



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Centers, Inc.
 Baker Family Medical Center
 1321 Georgia Avenue
 Baker, FL 32531

Provider Number: 000801300
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$104.55	\$105.91^v	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Dept of Health d/b/a Osceola Co. Health Dept.
105 Doverplum Ave.
Kissimmee, FL 34758

Provider Number: 000835600
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$130.11 and \$131.80), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Department of Health
 Citrus County Health Department
 3700 W. Sovereign Path
 Lecanto, FL 34461

Provider Number: 000952900
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

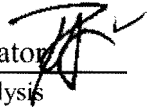
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$109.97	\$111.40 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Comprehensive Community Care Network, Inc.
2330 S. Congress Ave.
Palm Springs, FL 33406

Provider Number: 001182600
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Centers, Inc. #20
 4422 E. Columbus Drive
 Tampa, FL 33604

Provider Number: 001276200
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.68	\$122.25 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center, Inc.
1025 SW 1st Ave.
Ocala, FL 34471

Provider Number: 001718300
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$109.96 and \$111.39), Hospice Provider, and various home care categories (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center
 1025 SW 1st Ave.
 Ocala, FL 34471

Provider Number: 001718302
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$109.96	\$111.39 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center - Reddick
1025 SW 1st Ave.
Ocala , FL 34471

Provider Number: 001718304
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$109.96 and \$111.39), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center - Belleview
1025 SW 1st Ave.
Ocala, FL 34471

Provider Number: 001718306
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$109.96 and \$111.39), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center - Ocala East
Marion County Health Department
1025 SW 1st Ave.
Ocala, FL 34471

Provider Number: 001718308
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, and various home care codes.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center - Marion Oaks
1025 SW 1st Ave
Ocala, FL 34471

Provider Number: 001718311
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heart of Florida Health Center
Ocala West Family Medicine
1025 SW 1st Ave
Ocala, FL 34471

Provider Number: 001718313
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Aids Resource, Inc.
Care Resource
871 West Oakland Park Blvd.
Fort Lauderdale , FL 33311

Provider Number: 003407900
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$141.94 and \$143.79), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community AIDS Resource, Inc.
Care Resource
3510 Biscayne Blvd, Ste 300
Miami, FL 33137

Provider Number: 003407902
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$141.94 and \$143.79), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Banyan Community Health Center
 3800 W. Flagler Street
 Miami, FL 33134

Provider Number: 005966000
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$135.42	\$137.18 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Banyan Community Health Center - SW 27th
701 SW 27th Ave.
Miami, FL 33135

Provider Number: 005966002
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, and various care types like #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, and #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Banyan Community Health Center - W Flagler St
11031 NE 6 Ave
Miami, FL 33161

Provider Number: 005966004
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$135.42 and \$137.18), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Network of Monroe County
1200 Kennedy Drive, Suite 2011
Key West , FL 33040

Provider Number: 006558500
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$135.42 and \$137.18), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Genesis Community Health
564 E. Woolbright Road
Boynton Beach, FL 33435

Provider Number: 006608600
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$128.95 and \$130.63), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Genesis Community Health - Boca
564 E. Woolbright Road
Boynton, FL 33435

Provider Number: 006608601
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$128.95 and \$130.63), Hospice Provider, and various care types like #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, and #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Genesis Community Health Inc. - Delray
 564 E Woolbright Road
 Boynton Beach , FL 33435

Provider Number: 006608603
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

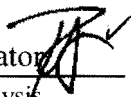
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$128.95	\$130.63	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County
HCD Lantana Primary Care Clinic
1250 Southwinds Drive
Lantana , FL 33462

Provider Number: 008037100
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$128.95 and \$130.63), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County
HCD West Palm Beach Primary Care Clinic
2601 10th Avenue North, Suite 100
Palm Springs , FL 33461

Provider Number: 008037102
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$128.95 and \$130.63), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Distribution items: Fiscal Agent, Contract Management, Permanent File, Program Development.

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County
HCD Belle Glade Primary Care Clinic
2601 10th Avenue North, Suite 100
Palm Springs, FL 33461

Provider Number: 008037104
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$128.95 and \$130.63), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County
HCD Delray Primary Care Clinic
2601 10th Avenue North, Suite 100
Palm Springs, FL 33461

Provider Number: 008037106
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$128.95 and \$130.63), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Department of Health
 Lake County Health Department
 PO Box 1305
 Tavares, FL 32778

Provider Number: 008560700
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$110.39	\$111.83	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Dept of Health in Sarasota
2200 Ringling Blvd
Sarasota , FL 34237

Provider Number: 010433900
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

For information Only (No Change in rate)



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Empower U Inc
@ Northside Shopping center
7900 NW 27th Ave, Ste 234B
Miami, FL 33147

Provider Number: 010739700
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$136.53 and \$138.30), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Coconut Grove Elementary
10300 SW 216th Street
Miami, FL 33190

Provider Number: 010762300
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Tavernier
10300 SW 2016th Street
Miami, FL 33190

Provider Number: 010762301
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Beckford/Richmond Elementary
10300 SW 216th Street
Miami, FL 33190

Provider Number: 010762302
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: X Federally Qualified Health Centers, \$145.99, \$147.89, 10/01/2014.

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Coral Gables Senior High School
10300 SW 216th Street
Miami, FL 33190

Provider Number: 010762303
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
 Sylvannia Heights Elementary
 10300 SW 214th Street
 Miami, FL 33190

Provider Number: 010762306
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
 Irving & Beatrice Peskoe K-8 Center
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 010762307
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
South Miami Middle
10300 SW 216th Street
Miami, FL 33190

Provider Number: 010762309
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
South Miami Senior High
10300 SW 216th Street
Miami, FL 33190

Provider Number: 010762310
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective (checked), Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Sunset Elementary
10300 SW 216th Street
Miami, FL 33190

Provider Number: 010762311
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Ludlam Elementary
10300 SW 216th Street
Miami, FL 33190

Provider Number: 010762312
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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For information Only (No Change in rate)



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
 G W Carver Middle
 10300 SW 216th Street
 Miami , FL 33190

Provider Number: 010762313
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Ponce de Leon
10300 SW 216th Street
Miami, FL 33190

Provider Number: 010762314
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Gateway Environmental K-8 Center
10300 SW 216th Street
Miami, FL 33190

Provider Number: 010762315
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Francis L Tucker Elementary
10300 SW 216th Street
Miami, FL 33190

Provider Number: 010762316
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective (checked), Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers of South Florida
 Silver Bluff
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 010762317
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
 Zora Neale Hurston Elementary
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 010762326
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

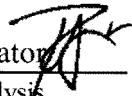
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Center for Family & Child Enrichment, Inc.
 1825 NW 167th Street, Suite 102
 Miami Gardens, FL 33056

Provider Number: 010930500
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

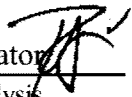
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$137.39	\$139.18 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL DOH Union County
New River Community Health Care
495 East Main Street
Lake Butler, FL 32054

Provider Number: 010946400
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$104.19 and \$105.54), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando County Health Dept
Nature Coast Community Health Center
7551 Forest Oaks Boulevard
Spring Hill, FL 34606

Provider Number: 027937411
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$121.47 and \$123.05), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Marion E. Fether
1454 Madison Avenue
Immokalee, FL 33934

Provider Number: 029152803
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - East Naples Medical Ctr
 1454 Madison Avenue
 Immokalee, FL 33962

Provider Number: 029152805
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Golden Gate Pediatrics
 1454 Madison Avenue
 Immokalee, FL 34116

Provider Number: 029152806
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Children's Health Network
1454 Madison Avenue
Immokalee, FL 34103

Provider Number: 029152807
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Marco Island Pediatrics
 1454 Madison Avenue
 Immokalee, FL 34145

Provider Number: 029152809
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Immokalee FCC

