

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Centers, Inc.	Provider Number:	000801300
Baker Family Medical Center	Date:	10/01/2014
1321 Georgia Avenue	Fiscal Year End:	N/A
Baker, FL 32531	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			111 J L7 A

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)

0



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Dept of Health d/b/a Osceola Co. Health Dept.	Provider Number:	000835600
	Date:	10/01/2014
105 Doverplum Ave.	Fiscal Year End:	N/A
Kissimmee, FL 34758	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	······································	in accord to the second s	<pre>enrouses.photostecours.phot</pre>
Swing-Bed Provider			
X Federally Qualified Health Centers	\$130.11	\$131.80	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	ан — — , томочени — — , ниман — — , ниман —	THE MANAGEMENT A	

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Department of Health	Provider Number:	000952900
Citrus County Health Department	Date:	10/01/2014
3700 W. Sovereign Path	Fiscal Year End:	N/A
Lecanto, FL 34461	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	1	
#652 Continuous Home Care		
#655 Inpatient Respite Care		
#656 General Inpatient Care		- Y K 00000010000000000000000000000000000
#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 Contract Management Permanent File Program Development:



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

Comprehensive Community Care Network, Inc.	Provider Number:	001182600
	Date:	10/01/2014
2330 S. Congress Ave.	Fiscal Year End:	N/A
Palm Springs, FL 33406	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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Family Health Centers, Inc. #20	Provider Number:	001276200
	Date:	10/01/2014
4422 E. Columbus Drive	Fiscal Year End:	N/A
Tampa, FL 33604	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		(M/O %) ****
#658 Room and Board		

Basis:

Rate Type :

	Budget	Х	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		_
	Medicare - Prospective	Iı	iterim
<u> </u>	Payment System Rate	·····	Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Heart of Florida Health Center, Inc.	Provider Number:	001718300
	Date:	10/01/2014
1025 SW 1st Ave.	Fiscal Year End:	N/A
Ocala, FL 34471	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 1/ 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 Х Average Nursing Home Rate Rate Type :

Prospective X **Total Prospective** X Prospective Adjusted for New Costs Interim

> **Total Interim** Settlement based on costs

> > W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Heart of Florida Health Center	Provider Number:	001718302
	Date:	10/01/2014
1025 SW 1st Ave.	Fiscal Year End:	N/A
Ocala, FL 34471	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		į
X Federally Qualified Health Centers	\$109.96	\$111.39 10/01/2014
Hospice Provider		
#651 Routine Home Care		
#652 Continuous Home Care		- A.A. *
#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 Contract Management Permanent File Program Development:



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

Heart of Florida Health Center - Reddick	Provider Number:	001718304
	Date:	10/01/2014
1025 SW 1st Ave.	Fiscal Year End:	N/A
Ocala, FL 34471	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:

Rate Type :

	Budget	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		_
	Medicare - Prospective	In	terim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Heart of Florida Health Center - Belleview	Provider Number:	001718306
	Date:	10/01/2014
1025 SW 1st Ave.	Fiscal Year End:	N/A
Ocala, FL 34471	Audit Status:	N/A

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		, sometime.
#658 Room and Board		

Basis:

Provider Type:

Rate Type :

	Budget	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		_
x	Medicare - Prospective Payment System Rate	I	nterim Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Heart of Florida Health Center - Ocala East	Provider Number:	001718308
Marion County Health Department	Date:	10/01/2014
1025 SW 1st Ave.	Fiscal Year End:	N/A
Ocala, FL 34471	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:

Rate Type :

Budget Prospective Х Unaudited costs Х Desk audited costs Field audited costs Medicare - Prospective Interim Х Payment System Rate **Total Interim** Average Nursing Home Rate

