

Current Rate \$115.58	New Rate	Effective Date
\$115.58		ELICOCK, C D WCC
	\$117.08	10/01/2014
		94 - 4
	al l	
	21	
ve Prospective ective Adjusted for N erim nt based on costs	ew Costs	
		<u>R</u>
F	ve Prospective ective Adjusted for N erim nt based on costs	ve Prospective ective Adjusted for New Costs erim



Adventist Health System Family Practice Center of Avon Park 1006 W. Pleasant Street	22	Provider I Fiscal Y	Date:	000707900 10/01/2014 N/A N/A
Avon Park, FL 33825		7 tudi	t Status.	11/11
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$78.79	\$79.81	10/01/2014
Swing-Bed Provider	10 A			
Federally Qualified Health Centers		*		я "
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		34	9	
#655 Inpatient Respite Care			_	
#656 General Inpatient Care				
#658 Room and Board			u u	u .
*		-		
Basis:	Rate Type :		*	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
		dell Samuel, Ad id Cost Reimbursen		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			i i	



Wiedicald Reimbul Seme	ent Fel Diem Kates	101 Non-Institut	lonai Frovide	:18
Live Oak HMA, LLC		Provider 1	Number:	002351900
Shands Live Oak RHC			Date:	10/01/2014
1426 Canyon Avenue, NE, Unit B			ear End:	N/A
Live Oak, FL 32064		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$132.62	\$134.34	10/01/2014
Swing-Bed Provider	2	9	3	
Federally Qualified Health Centers			ж.	
Hospice Provider	9.			
#651 Routine Home Care	8	12		
#652 Continuous Home Care	77 W			
#655 Inpatient Respite Care		5		
#656 General Inpatient Care		J.,		
#658 Room and Board		e 12 e		
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs		tive Adjusted for N	ew Costs	
Field audited costs		j		
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
			-1	2
	W. Ry	dell Samuel, Ad	ministrator	
	Medica	id Cost Reimbursem	ent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Starke HMA, LLC Shands Starke RHC		Provider 1	002352500 10/01/2014		
1550 S. Water Street		Fiscal Y	Date: ear End:	N/A	
Starke, FL 32091		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		\$163.75	\$165.88	10/01/2014	
Swing-Bed Provider					
Federally Qualified Health Centers			5	,	
Hospice Provider					
#651 Routine Home Care	(lf		20	*	
#652 Continuous Home Care		10		a)	
#655 Inpatient Respite Care			2		
#656 General Inpatient Care					
#658 Room and Board					
		9			
Basis:	Rate Type:		S		
Budget	X Prospectiv	e			
Unaudited costs		rospective			
Desk audited costs	Prospec	tive Adjusted for N	ew Costs		
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim Total Inte				
Average Nursing Home Rate		t based on costs			
	W Ps	dell Samuel, Ad	ministrator	R	
		id Cost Reimbursen			
Distribution:					
Fiscal Agent		# 5			
Contract Management					
Permanent File Program Development:					
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For information Only (No Change in rate)					
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Adventist Health Systems- FL Hosp. Heartla Florida Hospital Wauchula Pioneer Medical 515 Carlton Street Wauchula, FL 33873		Provider I Fiscal Y Audi	Date:	002954700 10/01/2014 N/A N/A
Provider Type:	9.	Current Rate	New Rate	Effective Date
Rural Health Clinic		\$111.77	\$113.22	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care	8			
#652 Continuous Home Care				
#655 Inpatient Respite Care	=			
#656 General Inpatient Care	*		12 St. 1	
#658 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Y Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		
For information Only (No Change in rate)				



Campbellton-Graceville Hospital Campbellton Graceville Hospital Physicans Office 5429 College Drive, Suite B Graceville, FL 32440	e	Provider I Fiscal Y Audi	Date:	003227500 10/01/2014 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$79.32	\$80.35	10/01/2014
Swing-Bed Provider				14
Federally Qualified Health Centers				
Hospice Provider			et je	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	*			
#658 Room and Board		10		
* * * * * * * * * * * * * * * * * * * *				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File	X Total P Prospect Interim Total Interim Settlement W. Ry	rospective ctive Adjusted for N	ministrator	R
Program Development: For information Only (No Change in rate)				



Calhoun Liberty Hospital Assoc. Calhoun Liberty Hospital Primary Care Clinic 20370 NE Burns Ave. Blountstown, FL 32424	2 · · · · · · · · · · · · · · · · · · ·	Provider I Fiscal Y Audi	Date:	005955000 10/01/2014 N/A N/A
Provider Type:	-	Current Rate	New Rate	Effective Date
Rural Health Clinic	w	\$80.52	\$81.57 ^V	10/01/2014
Swing-Bed Provider	6			
Federally Qualified Health Centers	11 64			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				-
#656 General Inpatient Care	1	•		
#658 Room and Board	2			
Basis:	Rate Type :			6
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Inte	rospective tive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		<u>Z</u>
For information Only (No Change in rate)				