 1454 Madison Avenue
 Immokalee, FL 34142

Provider Number: 029152810
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

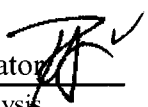
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center, Inc.
911 S. Main St
Trenton, FL 32693

Provider Number: 029506001
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Bradford
911 S. Main St
Trenton, FL 32693

Provider Number: 029506007
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
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Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Pediatrics
 TMC Pediatrics
 2010 N. Young Blvd.
 Chiefland, FL 32626

Provider Number: 029506009
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$94.57	\$95.80 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Healthcare
TMC Healthcare
630 N. Main Street
Williston, FL 32696

Provider Number: 029506011
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, and various care types like #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, and #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center - Palms Pediatrics
Palms Pediatrics
PO Box 640
Trenton , FL 32693

Provider Number: 029506013
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center	Provider Number:	029506015
Palms Medical Group	Date:	10/01/2014
PO Box 640	Fiscal Year End:	N/A
Trenton , FL 32693	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$94.57	\$95.80 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center
Palms Medical Group - High Springs
911 S Main Street
Trenton, FL 32693

Provider Number: 029506017
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Center - Dover Health Center
14618 State Road 574
Dover, FL 33527

Provider Number: 029523001
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$141.32 and \$143.16), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Flamingo

Provider Number: 029540000

Date: 10/01/2014

700 S. Royal Poinciana Blvd, Suite 300

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$127.17	\$128.82	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Main
 700 S. Royal Poinciana Blvd, Suite 300
 Miami Springs, FL 33166

Provider Number: 029541800
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

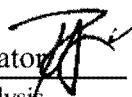
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$127.17	\$128.82 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - North

Provider Number: 029541802

Date: 10/01/2014

700 S. Royal Poinciana Blvd

Fiscal Year End: N/A

Miami Springs, FL 33166

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$127.17	\$128.82 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Cope North
Provider Number: 029541804
Date: 10/01/2014
700 S. Royal Poinciana Blvd Suite 300
Fiscal Year End: N/A
Miami Springs, FL 33166
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$127.17 and \$128.82), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Northshore
 700 S. Royal Poinciana Blvd
 Miami Springs, FL 33166

Provider Number: 029541806
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$127.17	\$128.82	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

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Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Norland HCC Provider Number: 029541808
 Date: 10/01/2014
 700 S. Royal Poinciana Blvd Fiscal Year End: N/A
 Miami Springs, FL 33166 Audit Status: N/A

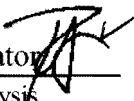
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$127.17	\$128.82 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Charles Drew Elem Provider Number: 029541810
Date: 10/01/2014
700 S. Royal Poinciana Blvd Fiscal Year End: N/A
Miami Springs, FL 33166 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$127.17 and \$128.82), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Lillie C Evans
 700 S. Royal Poinciana Blvd
 Miami Springs, FL 33166

Provider Number: 029541812
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$127.17	\$128.82 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Permanent File
- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center
Norland Primary Health
5607 NW 27th Ave, Ste 1
Miami, FL 33142

Provider Number: 029541846
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$127.17 and \$128.82), Hospice Provider, and various home care codes (#651-#656).

Basis:

Rate Type:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - NW 37th Ave
 5607 NW 27th Avenue
 Miami, FL 33142

Provider Number: 029541848
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$127.17	\$128.82	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Contract Management
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- Program Development:

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - James Scott Satellite Provider Number: 029542600
Date: 10/01/2014
700 S. Royal Poinciana Blvd, Suite 300 Fiscal Year End: N/A
Miami Springs, FL 33166 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Main
P.O. Box 817
Palatka, FL 32178

Provider Number: 029543400
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.74 and \$122.31), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Program Development:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Palatka Family Medical Center
P.O. Box 817
Palatka, Fl 32178

Provider Number: 029543401
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.74 and \$122.31), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Interlachen Family Med. Center
P.O. Box 817
Palatka, Fl 32178

Provider Number: 029543402
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.74 and \$122.31), Hospice Provider, and various care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Crescent City Family Med. Center
P.O. Box 817 P.O. Box 146
Palatka, Fl 32178

Provider Number: 029543403
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.74 and \$122.31), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Keystone Family Med. Center
P.O. Box 817
Palatka, Fl 32178

Provider Number: 029543405
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, and various care types like #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, and #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Hawthorne Family Med. Center
P.O. Box 817
Palatka, Fl 32178

Provider Number: 029543406
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.74 and \$122.31), Hospice Provider, and various care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Palatka Family Medical Center
P.O. Box 817
Palatka, FL 32178

Provider Number: 029543407
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.74 and \$122.31), Hospice Provider, and various care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Family Medical & Dental Centers
P.O. Box 817
Palatka, FL 32178

Provider Number: 029543409
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care - Family Med & Dental Ctr - Elm Street
P.O. Box 817
Palatka, FL 32177

Provider Number: 029543411
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.74 and \$122.31), Hospice Provider, and various care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care, Inc.
Eastside Family Dental Center
PO Drawer 817
Palatka, FL 32178

Provider Number: 029543413
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.74 and \$122.31), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care Corp
Family Medical & Dental Centers
PO Box 817
Palatka, FL 32178

Provider Number: 029543414
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care Inc
Family Medical & Dental - Clay Co.
PO Box 817
Palatka, FL 32178

Provider Number: 029543416
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.74 and \$122.31), Hospice Provider, and various care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Care Inc.
Familly Medical & Dental Ctrs - Green Cove
PO Box 817
Palatka, FL 32178

Provider Number: 029543418
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.74 and \$122.31), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Distribution items: Fiscal Agent, Contract Management, Permanent File, Program Development:

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Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Community Health Center - Stanley C. Myers
710 Alton Road
Miami, FL 33139

Provider Number: 029544200
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$128.19 and \$129.86), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

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Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Community Health Center - Beverly Press
710 Alton Road
Miami, FL 33139

Provider Number: 029544201
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$128.19 and \$129.86), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Community Health Center - Nanay Health Center Provider Number: 029544207
Date: 10/01/2014
710 Alton Road Fiscal Year End: N/A
Miami, FL 33139 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$128.19 and \$129.86), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis (with signature)

Distribution:

- Distribution items: Fiscal Agent, Contract Management, Permanent File, Program Development.

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Comm Health Center - North Suite 309	Provider Number:	029544214
	Date:	10/01/2014
11645 Biscayne Blvd, Suite 207	Fiscal Year End:	N/A
Miami, FL 33181	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$128.19	\$129.86 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

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Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Comm Health Ctr - North Suite 301, 305 and 307
11645 Biscayne Blvd, Suite 207
Miami, FL 33181
Provider Number: 029544215
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$128.19 and \$129.86), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Miami Beach Comm Health Ctr - North Suite 308
11645 Biscayne Blvd, Suite 207
Miami, FL 33181

Provider Number: 029544217
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$128.19 and \$129.86), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Distribution items: Fiscal Agent, Contract Management, Permanent File, Program Development.

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc.
 P.O. Box 1249
 Apopka, FL 32704

Provider Number: 029545100
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$138.63	\$140.43	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Permanent File
- Program Development:

For information Only (No Change in rate)



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc.- Winter Garden Child Hlth
WG Childrens Health
P.O. Box 2329
Apopka, FL 32704

Provider Number: 029545108
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$138.63 and \$140.43), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Southlake Fmly Hlth	Provider Number:	029545110
Southlake Familv Health	Date:	10/01/2014
P.O. Box 2329	Fiscal Year End:	N/A
Apopka, FL 32704	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$138.63	\$140.43 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Winter Garden Fmly Hlth
 WG Family Health Center
 P.O. Box 2329
 Apopka, FL 32704

Provider Number: 029545111
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$138.63	\$140.43 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Leesburg
Leesburg Community
P.O. Box 2329
Apopka, FL 32704

Provider Number: 029545112
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$138.63	\$140.43 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Apopka Fmly Hlth
Apopka Family Health
P.O. Box 2329
Apopka, FL 32704

Provider Number: 029545113
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$138.63 and \$140.43), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management
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Program Development:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc. - Apopka Childrens Hlth
P.O. Box 2329
Apopka, FL 32704

Provider Number: 029545114
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$138.63 and \$140.43), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type:

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc. - Pine Hills
 P.O. Box 2329
 Apopka, FL 32704

Provider Number: 029545115
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$138.63	\$140.43	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Zellwood
P.O. Box 2329
Apopka, FL 32704

Provider Number: 029545117
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Distribution items: Fiscal Agent, Contract Management, Permanent File, Program Development:

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers - Lake Ellenor
P.O. Box 2329
Apopka, FL 32704

Provider Number: 029545119
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$138.63 and \$140.43), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective (checked), Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Distribution items: Fiscal Agent, Contract Management, Permanent File, Program Development.