Total Prospective Prospective Adjusted for New Costs

Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

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



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

Heart of Florida Health Center - Marion Oaks	Provider Number:	001718311
	Date:	10/01/2014
1025 SW 1st Ave	Fiscal Year End:	N/A
Ocala, FL 34471	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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Heart of Florida Health Center	Provider Number:	001718313
Ocala West Family Medicine	Date:	10/01/2014
1025 SW 1st Ave	Fiscal Year End:	N/A
Ocala, FL 34471	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider	1	
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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Aids Resource, Inc.	Provider Number:	003407900
Care Resource	Date:	10/01/2014
871 West Oakland Park Blvd.	Fiscal Year End:	N/A
Fort Lauderdale, FL 33311	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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community AIDS Resource, Inc.	Provider Number:	003407902
Care Resource	Date:	10/01/2014
3510 Biscayne Blvd, Ste 300	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	\$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

 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 Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Banyan Community Health Center	Provider Number:	005966000
	Date:	10/01/2014
3800 W. Flagler Street	Fiscal Year End:	N/A
Miami, FL 33134	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		
X 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:

Rate Type :

Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Banyan Community Health Center - SW 27th	Provider Number:	005966002
	Date:	10/01/2014
701 SW 27th Ave.	Fiscal Year End:	N/A
Miami, FL 33135	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X 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			ана с с с с с с с с с с с с с с с с с с

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Banyan Community Health Center - W Flagler St	Provider Number:	005966004
	Date:	10/01/2014
11031 NE 6 Ave	Fiscal Year End:	N/A
Miami, FL 33161	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		
X Federally Qualified Health Centers	\$135.42	\$137.18 / 10/01/2014
Hospice Provider		
#651 Routine Home Care	ĺ	
#652 Continuous Home Care		
#655 Inpatient Respite Care		
#656 General Inpatient Care		
#658 Room and Board		

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate Average Nursing Home Rate	Total Interim Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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



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 Network of Monroe County	Provider Number:	006558500
	Date:	10/01/2014
1200 Kennedy Drive, Suite 2011	Fiscal Year End:	N/A
Key West, FL 33040	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		
X Federally Qualified Health Centers	\$135.42	\$137.18 10/01/2014
Hospice Provider	1	
#651 Routine Home Care		
#652 Continuous Home Care		
#655 Inpatient Respite Care		,, _,
#656 General Inpatient Care		
#658 Room and Board	· · · · · · · · · · · · · · · · · · ·	

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
x	Medicare - Prospective Payment System Rate	Interim Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Genesis Community Health	Provider Number:	006608600
	Date:	10/01/2014
564 E. Woolbright Road	Fiscal Year End:	N/A
Boynton Beach, FL 33435	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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Meuleau Reinibulsement fer Di	em Mates for Ron-Institut	lonar i roviuc	13
Genesis Community Health - Boca	Provider Number:		006608601
		Date:	10/01/2014
564 E. Woolbright Road	Fiscal Y	ear End:	N/A
Boynton, FL 33435	Aud	it 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 ³	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			-

#658 Room and Board

#656 General Inpatient Care

Basis:

Rate Type :

Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Genesis Community Health Inc Delray	Provider Number:	006608603
	Date:	10/01/2014
564 E Woolbright Road	Fiscal Year End:	N/A
Boynton Beach, FL 33435	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:

Rate Type :

	Budget
	Unaudited costs
	Desk audited costs
	Field audited costs
	Medicare - Prospective
Х	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:



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

Provider Type	Current Rate New Rate	Effective Date
Lantana, FL 33462	Audit Status:	N/A
1250 Southwinds Drive	Fiscal Year End:	N/A
HCD Lantana Primary Care Clinic	Date:	10/01/2014
Health Care District of Palm Beach County	Provider Number:	008037100

Current Rate	New Kate	Effective Date
\$128.95	\$130.63	10/01/2014
		(4) (A
		1 A. 2011

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
x	Medicare - Prospective Payment System Rate	Interim Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Health Care District of Palm Beach County	Provider Number:	008037102
HCD West Palm Beach Primary Care Clinic	Date:	10/01/2014
2601 10th Avenue North, Suite 100	Fiscal Year End:	N/A
Palm Springs, FL 33461	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	440		
#655 Inpatient Respite Care		аналын түүнү түүнө түүнө түүнө байлай алан түүнө түүнө жүү ал	• • (**********************************
#656 General Inpatient Care			- 11 G. 10 S. 10 S
#658 Room and Board			