Sacred Heart Medical Group on the Gulf		Provider 1	008004300 10/01/2014	
55 Avenue E		Fiscal Y		N/A
Apalachicola, FL 32320		Audi	t Status:	N/A
Provider Type:	9	Current Rate	New Rate	Effective Date
Rural Health Clinic	8	\$113.16	\$114.63	/ 10/01/2014
Swing-Bed Provider				59 A
Federally Qualified Health Centers				
Hospice Provider	0.0			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	840	200		
#656 General Inpatient Care	383			
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs	Interim			*
Medicare - Prospective X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		t based on costs		
				7
	W. Ry	dell Samuel, Ad	ministrator	
	Medica	id Cost Reimbursen	nent Analysis	a a
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
Province Color (No Change in 1941)				
For information Only (No Change in rate)				



Baker County Medical Services Baker Rural Health Clinic 159 N 3rd Street Macclenny, FL 32063		Provider I Fiscal Y Audi	Date:	010834300 10/01/2014 N/A N/A
Provider Type:	U	Current Rate	New Rate	Effective Date
Rural Health Clinic		\$113.15	\$114.62	10/01/2014
Swing-Bed Provider		8		
Federally Qualified Health Centers	la l			2.5
Hospice Provider				
#651 Routine Home Care	9			
#652 Continuous Home Care		-		
#655 Inpatient Respite Care	6 ±			
#656 General Inpatient Care				8
#658 Room and Board	e e		8	# Q
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Inte	rospective tive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Adi		R
For information Only (No Change in rate)				



Hendry Family Care Center	it i tr biem Rates	Provider 1		253668401 10/01/2014
500 West Sagamore Avenue		Fiscal Y		N/A
Clewiston, Fl 33440		Audi	t Status:	N/A
Provider Type:	190	Current Rate	New Rate	Effective Date
Rural Health Clinic		\$138.03	\$139.82	10/01/2014
Swing-Bed Provider			1.	
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				*
#655 Inpatient Respite Care		×		
#656 General Inpatient Care				
#658 Room and Board				0
4				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemer	nt based on costs		
		vdell Samuel, Ad iid Cost Reimbursen		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Healthmark of Walton		Provider 1	Number: Date:	372384401 10/01/2014
4415 US Hwy 331		Fiscal Y		N/A
DeFuniak Springs, FL 32435		Audi	t Status:	N/A
Provider Type:	9	Current Rate	New Rate	Effective Date
Rural Health Clinic		\$143.93	\$145.80	10/01/2014
Swing-Bed Provider	=			
Federally Qualified Health Centers				
Hospice Provider			6	
#651 Routine Home Care	(8)			8
#652 Continuous Home Care	6			4
#655 Inpatient Respite Care				
#656 General Inpatient Care				e *
#658 Room and Board				20 (8)
Basis:	Rate Type:			
Budget	X Prospectiv	re.		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs		J		
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		t based on costs		
	W. Ry	dell Samuel, Ad	ministrator	R
		id Cost Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:	⊜ ⊗			
For information Only (No Change in rate)				



Chipley Rural Health Clinic		Provider	Number: Date:	660005100 10/01/2014
P.O. Box 918		Fiscal Y	ear End:	N/A
Chipley, FL 32428			it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$102.68	\$104.01	10/01/2014
Swing-Bed Provider				AT
Federally Qualified Health Centers				*
Hospice Provider	P			100
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				÷
#656 General Inpatient Care				¥.
#658 Room and Board				
Basis:	Rate Type :	0		
Budget	X Prospectiv	/e		¥
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
			- W	Z
	W. Ry	dell Samuel, Ad	ministrator	
	Medica	aid Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Blountstown Family Practice			Number: Date:	660037900 10/01/2014	
17808 NE Charley Johns St		Fiscal Y		N/A	
Blountstown, FL 32424		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic	8	\$78.54	\$79.56	10/01/2014	
Swing-Bed Provider			G		
Federally Qualified Health Centers	et e				
Hospice Provider					
#651 Routine Home Care	**	-			
#652 Continuous Home Care		w			
#655 Inpatient Respite Care					
#656 General Inpatient Care	=				
#658 Room and Board					
Basis:	Rate Type :				
Budget	X Prospectiv	9			
Unaudited costs		rospective			
Desk audited costs		tive Adjusted for N	ew Costs		
Field audited costs		3			
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	rim			
Average Nursing Home Rate	Settlemen	t based on costs			
		dell Samuel, Ad		R	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					