For information Only (No Change in rate)



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc.
Apopka Dental
PO Box 2329
Apopka, FL 32704

Provider Number: 029545121
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers	Provider Number:	029545123
Bithlo Family Health Center	Date:	10/01/2014
PO Box 2329	Fiscal Year End:	N/A
Apopka, FL 32704	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$138.63	\$140.43 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
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- Permanent File
- Program Development:

For information Only (No Change in rate)



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers Inc
Meadow Woods Childrens Health Center
110 South Woodland Street
Winter Garden, FL 34787

Provider Number: 029545125
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$138.63 and \$140.43), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Thomas E. Langley Medical Center
1425 S. U.S. Hwy 301
Sumterville, FL 33585

Provider Number: 029547700
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$127.33 and \$128.99), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

For information Only (No Change in rate)



029547702-2014/10

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Medical Center at the Shores
1425 S. U.S. Hwy 301
Sumterville, FL 33585

Provider Number: 029547702
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$127.33 and \$128.99), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Peter D
PO Box 82969
Tampa, FL 33682

Provider Number: 029548500
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.68 and \$122.25), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Salvation Army
PO Box 82969
Tampa, FL 33682

Provider Number: 029548502
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.68 and \$122.25), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective (checked), Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Distribution items: Fiscal Agent, Contract Management, Permanent File, Program Development.

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Sine Domus
 PO Box 82969
 Tampa, FL 33682

Provider Number: 029548503
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.68	\$122.25 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Lee Davis
PO Box 82969
Tampa, FL 33682

Provider Number: 029548504
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.68 and \$122.25), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - 131st Ave
PO Box 82969
Tampa, FL 33682

Provider Number: 029548505
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Rome Ave
 PO Box 82969
 Tampa, FL 33682

Provider Number: 029548506
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$120.68	\$122.25 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Waters Ave
 PO Box 82969
 Tampa, FL 33682

Provider Number: 029548513
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

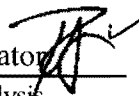
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.68	\$122.25 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center
 Mobil Dental Van
 PO Box 82969
 Tamp, FL 33682

Provider Number: 029548516
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.68	\$122.25 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center #11
PO Box 82969
Tampa, FL 33682

Provider Number: 029548517
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.68 and \$122.25), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center #27
PO Box 82969
Tampa, FL 33682

Provider Number: 029548519
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.68 and \$122.25), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health center #26
 PO Box 82969
 Tampa, FL 33682

Provider Number: 029548520
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.68	\$122.25	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Centers #25
PO Box 82969
Tampa, FL 33682

Provider Number: 029548521
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Centers #24
PO Box 82969
Tampa, FL 33682

Provider Number: 029548522
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.68 and \$122.25), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center #23
PO Box 82969
Tampa, FL 33682

Provider Number: 029548527
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.68 and \$122.25), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Center Inc #28
PO Box 82969
Tampa, FL 33682

Provider Number: 029548529
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.68 and \$122.25), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Family Health Centers - #31
 PO Box 82969
 Tampa, FL 33682

Provider Number: 029548631
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

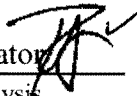
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.68	\$122.25 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care, Inc. - Frostproof
 109 West Wall Street
 Frostproof, FL 33843

Provider Number: 029549300
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Permanent File
- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care - Wachula
 204 E. Palmetto Street
 Wauchula, FL 33873

Provider Number: 029549301
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Program Development:

For information Only (No Change in rate)



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Call - Avon Park
400 South Lake Avenue
Avon Park, FL 33825

Provider Number: 029549304
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type:

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Center - Hardee
950 County Road 17A West
Avon Park , FL 33825

Provider Number: 029549305
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community HC Group - Pasco
37946 CHURCH AVE
Dade City, FL 33525

Provider Number: 029550700
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community HC Group - Zephyrhills
37946 CHURCH AVE
Dade City, FL 33525

Provider Number: 029550701
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$142.63 and \$144.48), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community HC Group - Summit

 37946 CHURCH AVE
 Dade City, FL 33525

Provider Number: 029550702
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$142.63	\$144.48 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community Healthcare Group - New Port Richey
PO Box 232
Dade City, FL 33526

Provider Number: 029550703
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community Healthcare - Dade City

Provider Number: 029550704

Date: 10/01/2014

PO Box 232

Fiscal Year End: N/A

Dade City, FL 33526

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$142.63	\$144.48 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community Health Care Group, Inc.
Premier Community Health Care - Hudson
PO Box 232
Dade City, FL 33526

Provider Number: 029550707
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$142.63 and \$144.48), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Migrant & Community Health Center, Inc
2400 State Road 415
Sanford, FL 32771

Provider Number: 029551500
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$108.93 and \$110.35), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health - Alafaya Provider Number: 029551502
Date: 10/01/2014
18501 Washington Ave. Fiscal Year End: N/A
Bithlo, Fl 32820 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$108.93 and \$110.35), Hospice Provider, and various care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health - Underhill Road

Provider Number: 029551504

Date: 10/01/2014

2400 County Rd 415-A

Fiscal Year End: N/A

Sanford, FL 32771

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$108.93	\$110.35 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center - Lake Ellenor Provider Number: 029551506
Date: 10/01/2014
2400 County Rd 415-A Fiscal Year End: N/A
Sanford, FL 32771 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$108.93 and \$110.35), Hospice Provider, and various home care categories.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center - Forsyth	Provider Number:	029551513
	Date:	10/01/2014
2400 County Rd 415-A	Fiscal Year End:	N/A
Sanford, FL 32771	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$108.93	\$110.35 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center - Silver Star

 2400 State Road 415
 Sanford, FL 32771

Provider Number: 029551515
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$108.93	\$110.35 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Program Development:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Center of Columbia County, Inc.
P.O. Box 249
Lake City, FL 32056

Provider Number: 029552300
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$97.27 and \$98.53), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

For information Only (No Change in rate)



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center, Inc.	Provider Number:	029554000
	Date:	10/01/2014
3601 Federal Highway 3rd Floor	Fiscal Year End:	N/A
Miami, FL 33137	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$123.31	\$124.91 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care - Federal Hwy
 3601 Federal Highway 3rd Floor
 Miami, FL 33137

Provider Number: 029554002
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$123.31	\$124.91 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

For information Only (No Change in rate)



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center, SW 8th Street
3601 Federal Highway, 3rd Floor Finance
Miami, FL 33137

Provider Number: 029554003
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$123.31 and \$124.91), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center	Provider Number:	029554008
Borinquen - Paul W. Bell Middle School	Date:	10/01/2014
3601 Federal Highway	Fiscal Year End:	N/A
Miami, FL 33175	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$123.31	\$124.91 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center
Brent Tree Elementary
3601 Federal Highway
Miami, FL 33175

Provider Number: 029554010
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$123.31 and \$124.91), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center	Provider Number:	029554012
Howard A Doolin Middle School	Date:	10/01/2014
3601 Federal Highway	Fiscal Year End:	N/A
Miami, FL 33137	Audit Status:	N/A

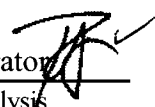
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$123.31	\$124.91	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