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
<u> </u>	Medicare - Prospective Payment System Rate	Interim Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Health Care District of Palm Beach County	Provider Number:	008037104
HCD Belle Glade Primary Care Clinic	Date:	10/01/2014
2601 10th Avenue North, Suite 100	Fiscal Year End:	N/A
Palm Springs, FL 33461	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			20
#652 Continuous Home Care	,		
#655 Inpatient Respite Care			
#656 General Inpatient Care			And the second s
#658 Room and Board			

Basis:

Rate Type :

	Budget	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		_
	Medicare - Prospective	I	nterim
<u> </u>	Payment System Rate		Total Interim
	Average Nursing Home Rate		- Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care District of Palm Beach County	Provider Number:	008037106
HCD Delray Primary Care Clinic	Date:	10/01/2014
2601 10th Avenue North, Suite 100	Fiscal Year End:	N/A
Palm Springs, FL 33461	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:

Rate Type :

	Budget	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
	Medicare - Prospective	Interim	
<u> </u>	Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Department of Health	Provider Number:	008560700
Lake County Health Department	Date:	10/01/2014
PO Box 1305	Fiscal Year End:	N/A
Tavares, FL 32778	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:

Rate Type :

	Budget	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		_
	Medicare - Prospective	Iı	nterim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Dept of Health in Sarasota	Provider Number:	010433900
	Date:	10/01/2014
2200 Ringling Blvd	Fiscal Year End:	N/A
Sarasota, FL 34237	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			- /
X Federally Qualified Health Centers	\$126.40	\$128.04~	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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Empower U Inc	Provider Number:	010739700
(a) Northside Shopping center	Date:	10/01/2014
7900 NW 27th Ave, Ste 234B	Fiscal Year End:	N/A
Miami, FL 33147	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		
X Federally Qualified Health Centers	\$136.53	\$138.30 🛩 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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
X	Medicare - Prospective Payment System Rate Average Nursing Home Rate	Interim Total Interim
		Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	010762300
Coconut Grove Elementary	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		
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	X	Pros
	Unaudited costs	X	Т
	Desk audited costs		- P
	Field audited costs		
	Medicare - Prospective	In	iterin
X	Payment System Rate		Tot
	Average Nursing Home Rate		- Sett

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



. .

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	Provider Number:	010762301
Tavernier	Date:	10/01/2014
10300 SW 2016th 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 ¹	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 Prospective х Unaudited costs **Total Prospective** X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	010762302
Beckford/Richmond Elementary	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		
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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

T100 (1



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	Provider Number:	010762303
Coral Gables Senior High School	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		,
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 Х Prospective Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number:	010762306
Svlvannia Heights Elementary	Date:	10/01/2014
10300 SW 214th 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:

Rate Type :

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

Prospective Х Х **Total Prospective**

Prospective Adjusted for New Costs

Interim **Total Interim** Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

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



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	Provider Number:	010762307
Irving & Beatrice Peskoe K-8 Center	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		
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	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Cost	5
	Field audited costs		
	Medicare - Prospective	Interim	
<u> </u>	Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number:	010762309
South Miami Middle	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			
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:

х

Rate Type :

Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
Payment System Rate	Total Interim

Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

1

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)

Average Nursing Home 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 of South Florida	Provider Number:	010762310
South Miami Senior High	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			
X Federally Qualified Health Centers	\$145.99	\$147.89-	/ 10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care		i Alexan - Yee ber Nezeri - C. Ye Ying Webs II werden bereiten son	
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Х

Average Nursing Home Rate

Rate Type :

Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
Payment System Rate	Total Interim

Total Interim Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	010762311
Sunset Elementary	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	. 11 1111100000000000000000000000000000		

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		1

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
<u> </u>	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	010762312
Ludlam Elementarv	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		
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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

х

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	010762313
G W Carver Middle	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		
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 X Prospective Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	010762314
Ponce de Leon	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		
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	of 1 Income and the second	
#658 Room and Board		

Basis:

Rate Type :