Monticello Family Medicine		Provider 1	660037901 10/01/2014		
1549. S. Jefferson St		Fiscal Y	N/A		
Monticello, FL 32344		Audit Status: N/A			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic	01	\$78.54	\$79.56~	10/01/2014	
Swing-Bed Provider	g ³				
Federally Qualified Health Centers	2	y .			
Hospice Provider					
#651 Routine Home Care			8 1		
#652 Continuous Home Care					
#655 Inpatient Respite Care		12			
#656 General Inpatient Care					
#658 Room and Board				4	
			3		
Basis:	Rate Type:				
Budget	X Prospectiv	ve -			
Unaudited costs	X Total P	rospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	rim			
Average Nursing Home Rate	Settlemer	nt based on costs	fis.		
			- K	R	
		dell Samuel, Ad id Cost Reimburser		 	
	Wiedica	na cost reimourser	nent i maryop		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Quincy Medical Group		Provider 1	660037902 10/01/2014		
178 LaSalle Lafall Dr		Fiscal Y		N/A	
Quincy, FL 32351		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		\$78.54	\$79.56	10/01/2014	
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider	18	e) 090			
#651 Routine Home Care		1	11	9	
#652 Continuous Home Care					
#655 Inpatient Respite Care			7		
#656 General Inpatient Care					
#658 Room and Board					
Basis:	Rate Type:	+9			
Budget	X Prospectiv	e			
Unaudited costs		rospective			
Desk audited costs	Prospec	ective Adjusted for New Costs			
Field audited costs Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	rim			
Average Nursing Home Rate	Settlemen	t based on costs			
				7	
	W. Ry	dell Samuel, Ad	ministrator		
	Medica	id Cost Reimbursen	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
For information Only (No Change in rate)					



Wakulla Family Medicine		Provider 1	660037903 10/01/2014	
15 Council Moore Rd		Fiscal Y	Date: ear End:	N/A
Crawfordville, FL 32327		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$78.54	\$79.56	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers		*		
Hospice Provider				# #
#651 Routine Home Care	Maria W			
#652 Continuous Home Care	9	5		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	3			
Basis:	Rate Type:		a ^a	
Budget	X Prospectiv	ve ·		30
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemer	nt based on costs	* 's	
			-1	R
g	W. Ry	dell Samuel, Ad	ministrator	
	Medica	id Cost Reimburser	nent Analysis	4
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				
For information only (No Change in fate)				



Gateway Medical Clinic - Crestview		Provider 1	Date:	660049201 10/01/2014	
127-C Redstone Ave		Fiscal Y		N/A N/A	
Crestview, FL 32539		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		\$79.51	\$80.54	10/01/2014	
Swing-Bed Provider		2			
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care				at a	
#652 Continuous Home Care	12				
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board	B 20				
Basis:	Rate Type :			3	
Budget	X Prospectiv	re .			
Unaudited costs		rospective	_		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs		
Field audited costs	Interim				
Medicare - Prospective X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate		at based on costs	5		
		dell Samuel, Ad		R	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
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For information Only (No Change in rate)					



N. Okaloosa Medical Center		Provider 1	660058100 10/01/2014	
1045 US Hwy 331, Ste D		Fiscal Year End: N/A Audit Status: N/A		
DeFuniak, FL 32435		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$79.51	\$80.54	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers		8 0		
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				st ¹⁷
#655 Inpatient Respite Care				2
#656 General Inpatient Care	3			
#658 Room and Board	1:			
		2		
Basis:	Rate Type:	e		,
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
		dell Samuel, Ad id Cost Reimbursen		R
Distribution: Fiscal Agent				
Contract Management				
Permanent File		2 200		
Program Development:				
For information Only (No Change in rate)				



Center for Family Health		Provider 1	Number: Date:	660074300 10/01/2014
P.O. Box 2177		Fiscal Y		N/A
Arcadia, Fl 34265		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$78.55	\$79.57	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				94 94
Hospice Provider				(7)
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	-			a 1
#656 General Inpatient Care				
#658 Room and Board	u a			6
Basis:	Rate Type :			
Budget Unaudited costs	X Prospectiv	rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs		511 V 0 1 1 ay as 10 a 10 1 1 V	7 2 2 3	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	at based on costs		
		dell Samuel, Ad		R
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only (No Change in rate)				
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Lake Butler Hospital RHC		Provider 1	660083200 10/01/2014	
850 E. Main St Lake Butler, FL 32054		Fiscal Y Audi	ear End: t Status:	N/A N/A
Provider Type:	8	Current Rate	New Rate	Effective Date
Rural Health Clinic		\$156.06	\$158.09	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				7 - 12
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			89	
#656 General Inpatient Care	2	10		
#658 Room and Board	r)			
Basis:	Rate Type :			
Dudast	X Prospectiv			
Budget Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Inte	rim t based on costs		
	Settlemen	it based on costs		
	W D.	rdall Camual Ad	ministrator	R
		dell Samuel, Ad id Cost Reimbursen		-
	1/100104			
Distribution: Fiscal Agent				
Contract Management			*50	
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Doctors' Memorial Hospital		Provider		660092100
Steinhatchee Family Center			Date:	10/01/2014
1209 1st Avenue South		Fiscal Y		N/A
Steinhatchee, Fl 32359		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$273.59	\$277.15~	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers	<u>u</u>			
Hospice Provider				
#651 Routine Home Care		3		al .
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	2			
Basis:	Rate Type:			
Budget	X Prospectiv	ve ·		
Unaudited costs	X Total F	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Inte			
Average Nursing frome Rate	Settlemen	nt based on costs		
			- W	R
		ydell Samuel, Ad	7	<u> </u>
	Medica	aid Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
1 Togram Development.				
For information Only (No Change in rate)				
ror information Only (No Change in rate)				