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Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center
 MS Douglas Elementary
 3601 Federal Highway
 Miami, FL 33175

Provider Number: 029554014
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$123.31	\$124.91 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
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 Permanent File
 Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 16
3601 Federal Hwy, 6th Floor
Miami, FL 33137

Provider Number: 029554016
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$123.31 and \$124.91), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 19
3601 Federal Highway
Miami, FL 33137

Provider Number: 029554019
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$123.31 and \$124.91), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 21
 3601 Federal Highway, 6th Floor
 Miami, FL 33137

Provider Number: 029554021
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

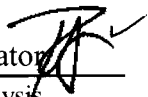
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$123.31	\$124.91 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 23
3601 Federal Highway
Miami, FL 33137

Provider Number: 029554023
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$123.31 and \$124.91), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 25
3601 Federal Highway
Miami, FL 33137

Provider Number: 029554025
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$123.31 and \$124.91), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 27

Provider Number: 029554027

Date: 10/01/2014

3601 Federal Hwy, 6th Floor

Fiscal Year End: N/A

Miami, FL 33137

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$123.31	\$124.91 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Permanent File
 Program Development:

For information Only (No Change in rate)



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 29
3601 Federal Highway, Suite 200
Miami, FL 33137

Provider Number: 029554029
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$123.31 and \$124.91), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 31
3601 Federal Highway
Miami, FL 33137

Provider Number: 029554031
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$123.31 and \$124.91), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - Cottonwood Cir
3601 Federal Highway
Miami, FL 33137

Provider Number: 029554033
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - North Bay Village

Provider Number: 029554035

Date: 10/01/2014

3601 Federal Highway

Fiscal Year End: N/A

Miami, FL 33137

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$123.31	\$124.91 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - Miami Beach
 3601 Federal Highway
 Miami, FL 33137

Provider Number: 029554037
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$123.31	\$124.91 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - Bay Harbor Islands
3601 Federal Highway
Miami, FL 33137
Provider Number: 029554039
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$123.31 and \$124.91), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 7th Street
 3601 Federal Highway
 Miami, FL 33137

Provider Number: 029554041
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$123.31	\$124.91 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center
 Kendall Regional
 3601 Federal Highway
 Miami, FL 33137

Provider Number: 029554043
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$123.31	\$124.91 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community HCC - Ruskin
P.O. Box 1349
Ruskin, FL 33570

Provider Number: 029557400
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$141.32 and \$143.16), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers
Women and Children Community Health Center
PO Box 2096
Plant City, FL 33563

Provider Number: 029557401
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$141.32 and \$143.16), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community HCC - Plant City
 508 N. Maryland Avenue P.O. Box 2096
 Plant City, FL 33566

Provider Number: 029557402
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$141.32	\$143.16	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community HCC - Mobley Street
 P.O. Box 1349
 Ruskin, FL 33575

Provider Number: 029557403
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$141.32	\$143.16	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers
Joyce Elv Community Health Center
PO Box 1349
Ruskin, FL 33575

Provider Number: 029557405
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers
Suncoast Mobile Dental Van
PO Box 1349
Ruskin, FL 33575

Provider Number: 029557408
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$141.32 and \$143.16), Hospice Provider, and various home care and board rates.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers, Inc.
Brandon Community Health Center
PO Box 40
Dover, FL 33527

Provider Number: 029557409
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers
 Oakfield Community Health Center
 13110 Elk Mountain Drive
 Riverview , FL 33579

Provider Number: 029557412
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

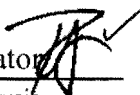
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$141.32	\$143.16	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers
Oakfield Community Dental Care
13110 Elk Mountain Drive
Riverview, FL 33579

Provider Number: 029557414
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$141.32 and \$143.16), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers, Inc.
SCHC Womens Care of Lakeland
13110 Elk Mountain Dr.
Riverview, FL 33579

Provider Number: 029557416
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, and various home care codes.

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Center
Suncoast Mobile Medical Bus
13110 Elk Mountain Drive
Riverview, FL 33579

Provider Number: 029557417
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$141.32 and \$143.16), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers
Wimauma Community Health Center
13110 Elk Mountain Drive
Riverview, FL 33579

Provider Number: 029557420
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$141.32 and \$143.16), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers
Palm River Community Health Center
13110 Elk Mountain Drive
Riverview, FL 33579

Provider Number: 029557422
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$141.32 and \$143.16), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services
 P.O. Box 499
 Parrish, FL 34219

Provider Number: 029561200
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Contract Management
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- Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services- Bayshore
 P.O. Box 499
 Parrish, FL 34221

Provider Number: 029561201
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Svcs. - Hwy 301
P.O. Box 499
Parrish, FL 34219

Provider Number: 029561202
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.20 and \$121.76), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser. - Lawton Chiles Provider Number: 029561203
Date: 10/01/2014
P.O. Box 499 Fiscal Year End: N/A
Parrish, FL 34219 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.20 and \$121.76), Hospice Provider, and various home care codes (#651-658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - Southeast FHCC
P.O. Box 499
Parrish, FL 34203

Provider Number: 029561204
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.20 and \$121.76), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate.

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - East Manatee Health	Provider Number: 029561205
	Date: 10/01/2014
P.O. Box 499	Fiscal Year End: N/A
Parrish, FL 34208	Audit Status: N/A

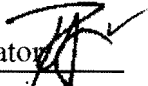
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - Myakka FHCC
 P.O. Box 499
 Parrish, Fl 34251

Provider Number: 029561206
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - Infectious Disease
P.O. Box 499
Parrish, Fl 34203

Provider Number: 029561207
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.20 and \$121.76), Hospice Provider, and various care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser. - North CHC Medical
P.O. Box 499
Parrish, FL 34219

Provider Number: 029561210
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.20 and \$121.76), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Co. Rural Health Ser - Health Park OB/GYN
 P.O. Box 499
 Parrish, FL 34219

Provider Number: 029561212
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - Palmetto FHC
P.O. Box 499
Parrish, FL 34221

Provider Number: 029561214
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76[✓]	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services - Westgate
P.O. Box 499
Parrish, FL 34219

Provider Number: 029561218
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services - Community Care HC Provider Number: 029561220
Date: 10/01/2014
P.O. Box 499 Fiscal Year End: N/A
Parrish, FL 34219 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services - Lakewood
 P.O. Box 499
 Parrish, FL 34219

Provider Number: 029561222
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural County Health Services - Riverview
P.O. Box 499
Parrish, FL 34219

Provider Number: 029561224
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes like #651 Routine Home Care.

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health Center - Bradenton Chiropractic
P.O. Box 499
Parrish, FL 34219

Provider Number: 029561226
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.20 and \$121.76), Hospice Provider, and various home care codes (#651-658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health Center - Whole Child Pediatrics
 P.O. Box 499
 Parrish, FL 34219

Provider Number: 029561228
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health Center - General Surgery
P.O. Box 499
Parrish, FL 34219

Provider Number: 029561230
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.20 and \$121.76), Hospice Provider, and various home care codes.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
[X] Payment System Rate
Average Nursing Home Rate

- [X] Prospective
[X] Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services, Inc.
 Readi-Care Plus
 PO Box 499
 Parrish, FL 34219

Provider Number: 029561232
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rual Health Services
 River Landings OB/GYN
 PO Box 499
 Parrish , FL 34219

Provider Number: 029561233
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services
North County Family Vision Center
PO Box 499
Parrish, FL 34219

Provider Number: 029561236
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.20 and \$121.76), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type:

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Handwritten signature and checkmark

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Count Rural Health Services, Inc.
PO Box 499
Parrish, FL 34219

Provider Number: 029561238
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$120.20 and \$121.76), Hospice Provider, and various home care and room/board categories.