Budget Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	010762315
Gatewav Environmental K-8 Center	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		
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 Х Prospective Unaudited costs **Total Prospective** Х Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate X **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	010762316
Francis L Tucker Elementary	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 Effe	ctive Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	\$147.89 1	0/01/2014
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 X Prospective Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 of South Florida	Provider Number:	010762317
Silver Bluff	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		
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

 X
 Payment System Rate

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, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Providor Type	Current Data New Data	Effective Date
Miami, FL 33190	Audit Status:	N/A
10300 SW 216th Street	Fiscal Year End:	N/A
Zora Neale Hurston Elementary	Date:	10/01/2014
Community Health of South Florida	Provider Number:	010762326

Provider Type:	Current Rate	New Rate Effective D
Rural Health Clinic		
Swing-Bed Provider		
X Federally Qualified Health Centers	\$145.99	\$147.89 10/01/20
Hospice Provider		
#651 Routine Home Care		
#652 Continuous Home Care		
#655 Inpatient Respite Care		
#656 General Inpatient Care		
	······································	

#658 Room and Board

Basis:

х

Rate Type :

Budget Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Center for Family & Child Enrichment, Inc.	Provider Number:	010930500
	Date:	10/01/2014
1825 NW 167th Street, Suite 102	Fiscal Year End:	N/A
Miami Gardens, FL 33056	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 L	10/01/2014
Hospice Provider	1		
#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

Total Interim
Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	010946400
New River Community Health Care	Date:	10/01/2014
495 East Main Street	Fiscal Year End:	N/A
Lake Butler, FL 32054	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$104.19	\$105.54 L	/ 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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
X	Medicare - Prospective Payment System Rate Average Nursing Home Rate	Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Hernando County Health Dept	Provider Number:	027937411
Nature Coast Community Health Center	Date:	10/01/2014
7551 Forest Oaks Boulevard	Fiscal Year End:	N/A
Spring Hill, FL 34606	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		
X Federally Qualified Health Centers	\$121.47	\$123.05 10/01/2014
Hospice Provider		1
#651 Routine Home Care		
#652 Continuous Home Care		
#655 Inpatient Respite Care		
#656 General Inpatient Care		
#658 Room and Board		

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Collier Health Services - Marion E. Fether	Provider Number:	029152803
	Date:	10/01/2014
1454 Madison Avenue	Fiscal Year End:	N/A
Immokalee, FL 33934	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		2000-00-00-00-00-00-00-00-00-00-00-00-00
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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - East Naples Medical Ctr	Provider Number:	029152805
	Date:	10/01/2014
1454 Madison Avenue	Fiscal Year End:	N/A
Immokalee, FL 33962	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Eff	fective 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	4		
#658 Room and Board			

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
x	Medicare - Prospective Payment System Rate	Interim Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Collier Health Services - Golden Gate Pediatrics	Provider Number:	029152806
· ·	Date:	10/01/2014
1454 Madison Avenue	Fiscal Year End:	N/A
Immokalee, FL 34116	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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
Χ	Payment System Rate	Total Interim
	_Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Children's Health Network	Provider Number:	029152807
	Date:	10/01/2014
1454 Madison Avenue	Fiscal Year End:	N/A
Immokalee, FL 34103	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	\$14 7.8 9 [~]	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care		Market and an	
#658 Room and Board	* 2000.001		

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, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Collier Health Services - Marco Island Pediatrics	Provider Number:	029152809
	Date:	10/01/2014
1454 Madison Avenue	Fiscal Year End:	N/A
Immokalee, FL 34145	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			a de la construcción de la constru
#658 Room and Board		······································	

Basis:

Rate Type :

	Budget	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
	Medicare - Prospective	Interim	
X	Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Collier Health Services - Immokalee FCC	Provider Number:	029152810
	Date:	10/01/2014
1454 Madison Avenue	Fiscal Year End:	N/A
Immokalee, FL 34142	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:

Х

Budget

Unaudited costs

Desk audited costs Field audited costs

Payment System Rate

Average Nursing Home Rate

Rate Type :

Prospective Χ **Total Prospective** Х Prospective Adjusted for New Costs Medicare - Prospective Interim

> Total Interim Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

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



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

Trenton Medical Center, Inc.	Provider Number:	029506001
	Date:	10/01/2014
911 S. Main St	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:

Rate Type :

Budget X Prospective Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Χ Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Trenton Medical Center - Bradford	Provider Number:	029506007
	Date:	10/01/2014
911 S. Main St	Fiscal Year End:	N/A
Trenton, FL 32693	Audit Status:	N/A

Current Rate	New Rate	Effective Date
\$94.57	\$95.80~	10/01/2014
1		
		Current Rate New Rate

Basis:

Rate Type :

Prospective Budget Х **Total Prospective** Unaudited costs X Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Trenton Medical Center - Pediatrics	Provider Number:	029506009
TMC Pediatrics	Date:	10/01/2014
2010 N. Young Blvd.	Fiscal Year End:	N/A
Chiefland, FL 32626	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		THE PLUE Advanceds of Advanceds of Advanced a

Basis:

Rate Type :

	Budget	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		
X	Medicare - Prospective Payment System Rate	I	nterim Total Interim
	Average Nursing Home Rate		- Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Trenton Medical Center - Healthcare	Provider Number:	029506011
TMC Healthcare	Date:	10/01/2014
630 N. Main Street	Fiscal Year End:	N/A
Williston, FL 32696	Audit Status:	N/A

Provider Type:	Current Rate	New Rate E	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$94.57	\$95.80 /	10/01/2014
Hospice Provider		neede ee vakaasaad	n, selle i Thomas provinciana
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Trenton Medical Center - Palms Pediatrics	Provider Number:	029506013
Palms Pediatrics	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:

Rate Type :

Prospective Budget Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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:

Х

Rate Type :

Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



- -

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

Trenton Medical Center	Provider Number:	029506017
Palms Medical Group - High Springs	Date:	10/01/2014
911 S Main Street	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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

Current Rate New Rate Effective Date



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

Suncoast Community Health Center - Dover Health Center	Provider Number:	029523001
	Date:	10/01/2014
14618 State Road 574	Fiscal Year End:	N/A
Dover, FL 33527	Audit Status:	N/A

Provider Type:

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	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		
	Medicare - Prospective	I	nterim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		- Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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:

Rate Type :

	Budget	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
	Medicare - Prospective	Interim	
Χ	Payment System Rate	Total Interim	
Average Nursing Home Rate		Settlement based on costs	

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Main	Provider Number:	029541800
	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:

Rate Type :

	Budget	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
	Medicare - Prospective	Interim	
X	Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - 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レ	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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
Χ	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	х 1		
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	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		
	Medicare - Prospective	I	nterim
K	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Northshore	Provider Number:	029541806
	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		generative descent A Malana del 1 real alta	

Basis:

Rate Type :

	Budget	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
	Medicare - Prospective	Interim	
<u> </u>	Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - 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	1	
#652 Continuous Home Care		
#655 Inpatient Respite Care		
#656 General Inpatient Care		m
#658 Room and Board		

Basis:

X

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - 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

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		онолониялание у («итонолониялание - т из полониялание», « итонолониялание» (т из полониялание») (учиние) (учин

Basis:

Rate Type :

B	udget	X	Prospective
U	naudited costs	X	Total Prospective
D	esk audited costs		Prospective Adjusted for New Costs
Fi	ield audited costs		_
	ledicare - Prospective	Iı	Total Interim
	rerage Nursing Home Rate		- Total Interim Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jessie Trice Community Health Center - Lillie C Evans	Provider	Number: Date:	029541812 10/01/2014
700 S. Royal Poinciana Blvd		ear End:	N/A
Miami Springs, FL 33166	Audi	t 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 Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	029541846
Norland Primary Health	Date:	10/01/2014
5607 NW 27th Ave, Ste 1	Fiscal Year End:	N/A
Miami, FL 33142	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		инноососоо ним ₁ 0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
#651 Routine Home Care		
#652 Continuous Home Care		
#655 Inpatient Respite Care		
#656 General Inpatient Care		
#658 Room and Board		

Basis:

Rate Type :

Prospective Budget X Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - NW 37th Ave	Provider Number:	029541848
	Date:	10/01/2014
5607 NW 27th Avenue	Fiscal Year End:	N/A
Miami, FL 33142	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	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		_
	Medicare - Prospective	Ι	nterim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		- Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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			18

