

SFY 2015-16 (DY10) Cost Limit Reports Over/Under Limits

Medicaid Number (As Listed in Programming)	Medicaid Number	Provider Name (As Listed in Programming)	Provider Name (As Listed in LIP Program)	Provider Type	State Fiscal Year	Total Revenue	Total Cost	SFY 15-16 DY10 (Over)/Under Limit	SFY 15-16 DY10 LIP Payment
10047100	010047100	Univ of Miami Hosp & Cli	University of Miami Hospital and Clinics	Hospital	2015-2016	\$36,577,488	\$86,575,750	\$49,998,262	\$11,154,856
10036600	010036600	Univ. of Miami Hospital	University of Miami Hospital	Hospital	2015-2016	\$48,165,455	\$186,038,089	\$137,872,634	\$4,147,962
10213000	010213000	Wellington Regional Medical Ct.	Wellington Regional Medical Center	Hospital	2015-2016	\$27,230,043	\$41,364,984	\$14,134,941	\$383,695
12024300	012024300	West Boca Medical Center	West Boca Medical Center	Hospital	2015-2016	\$14,914,530	\$25,830,650	\$10,916,120	\$422,074
12030800	012030800	West Palm Hospital	West Palm Hospital	Hospital	2015-2016	\$26,287,803	\$39,542,923	\$13,255,120	\$261,204
10169900	010169900	Winter Haven Hospital	Winter Haven Hospital	Hospital	2015-2016	\$24,384,592	\$53,190,275	\$28,805,683	\$1,707,112