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective (checked), Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services
 Bradenton Family Medical
 PO Box 499
 Parrish, FL 34219

Provider Number: 029561240
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services
 Arcadia Childrens Health Care
 PO Box 499
 Parrish, FL 34219

Provider Number: 029561242
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers
Johnnie Ruth Clarke Health Center
1344 22nd Street S.
St. Petersburg, FL 33705

Provider Number: 029565500
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
[X] Payment System Rate
Average Nursing Home Rate

- [X] Prospective
[X] Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers @ Clearwater
 707 Druid Rd E
 Clearwater, FL 33756

Provider Number: 029565501
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

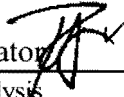
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$108.72	\$110.13	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers @ Pinellas Park
7550 43rd Street N
Pinellas Park, FL 33781

Provider Number: 029565503
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$108.72 and \$110.13), Hospice Provider, and various Home Care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Distribution items: Fiscal Agent, Contract Management, Permanent File, Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center - Largo
12420 - 130th Ave
Largo, FL 33774

Provider Number: 029565512
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$108.72 and \$110.13), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Permanent File
Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers @ Tarpon
247 S. Huey Avenue
Tarpon Springs, FL 34689

Provider Number: 029565514
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$108.72 and \$110.13), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers at Bayfront
PO Box 10549
St. Petersburg, FL 33733

Provider Number: 029565516
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$108.72 and \$110.13), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers of Pinellas
 Clearwater Dental
 PO Box 10549
 St Petersburg, FL 33733

Provider Number: 029565519
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$108.72	\$110.13	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctr., Inc. - Wewahitchka Medical Ctr
Provider Number: 029568000
Date: 10/01/2014
2804 Remington Green circle
Fiscal Year End: N/A
Tallahassee, FL 32308
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$104.55 and \$105.91), Hospice Provider, and various home care codes (#651-658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctr. Inc. - Wakulla Medical Ctr Provider Number: 029568001
Wakulla Medical Center Date: 10/01/2014
2804 Remington Green circle Fiscal Year End: N/A
Tallahassee, FL 32308 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$104.55 and \$105.91), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctr., Inc. - Tri County FHCC
Tri County Family Health Care
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number: 029568005
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$104.55 and \$105.91), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc. - Mayo
Mayo Health Services
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number: 029568009
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various home care codes (#651-658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc. - Family Medical Practice
2804 Remington Green circle
Tallahassee, FL 32308

Provider Number: 029568012
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$104.55 and \$105.91), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc. - Gadsden Medical Center	Provider Number:	029568013
Gadsden Medical Center	Date:	10/01/2014
2804 Remington Green circle	Fiscal Year End:	N/A
Tallahassee, FL 32308	Audit Status:	N/A

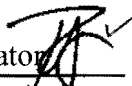
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$104.55	\$105.91[✓]	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Center, Inc. - Gadsden Dental Center
 Gadsden Dental
 2804 Remington Green circle
 Tallahassee, FL 32308

Provider Number: 029568015
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

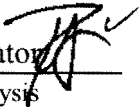
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$104.55	\$105.91	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North FL. Medical Center - Eastpoint Medical Center
Eastpoint Medical Center
2804 Remington Green circle Eastpoint Medical Center
Tallahassee, FL 32308

Provider Number: 029568030
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Labelle	Provider Number:	029570101
	Date:	10/01/2014
P.O. Box 1588	Fiscal Year End:	N/A
Ft. Myers, FL 33902	Audit Status:	N/A

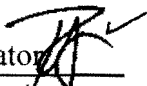
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$106.80	\$108.19[✓]	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - East Ft Myers
 P.O. Box 1588
 Ft. Myers, FL 33902

Provider Number: 029570103
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$106.80	\$108.19 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Leigh Acres
 P.O. Box 1588
 Ft. Myers, FL 33902

Provider Number: 029570105
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$106.80	\$108.19	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - North Ft Myers
P.O. Box 1588
Ft. Myers, FL 33902

Provider Number: 029570106
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$106.80 and \$108.19), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of S.W. Florida - Paul Lawrence
P.O. Box 1588
Ft. Myers, FL 33902

Provider Number: 029570107
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of S.W. Florida - South Ft Myers
P.O. Box 1588
Ft. Myers, FL 33902

Provider Number: 029570109
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$106.80 and \$108.19), Hospice Provider, and various home care codes.

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers. of S.W. Florida - Cape Coral
Provider Number: 029570110
Date: 10/01/2014
P.O. Box 1588
Fiscal Year End: N/A
Ft. Myers, FL 33902
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida Inc - Port Charlotte
P.O. Box 1588
Ft. Myers, FL 33902

Provider Number: 029570112
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$106.80	\$108.19	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Pine Island
 P.O. Box 1588
 Ft. Myers, FL 33902

Provider Number: 029570115
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$106.80	\$108.19 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Tamiami Trail
PO Box 1357
Fort Myers, FL 33902

Provider Number: 029570117
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida
South Fort Mvers Medical Center
PO Box 1588
Fort Myers , FL 33902

Provider Number: 029570118
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$106.80 and \$108.19), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Bonita Springs
P.O. Box 1588
Ft. Myers, FL 33902

Provider Number: 029570120
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Hlth Ctr of SW Florida - Broadway Ave
P.O. Box 1588
Ft. Myers, FL 33902

Provider Number: 029570122
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida
 Cape Coral Health Center
 PO Box 1357
 Fort Myers , FL 33902

Provider Number: 029570125
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$106.80	\$108.19	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Kings Hwy #210
 PO Box 1357
 Fort Myers , FL 33902

Provider Number: 029570127
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$106.80	\$108.19 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

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 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number:	029572800
10300 S.W. 216th Street	Date:	10/01/2014
Miami, FL 33190	Fiscal Year End:	N/A
	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center of South Florida - MLK Provider Number: 029572801
Date: 10/01/2014
810 West Mowry Street Fiscal Year End: N/A
Homestead, FL 33030 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - W. Perrine Health Ctr	Provider Number:	029572804
W. Perrine Health Ctr	Date:	10/01/2014
17623 Homestead Avenue	Fiscal Year End:	N/A
Perrine, FL 33157	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Naranja Health Center
Naranja Health Center
13890 S.W. 264 Street
Homestead, FL 33030
Provider Number: 029572805
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Everglades Health Center Provider Number: 029572809
Everglades Health Center Date: 10/01/2014
19200 S.W. 380th Street Fiscal Year End: N/A
Florida City, FL 33030 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
[X] Payment System Rate
Average Nursing Home Rate

- [X] Prospective
[X] Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - S. Dade Health Center	Provider Number:	029572810
S. Dade Health Center	Date:	10/01/2014
13600 S.W. 312th Street	Fiscal Year End:	N/A
Homestead, FL 33090	Audit Status:	N/A

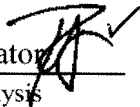
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Laura Saunders Elem Provider Number: 029572815
Date: 10/01/2014
10300 SW 216 Street Fiscal Year End: N/A
Miami, FL 33190 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
[X] Payment System Rate
Average Nursing Home Rate

- [X] Prospective
[X] Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Homestead Senior High Provider Number: 029572817
Date: 10/01/2014
10300 SW 216 St Fiscal Year End: N/A
Miami, FL 33190 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Cope South
 10300 SW 216 St
 Miami, FL 33190

Provider Number: 029572819
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - 307 St
 15790 SW 307 Street
 Homestead, FL 33035

Provider Number: 029572821
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Marathon Health Center
Provider Number: 029572824
Date: 10/01/2014
10300 S.W. 216th Street
Fiscal Year End: N/A
Miami, FL 33190
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Moton Elementary Sch	Provider Number: 029572826
10300 S.W. 216th Street	Date: 10/01/2014
Miami, FL 33190	Fiscal Year End: N/A
	Audit Status: N/A

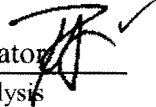
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center of S. Dade - Campbell Drive Middle	Provider Number:	029572827
10300 S.W. 216th Street	Date:	10/01/2014
Miami, FL 33190	Fiscal Year End:	N/A
	Audit Status:	N/A