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Main	Provider Number:	029543400
	Date:	10/01/2014
P.O. Box 817	Fiscal Year End:	N/A
Palatka, FL 32178	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		
X Federally Qualified Health Centers	\$120.74	\$122.31 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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Palatka Family Medical Center	Provider Number:	029543401
	Date:	10/01/2014
P.O. Box 817	Fiscal Year End:	N/A
Palatka, Fl 32178	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider		,	
X Federally Qualified Health Centers	\$120.74	\$122.31	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care	- X		
#656 General Inpatient Care		And a support of Add and	
#658 Room and Board			

Basis:

X

Rate Type :

Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

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



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 - Interlachen Family Med. Center	Provider 1	Number: Date:	029543402 10/01/2014
P.O. Box 817	Fiscal Y	ear End:	N/A
Palatka, Fl 32178	Audi	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.74	\$122.31	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			nennennennennennennennennennennennennen

Basis:

Rate Type :

Budget Prospective . Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Crescent City Family Med. Center	Provider Number:	029543403
	Date:	10/01/2014
P.O. Box 817 P.O. Box 146	Fiscal Year End:	N/A
Palatka, Fl 32178	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		
X Federally Qualified Health Centers	\$120.74	\$122.31 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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Keystone Family Med. Center	Provider Number:	029543405
	Date:	10/01/2014
P.O. Box 817	Fiscal Year End:	N/A
Palatka, Fl 32178	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		
X Federally Qualified Health Centers	\$120.74	\$122.31 / 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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Provider Type:	Current Rate New Rate	Effective Date
Palatka, Fl 32178	Audit Status:	N/A
P.O. Box 817	Fiscal Year End:	N/A
Rural Health Care - Hawthorne Family Med. Center	Provider Number: Date:	029543406 10/01/2014
		000540407

Rural Health ClinicSwing-Bed ProviderXFederally Qualified Health Centers\$120.74\$122.31 / 10/01/2014Hospice 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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Palatka Family Medical Center	Provider	Number: Date:	029543407 10/01/2014
P.O. Box 817	Fiscal Y	ear End:	N/A
Palatka, FL 32178	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.74	\$122.31	10/01/2014
Hospice Provider			
#651 Routine Home Care	Au -		
#652 Continuous Home Care		International Control International Action	
#655 Inpatient Respite Care			
#656 General Inpatient Care		- 49 - 2000	
#658 Room and Board		······································	

Basis:

Rate Type :

Budget Х Prospective Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Family Medical & Dental Centers	Provider Number:		029543409
P.O. Box 817	Fiscal Y	Date: ear End:	10/01/2014 N/A
Palatka, FL 32178		t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.74	\$122.31	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			and a second of the second

Basis:

Rate Type :

Budget	X Prospective
Unaudited costs	Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
Payment System Rate	Total Interim
verage Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

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



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 - Family Med & Dental Ctr - Elm Street	Provider Number:	029543411
	Date:	10/01/2014
P.O. Box 817	Fiscal Year End:	N/A
Palatka, FL 32177	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			······································
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.74	\$122.31	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 X Prospective Unaudited costs **Total Prospective** Х Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Х Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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.	Provider Number:	029543413
Eastside Family Dental Center	Date:	10/01/2014
PO Drawer 817	Fiscal Year End:	N/A
Palatka, FL 32178	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.74	\$122.31	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
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Corp	Provider Number:	029543414
Family Medical & Dental Centers	Date:	10/01/2014
PO Box 817	Fiscal Year End:	N/A
Palatka, FL 32178	Audit Status:	N/A
	:	

Current Rate	New Rate Effective Date
\$120.74	\$122.31 / 10/01/2014

Basis:

Rate Type :

