. Charges	176,215,779.00	214,794,478.00	9,471,078.00	17,292,987.00	First Rate Semester in Effect	2013/07
11. Fixed Costs		10,157,425.00		545,931.61	Last Rate Semester in Effect	2013/07

**Ceiling and Target Information**

	IP (F)	OP (F)			Inflation / FPLI Data (H)		
			IP (G)	OP (G)			
1. Normalized Rate	1,380.23	92.77	County Ceiling Base	Exempt	Exempt	Semester DRI Index	2.0770
2. Base Rate Semester	2012/07	2012/07	Variable Cost Base	1,202.61	75.84	Cost Report DRI Index	1.9980
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	1,695.69	197.52	FPLI Year Used	2008
4. Rate of Increase (Year/Sem.)	1.011816	1.026091	County Ceiling	1,586.66	184.82	FPLI	0.9357

**Rate Calculations**

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	Reimbursed by	2,336,415.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	Diagnosis	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	Related Groups	2,336,415.00
AE	Variable Operating Cost Inflated = ( AD x Inflation Factor (E7) )		2,428,795.77
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)		27,979
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)		86.81
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)		Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)		86.81
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9357) for Flagler (18)		Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)		Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)		Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)		86.81
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9		
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)		86.81
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)		17,292,987.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)		618.07
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)		642.51
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)		86.81
AU	Medicaid Trend Adjustment (IP%: 10.4400 %, OP%: 10.0940 %)		(8.76)
AV	Buy Back of Medicaid Trend Adjustment		8.67
AW			
AX			
AY	<b>Final Prospective Rates</b>		<b>86.72</b>

Provider Number	Provider Name	Cost Report Year Begin	Cost Report Year End	Rate Period Begin	Rate Period End	Cost Report Year Ending Only	IP - Current Rate	IP - New Rate	IP - Variance	Medicaid Days in Rate Period	IP - Impact of Rate Change	OP - Current Rate	OP - New Rate	OP - Variance	OOS in Rate Period	OP - Impact of Rate Change		
101893	Florida Hospital Flagler	1/1/2006	12/31/2006	1/1/2008	6/30/2008	2006	\$ 1,265.84	\$ 1,261.20	\$ (4.64)	646	\$ (2,997.44)	\$ 62.34	\$ 63.02	\$ 9.68	10,776	\$ 7,327.68		
101893	Florida Hospital Flagler	1/1/2006	12/31/2006	7/1/2008	12/31/2008	2006	\$ 1,226.97	\$ 1,222.46	\$ (4.51)	646	\$ (2,913.46)	\$ 62.01	\$ 62.69	\$ 0.68	11,125	\$ 7,565.00		
101893	Florida Hospital Flagler	1/1/2009	12/31/2009	1/1/2011	6/30/2011	2009	\$ 1,619.70	\$ 1,615.07	\$ (4.63)	755	\$ (3,495.65)	\$ 75.02	\$ 75.03	\$ 0.01	14,141	\$ 141.41		
101893	Florida Hospital Flagler	1/1/2009	12/31/2009	7/1/2011	12/31/2011	2009	\$ 1,615.48	\$ 1,610.96	\$ (4.52)	755	\$ (3,409.67)	\$ 73.96	\$ 73.97	\$ 0.01	13,818	\$ 138.18		
101893	Florida Hospital Flagler	1/1/2010	12/31/2010	7/1/2012	6/30/2013	2010	\$ 1,683.34	\$ 1,671.07	\$ (12.27)	1,956	\$ (24,000.12)	\$ 82.30	\$ 83.46	\$ 1.16	28,850	\$ 33,366.85		
101893	Florida Hospital Flagler	1/1/2011	12/31/2011	7/1/2013	6/30/2014	2011	\$ -	\$ -	\$ -	1,073	\$ -	\$ 86.32	\$ 86.72	\$ 0.40	27,793	\$ 11,105.73		
<b>Total IP</b>											\$	<b>(36,816.34)</b>						

OP over 7 years  
\$ 15,172.27  
\*estimated

Lump sum fiscal amount (All of IP & OP over 7 years)  
\$ (21,644.07)

Please note that the yellow highlighted cells are estimated values.

\$ 22,828.50