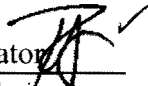
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Colonial Drive Elem
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572828
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

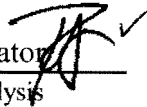
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Permanent File
- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - H.A Ammons Middle
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572829
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

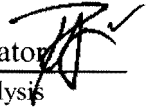
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Bowman Ashe Doolin 6-8	Provider Number:	029572830
	Date:	10/01/2014
10300 S.W. 216th Street	Fiscal Year End:	N/A
Miami, FL 33190	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - John A. Ferguson Senior	Provider Number: 029572831
10300 S.W. 216th Street	Date: 10/01/2014
Miami, FL 33190	Fiscal Year End: N/A
	Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - South Dade Senior
10300 S.W. 216th Street
Miami, FL 33190

Provider Number: 029572832
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - W.A. Chapman Elem
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572833
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Braddock Senior
 10300 S.W. 216th Street
 Miami, FL 33190

Provider Number: 029572837
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Flagami Elem.
10300 SW 216th Street
Miami, FL 33190

Provider Number: 029572852
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various Home Care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Avocado Elem.
10300 SW 216th Street
Miami, FL 33190

Provider Number: 029572853
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Airbase Elem
 10300 SW 216 Street
 Miami, FL 33190

Provider Number: 029572854
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - FL City Elem
10300 SW 216th Street
Miami, FL 33190

Provider Number: 029572855
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Homestead Middle
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 029572856
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - McMillan Middle	Provider Number:	029572857
	Date:	10/01/2014
10300 SW 216th Street	Fiscal Year End:	N/A
Miami, FL 33190	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Perrine Elem
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 029572858
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S Florida - Redondo Elem
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 029572859
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Royal Green Elem
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 029572868
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S Florida - South Wood Middle
10300 SW 216th Street
Miami, FL 33190

Provider Number: 029572870
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Distribution items: Fiscal Agent, Contract Management, Permanent File, Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
 South Miami Health Center
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 029572875
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Permanent File
 Program Development:

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
West Homestead Elementary
10300 SW 216th Street
Miami, FL 33190

Provider Number: 029572876
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective (checked), Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Leisure City K-8 Center
10300 SW 216th Street
Miami, FL 33190

Provider Number: 029572890
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
 West Kendall Health Center
 10300 SW 216th Street
 Miami, FL 33190

Provider Number: 029572895
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida
Coconut Grove Health Center
10300 SW 216th Street
Miami, FL 33190

Provider Number: 029572897
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs- Okeechobee
 4450 South Tiffany Drive
 West Palm Beach,, FL 33407

Provider Number: 029574400
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$119.83	\$121.39 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs - Infectious Disease Center Provider Number: 029574401
 Date: 10/01/2014
 4450 South Tiffany Drive Fiscal Year End: N/A
 West Palm Beach,, FL 33407 Audit Status: N/A

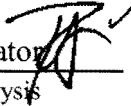
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$119.83	\$121.39 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Centers - Clewiston
 4450 South Tiffany Drive
 West Palm Beach,, FL 33407

Provider Number: 029574402
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$119.83	\$121.39	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
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 Permanent File
 Program Development:

For information Only (No Change in rate)



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Indiantown
 4450 South Tiffany Drive
 West Palm Beach,, FL 33407

Provider Number: 029574403
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$119.83	\$121.39 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Ft Pierce
4450 South Tiffany Drive
West Palm Beach,, FL 33407

Provider Number: 029574404
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Lakeshore Medical Provider Number: 029574406
 Date: 10/01/2014
 4450 South Tiffany Drive Fiscal Year End: N/A
 West Palm Beach,, FL 33407 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$119.83	\$121.39 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Center - 103 NE 19th Dr
 4450 S. Tiffany Drive
 West Palm Beach, FL 33407

Provider Number: 029574414
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

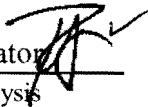
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$119.83	\$121.39 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs- North Palm Beach
4450 S. Tiffany Drive
West Palm Beach, FL 33407

Provider Number: 029574416
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Centers - Pahokee
4450 S. Tiffany Drive
West Palm Beach, FL 33407

Provider Number: 029574418
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Center - Moore Haven
 4450 S. Tiffany Drive
 West Palm Beach , FL 33407

Provider Number: 029574420
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$119.83	\$121.39 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Stuart
4450 South Tiffany Drive
West Palm Beach, FL 33407

Provider Number: 029574422
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Center
Ft. Pierce OB
4450 South Tiffany Drive
West Palm Beach , FL 33407

Provider Number: 029574424
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$119.83 and \$121.39), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community Healthcare Group, Inc
 PO Box 232
 Dade City, FL 33526

Provider Number: 037527610
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$142.63	\$144.48 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Center
1720 S. Gadsden St.
Tallahassee, FL 32314

Provider Number: 060551401
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
[X] Payment System Rate
Average Nursing Home Rate

- [X] Prospective
[X] Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Assoc.- West Orange
1720 S. Gadsden St.
Tallahassee, Fl 32310

Provider Number: 060551402
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$112.51 and \$113.97), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

For information Only (No Change in rate)



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Center
1720 S. Gadsden St.
Tallahassee, FL 32310

Provider Number: 060551404
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$112.51 and \$113.97), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

For information Only (No Change in rate)



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Clinic
THA Health Center at Joe Louis
1720 S. Gadsden Street
Tallahassee, FL 32301

Provider Number: 060551405
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$112.51	\$113.97 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Specialty and Wellness Center
 1720 S. Gadsden Street
 Tallahassee, FL 32301

Provider Number: 060551408
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$112.51	\$113.97 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers
 Johnnie Ruth Clarke Health Center
 PO Box 10549
 St Petersburg , FL 33733

Provider Number: 060638308
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

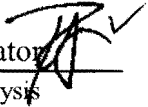
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$108.72	\$110.13 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center
 Havana Middle School
 438 West Brevard street
 Tallahassee , FL 32301

Provider Number: 262263706
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$108.87	\$110.29 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center
Havana Elementary School
438 West Brevard Street
Tallahassee, FL 32301

Provider Number: 262263707
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center
Havana Heights PH Clinic
438 West Brevard Street
Tallahassee, FL 32301

Provider Number: 262263708
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$108.87 and \$110.29), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center
Lincoln Center
438 West Brevard Street
Tallahassee, FL 32301

Provider Number: 262263709
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$108.87 and \$110.29), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center
 Smith Williams Center
 438 West Brevard Street
 Tallahassee, FL 32301

Provider Number: 262263710
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$108.87	\$110.29 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center
C V Butler Bldg
438 West Brevard Street
Tallahassee, FL 32301

Provider Number: 262263711
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, and various home care codes.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern, Inc.