Madison Memorial Health Care		Provider 1	660093000 10/01/2014	
194 NE Hancock Ave		Fiscal Year End: N/A		
Madison, FL 32340		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$114.35	\$115.84	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				*
#651 Routine Home Care				
#652 Continuous Home Care	8			
#655 Inpatient Respite Care		1.0		
#656 General Inpatient Care	ч			-
#658 Room and Board		1 9		
Basis:	Rate Type :			
Budget	X Prospectiv			*
Unaudited costs		rospective		
Desk audited costs		tive Adjusted for N	ew Costs	
Field audited costs		J		
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
		dell Samuel, Ad		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Doctor's Memorial Family Medicine	Provider 1	Number: Date:	660123500 10/01/2014	
P.O. Box 228	Fiscal Y	Fiscal Year End: N/A		
Mayo, FL 32066	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic	\$151.70	\$153.67	10/01/2014	
Swing-Bed Provider				
Federally Qualified Health Centers	*	·		
Hospice Provider	9	-		
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		20		
#656 General Inpatient Care		2.22		
#658 Room and Board				
	5 **	10 10		
Basis: Rate	Type:			
Budget X	Prospective			
Unaudited costs X	Total Prospective			
Desk audited costs	Prospective Adjusted for N	ew Costs		
Field audited costs				
	terim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs	÷ =		
		- h	R	
	W. Rydell Samuel, Ad			
	Medicaid Cost Reimbursen	nent Analysis	•	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
i togram Development.				
For information Only (No Change in rate)				



Doctor's Memorial Family Practice		Provider 1	660124300 10/01/2014		
1702 S. Jefferson St.		Fiscal Y	7	N/A	
Perry, FL 32348		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		\$102.68	\$104.01	10/01/2014	
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider			9	0)	
#651 Routine Home Care	e :			*	
#652 Continuous Home Care	i e				
#655 Inpatient Respite Care	9				
#656 General Inpatient Care	¥7				
#658 Room and Board					
Basis:	Rate Type :				
Budget	X Prospectiv	e			
Unaudited costs		rospective			
Desk audited costs		tive Adjusted for N	ew Costs		
Field audited costs					
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	rim			
Average Nursing Home Rate	Settlemen	t based on costs			
				7	
	W. Rydell Samuel, Administrator				
	Medica	id Cost Reimbursen	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Nature Coast Family Health Services 125 S.W. 7th Street		Provider Number: Date: Fiscal Year End:		660137500 10/01/2014 N/A
Provider Type:	4	Current Rate	New Rate	Effective Date
Rural Health Clinic		\$115.93	\$117.44	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers	in .	-		, n
Hospice Provider	40			
#651 Routine Home Care	¥10		-	
#652 Continuous Home Care				
#655 Inpatient Respite Care	£			
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs	X Total Prospective			
Desk audited costs	Prospective Adjusted for New Costs			
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Interim Settlement based on costs			
			1	-
	W R	dell Samuel, Ad	ministrator	K
		id Cost Reimbursen		
<u>Distribution:</u>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Doctor's Memorial Internal Medicine 402 E. Ash St Perry , FL 32347	Provider Number: Date: Fiscal Year End: Audit Status:		660138300 10/01/2014 N/A N/A		
Provider Type:	Current Rate	New Rate	Effective Date		
Rural Health Clinic	\$102.68	\$104.01	10/01/2014		
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider		22			
#651 Routine Home Care					
#652 Continuous Home Care			2F		
#655 Inpatient Respite Care	*				
#656 General Inpatient Care		10	9		
#658 Room and Board					
Budget X Prospective Interim X Payment System Rate Total Interior	X Total Prospective Prospective Adjusted for New Costs				
Distribution:	W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis				
Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			11		