Provider Number: 680002500

Date: 10/01/2014

336 N.W. Fifth Street

Fiscal Year End: N/A

Miami, FL 33128

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

- Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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 Program Development:

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Florida Agency for Health Care Administration
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Salvation Army-Camillus Health Concern
Salvation Army
336 NW 5th Street
Miami, FL 33128

Provider Number: 680002505
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern - Camillus House
 Camillus House
 336 NW 5th Street
 Miami, FL 33128

Provider Number: 680002506
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus - Better Way of Greater Miami
Better Way of Greater Miami
336 NW 5th Street
Miami, FL 33128

Provider Number: 680002508
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus - Mother Theresa Sister of Charity
 Mother Theresa Sister of Charity
 336 NW 5th Street
 Miami, FL 33128

Provider Number: 680002510
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Community Health - Fellsmere
 Fellsmere
 12196 CR 512
 Fellsmere, FL 32948

Provider Number: 680005000
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

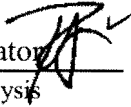
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$138.08	\$139.88 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Community Health - Vero
 12196 CR 512
 Fellsmere, FL 32948

Provider Number: 680005001
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$138.08	\$139.88 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Community Health - Vero2
 12196 County Rd. 512
 Fellsmere, FL 32948

Provider Number: 680005002
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$138.08	\$139.88	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Community Health, Inc. - Sebastian
 12196 County Road 512
 Fellsmere, FL 32948

Provider Number: 680005006
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$138.08	\$139.88 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Comm. Health, Inc. Fellsmere2

 12196 County Road 512
 Fellsmere , FL 32948

Provider Number: 680005008
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$138.08	\$139.88 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community FH - State Road # 7
 2518 N. State Rd. 7
 Hollywood, FL 33021

Provider Number: 680027100
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$141.94	\$143.79 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community FH - North Powerline Road
 168 North Powerline Road
 Pompano Beach, FL 33069

Provider Number: 680027102
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$141.94	\$143.79 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community & Family Health - West Park
 5010 Hollywood Blvd., Ste 100B
 Hollywood, FL 33021

Provider Number: 680027104
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$141.94	\$143.79 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community & Family Health Centers
 Central Broward Community Health Center
 5010 Hollywood Blvd, Ste 100B
 Hollywood, FL 33021

Provider Number: 680027106
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$141.94	\$143.79 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural County Health Ser - Arcadia FHC
 P.O. Box 499
 Parrish, FL 34219

Provider Number: 680996100
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.20	\$121.76 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care - Hwy 542
 950 CR 17A West
 Avon Park, FL 33825

Provider Number: 681471900
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers, Inc. - Eatonville Med/Dent Center	Provider Number: 681969900
	Date: 10/01/2014
P.O. Box 4099	Fiscal Year End: N/A
Apopka, Fl 32704	Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$138.63	\$140.43	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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For information Only (No Change in rate)



Florida Agency for Health Care Administration
 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Family Health Center, Inc. - Hoffner
 5449 South Semoran Blvd.
 Orange, FL 32822

Provider Number: 682960100
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$108.93	\$110.35 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Mobile Medical Center
 P.O. Box 82969
 Tampa, FL 33682

Provider Number: 683710700
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

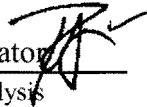
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.68	\$122.25 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Golden Gate Dental

Provider Number: 683955000

Date: 10/01/2014

P.O. Box 12229

Fiscal Year End: N/A

Naples, FL 34101

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Horizon PCC
 P.O. Box 12229
 Naples, FL 34101

Provider Number: 683955003
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Creekside Pediatrics
 P. O. Box 12229
 Naples, FL 34101

Provider Number: 683955005
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Ronald McDonald
 P. O. Box 12229
 Naples, FL 34101

Provider Number: 683955006
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

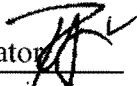
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services, Inc - Countryside Childrens Dental Provider Number: 683955010
Date: 10/01/2014
1454 Madison Avenue Fiscal Year End: N/A
Imokalee, FL 33934 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Permanent File
Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services, Inc. - FSU Primary Care
 1454 Madison Avenue
 Imokalee, FL 33934

Provider Number: 683955012
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services
UF Pediatric Dental Center
1454 Madison Ave W
Immokalee, FL 34142

Provider Number: 683955014
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various Home Care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective (checked), Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Distribution items: Fiscal Agent, Contract Management, Permanent File, Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services Provider Number: 683955017
Creekside Family Practice Date: 10/01/2014
PO Box 12229 Fiscal Year End: N/A
Naples, FL 34101 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services
 Womens Care Naples
 1454 Madison Ave
 Immokalee, FL 34142

Provider Number: 683955019
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

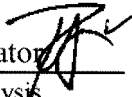
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - St Lucie
4450 South Tiffany Drive
West Palm Beach, FL 32407

Provider Number: 684660200
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$119.83 and \$121.39), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Hillmoor Dr.
 1701 S.E. Hillmoor Dr. Suite 19
 Port St. Lucie, FL 34952

Provider Number: 684660202
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$119.83	\$121.39 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Center, Inc. - Taylor Dental Center
 Taylor Dental Clinic
 409 East Ash Street Taylor Dental Center
 Perry, FL 32347

Provider Number: 684783800
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$104.55	\$105.91	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

I.M. Solzbacher Ctr for the Homeless
611 E. Adams St
Jacksonville, FL 32202

Provider Number: 686032000
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$116.43 and \$117.94), Hospice Provider, and various care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

I.M. Solzbacher
 Beaches Community Healthcare
 611 E. Adams Street
 Jacksonville, FL 32202

Provider Number: 686032002
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$116.43	\$117.94 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Joseph Care of Florida - Garrison Ave
 2475 Garrison Avenue
 Port St. Joe, FL 32546

Provider Number: 686728600
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

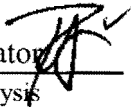
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$101.64	\$102.96 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Joseph Care of Florida - Lake Avenue
 2475 Garrison Avenue
 Port St. Joe, FL 32546

Provider Number: 686728602
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A


Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$101.64	\$102.96	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
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Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Joseph Care of Florida - Fourth Street
2475 Garrison Avenue
Port St. Joe, FL 32546

Provider Number: 686728604
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$101.64 and \$102.96), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Centers for Homeless - Westmoreland
 234 N. Orange Blossom Trail
 Orlando , FL 32805

Provider Number: 687429100
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$135.29	\$137.05 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Centers for Homeless - Parramore
234 N. Orange Blossom Trail
Orlando , FL 32805

Provider Number: 687429102
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$135.29	\$137.05 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration
State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless - Michigan
232 N. Orange Blossom Trail
32805, FL 32805

Provider Number: 687429104
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$135.29 and \$137.05), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

- Distribution items: Fiscal Agent, Contract Management, Permanent File, Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless
 Orange Blossom Family Health Center
 232 N. Orange Blossom Trail
 Orlando, FL 32805

Provider Number: 687429106
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

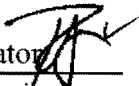
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$135.29	\$137.05 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Permanent File
- Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Centers for the Homeless
HTI. Orange Blossom Family Health
232 North Orange Blossom Trail
Orlando, FL 32805

Provider Number: 687429108
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$135.29 and \$137.05), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Svc - Pierson Medical Center
 PO Box 527
 Pierson, FL 32180

Provider Number: 687955100
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$116.43	\$117.94 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Svcs - West Plymouth Ave	Provider Number:	687955102
PO Box 527	Date:	10/01/2014
Pierson, FL 32180	Fiscal Year End:	N/A
	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$116.43	\$117.94 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Services, Inc. - Deltona
 PO Box 527
 Pierson, FL 32180

Provider Number: 687955104
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$116.43	\$117.94 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Services - Deland
 1015 N. Stone Street, Unit A
 Deland, FL 32720

Provider Number: 687955106
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$116.43	\$117.94	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pinellas County Board-Mobile Med Unit
647 1st Ave. North
St. Petersburg, FL 33701

Provider Number: 688412100
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$108.71 and \$110.12), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network
 4175 W. 20th Avenue
 Hialeah, FL 33012

Provider Number: 688571300
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$134.78	\$136.53 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network
 551 West 51st Street Place, Second Floor
 Hialeah, FL 33012

Provider Number: 688571302
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$134.78	\$136.53 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network
4175 W. 20th Ave.
Hialeah, FL 33012

Provider Number: 688571304
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$134.78 and \$136.53), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network, Inc.
 4175 West 20th Ave.
 Hialeah, FL 33012

Provider Number: 688571306
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$134.78	\$136.53 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network, E. 3rd St
 4175 West 20th Ave.
 Hialeah, FL 33012

Provider Number: 688571308
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$134.78	\$136.53 ✓	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance, Inc
 5270 Babcock St NE
 Palm Bay, FL 32905

Provider Number: 688693100
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

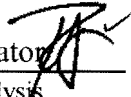
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$137.65	\$139.44	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - Hickory

 17 Silver Palm Ave.
 Melbourne, FL 32901

Provider Number: 688693102
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$137.65	\$139.44	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - County Clinic
 220 Barton Blvd, Unit C14
 Rockledge, FL 32955

Provider Number: 688693106
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$137.65	\$139.44	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - Mobile Unit
 220 Barton Blvd, Unit C14
 Rockledge, FL 32955

Provider Number: 688693108
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$137.65	\$139.44	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance
 500 N. Washington Ave., Ste 105
 Titusville, FL 32796

Provider Number: 688693112
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$137.65	\$139.44	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard Health Alliance
 775 Malabar Rd
 Malabar, FL 32950

Provider Number: 688693114
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$137.65	\$139.44	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard Health Alliance, Inc. - Riverside
 PO Box 1137
 Melbourne, FL 32902

Provider Number: 688693117
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$137.65	\$139.44	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Brevard Health Alliance - Sarno	Provider Number: 688693119
	Date: 10/01/2014
PO Box 1137	Fiscal Year End: N/A
Melbourne, FL 32902	Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$137.65	\$139.44	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida
 2309 E. 15th Street
 Panama City, FL 32405

Provider Number: 689693600
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$118.18	\$119.72 [✓]	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

For information Only (No Change in rate)



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2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida, Inc.
Dental
707 Jenks Ave., Suite A
Panama City, FL 32401

Provider Number: 689693603
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$118.18 and \$119.72), Hospice Provider, and various Home Care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
[X] Payment System Rate
Average Nursing Home Rate

- [X] Prospective
[X] Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida - Santa Rosa Bch
CHC - Walton County
361 Greenway Trail
Santa Rosa Beach, FL 32401

Provider Number: 689693604
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with X), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
[X] Payment System Rate
Average Nursing Home Rate

- [X] Prospective
[X] Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida - Bruce
 431 Oak Ave.
 Panama City, FL 32401

Provider Number: 689693605
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

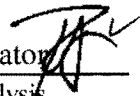
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.18	\$119.72	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida - Bristol
431 Oak Ave
Panama City, FL 32401
Provider Number: 689693607
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$118.18 and \$119.72), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida - Blountstown
 431 Oak Ave
 Panama City, FL 32401

Provider Number: 689693609
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.18	\$119.72	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida - Bonifay
431 Oak Ave
Panama City, FL 32401

Provider Number: 689693611
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$118.18 and \$119.72), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida - Chipley
 431 Oak Ave
 Panama City, FL 32401

Provider Number: 689693612
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.18	\$119.72	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Agape Community Health Center
1760 Edgewood Ave West
Jacksonville, FL 32208

Provider Number: 690556100
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$116.43	\$117.94	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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 State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Dept of Health
 Agape Community Health Center
 900 University Blvd, MC-75
 Jacksonville, FL 32211

Provider Number: 690556102
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$116.43	\$117.94	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Dept of Health
Agape Community Health Center - University
900 University Blvd MC 75
Jacksonville, FL 32211

Provider Number: 690556104
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$116.43 and \$117.94), Hospice Provider, and various home care codes (#651-658).

Basis:

Rate Type :

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Dept of Health
 Azape Community Health Center - Timiquana
 900 Universtiy Blvd, MC 75
 Jacksonville, FL 32211

Provider Number: 690556105
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$116.43	\$117.94	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Dept of Health
 Agape Community Health Center - King
 900 University Blvd, MC 75
 Jacksonville, FL 32211

Provider Number: 690556106
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

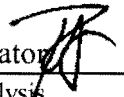
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$116.43	\$117.94	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

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- Program Development:

For information Only (No Change in rate)



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center, Inc. - Bell Family Healthcare Provider Number: 690595100
Date: 10/01/2014
1830 N. Main Street Fiscal Year End: N/A
Bell, FL 32619 Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (checked), Hospice Provider, #651 Routine Home Care, #652 Continuous Home Care, #655 Inpatient Respite Care, #656 General Inpatient Care, #658 Room and Board.

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care - Lakeland OB/GYN
Provider Number: 691835200
Date: 10/01/2014
950 Co. Road 17A West
Fiscal Year End: N/A
Avon Park, FL 33825
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$145.99 and \$147.89), Hospice Provider, and various home care codes (#651, #652, #655, #656, #658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, X Payment System Rate, Average Nursing Home Rate.

- Rate Type options: X Prospective, X Total Prospective, Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care Inc.
 CFHC - Winter Haven Center
 1514 1st Street North
 Winter Haven, FL 33881

Provider Number: 691835204
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Med. Ctr - Taylor Medical

 255 W. River Road
 Wewahitchka, FL 32465

Provider Number: 692957500
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$104.55	\$105.91	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care - Lakeland	Provider Number:	691835202
	Date:	10/01/2014
950 Co. Road 17A West	Fiscal Year End:	N/A
Avon Park, FL 33825	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care	Provider Number:	691835206
Lake Wales Dental	Date:	10/01/2014
225 Lincoln Ave	Fiscal Year End:	N/A
Lake Wales, FL 33853	Audit Status:	N/A

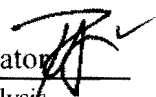
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator 
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics
 2200 N. Palafox St
 Pensacola, FL 32514

Provider Number: 692990700
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$101.43	\$102.75	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.
Santa Rosa Community Clinic
2200 North Palafox Street
Pensacola, FL 32501

Provider Number: 692990702
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$101.43 and \$102.75), Hospice Provider, and various home care codes (#651-#658).

Basis:

- Budget
Unaudited costs
Desk audited costs
Field audited costs
Medicare - Prospective
X Payment System Rate
Average Nursing Home Rate

Rate Type :

- X Prospective
X Total Prospective
Prospective Adjusted for New Costs
Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc
 2200 N. Palafox Street
 Pensacola, FL 32501

Provider Number: 692990704
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$101.43	\$102.75	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
- Contract Management
- Permanent File
- Program Development:

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.
 Lanza Pediatrics
 2200 N. Palafox Street
 Pensacola, FL 32501

Provider Number: 692990705
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$101.43	\$102.75	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.
Lakeview Medical Clinic
2200 N. Palafox Street
Pensacola, FL 32501

Provider Number: 692990706
Date: 10/01/2014
Fiscal Year End: N/A
Audit Status: N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health Clinic, Swing-Bed Provider, Federally Qualified Health Centers (with rates \$101.43 and \$102.75), Hospice Provider, and various home care codes (#651-#658).

Basis:

Rate Type :

- Basis options: Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate.

- Rate Type options: Prospective (checked), Total Prospective (checked), Prospective Adjusted for New Costs, Interim, Total Interim, Settlement based on costs.

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Medicaid Cost Reimbursement Analysis

Distribution:

- Distribution items: Fiscal Agent, Contract Management, Permanent File, Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics
 Urgent Care
 2200 North Palafox Street
 Pensacola , FL 32501

Provider Number: 692990708
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$101.43	\$102.75	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics Inc
 First Steps Pediatrics
 2200 North Palafox Street
 Pensacola, FL 32501

Provider Number: 692990710
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$101.43	\$102.75	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics
 2200 North Palafox Street
 Pensacola, FL 32501

Provider Number: 692990714
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
<input checked="" type="checkbox"/> Federally Qualified Health Centers	\$101.43	\$102.75	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
 - Total Prospective
 - Prospective Adjusted for New Costs
- Interim
 - Total Interim
 - Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinic
 Waterfront Rescue Mission
 2200 North Palafox Street
 Pensacola , FL 32505

Provider Number: 692990716
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

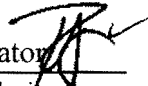
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$101.43	\$102.75	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
- Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Med Ctr - Crestview Med Center
 535 John Knox Rd
 Tallahassee, FL 32303

Provider Number: 693564800
 Date: 10/01/2014
 Fiscal Year End: N/A
 Audit Status: N/A

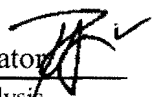
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$104.55	\$105.91	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Interim
- Total Interim
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