Budget Prospective Х Unaudited costs **Total Prospective** X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider 1	Number:	029543416
Family Medical & Dental - Clay Co.		Date:	10/01/2014
PO Box 817	Fiscal Y	ear End:	N/A
Palatka, FL 32178	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	1		
Swing-Bed Provider			
X Federally Qualified Health Centers	\$120.74	\$122.31	/ 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 Prospective Х **Total Prospective** Unaudited costs X Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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.	Provider Number:	029543418
Family Medical & Dental Ctrs - Green Cove	Date:	10/01/2014
PO Box 817	Fiscal Year End:	N/A
Palatka, FL 32178	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		
X Federally Qualified Health Centers	\$120.74	\$122.31 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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Community Health Center - Stanley C. Myers	Provider Number:	029544200
	Date:	10/01/2014
710 Alton Road	Fiscal Year End:	N/A
Miami, FL 33139	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	\$129.86V	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 Х Prospective Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Provider Type:	Current Rate	New Rate	Effective Date
710 Alton Road Miami, FL 33139	Fiscal Year End: N/A Audit Status: N/A		N/A N/A
Miami Beach Community Health Center - Beverly Press	Provider Number: Date:		029544201 10/01/2014

Rural Health ClinicSwing-Bed ProviderX Federally Qualified Health Centers\$128.19Hospice 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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 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

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:

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, Administrato Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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:

Rate Type :

	Budget	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		
	Medicare - Prospective	I	nterim
X	Payment System Rate		Total Interim
	_Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 301, 305 and 307	Provider Number:	029544215
	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	\$1 2 9.86~	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:

Rate Type :

	Budget	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs	****************	_
	Medicare - Prospective	I	nterim
X	Payment System Rate	······································	Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

Current Rate New Rate Effective Date



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	Provider Number:	029544217
	Date:	10/01/2014
11645 Biscayne Blvd, Suite 207	Fiscal Year End:	N/A
Miami, FL 33181	Audit Status:	N/A

Provider Type:

Rural Health Clinic Swing-Bed Provider X Federally Qualified Health Centers \$128.19 \$129.86 ✓ 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 х Prospective Unaudited costs **Total Prospective** х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate \mathbf{X} **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Provider Type:	Current Rate New Rate	Effective Date
Apopka, FL 32704	Audit Status:	N/A
P.O. Box 1249	Fiscal Year End:	N/A
Community Health Centers, Inc.	Provider Number: Date:	029545100 10/01/2014
~ ~ .	B 11 37 1	

\$138.63	\$140.43	10/01/2014
	\$138.63	\$138.63 \$140.43

Basis:

- -

Rate Type :

	Budget	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
	Medicare - Prospective	Interim	
X	Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	029545108
WG Childrens 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:

Х

Rate Type :

Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Southlake Fmly Hlth	Provider Number:	029545110
Southlake Family 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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	029545111
WG Family Health Center	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		ř
X Federally Qualified Health Centers	\$138.63	\$140.43 ¹ 10/01/2014
Hospice Provider		
#651 Routine Home Care		
#652 Continuous Home Care	3	
#655 Inpatient Respite Care		
#656 General Inpatient Care		
#658 Room and Board		a

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Provider Type:	Current Rate New Rate	Effective Date
Apopka, FL 32704	Audit Status:	N/A
P.O. Box 2329	Fiscal Year End:	N/A
Leesburg Community	Date:	10/01/2014
Community Health Centers - Leesburg	Provider Number:	029545112

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Apopka Fmly Hlth	Provider Number:	029545113
Apopka Family 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:

Rate Type :

	Budget	X Prospective	
	Unaudited costs	Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
	Medicare - Prospective	Interim	
X	Payment System Rate Average Nursing Home Rate	Total Interim	
		Settlement based on costs	

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Childrens Hlth	Provider Number:	029545114
	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	and the set of the set		
#655 Inpatient Respite Care	, , , , , , , , , , , , , , , , , , ,		
#656 General Inpatient Care			
#658 Room and Board		 Vetf of a light of parameters and the Vetf of a light of parameters 	

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Pine Hills	Provider Number:	029545115
	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			A substantial and a

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, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Zellwood	Provider 1		029545117
		Date:	10/01/2014
P.O. Box 2329	Fiscal Y	ear End:	N/A
Apopka, FL 32704	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			e
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 Х Prospective Unaudited costs X Total Prospective Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Lake Ellenor	Provider Number:	029545119
	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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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.	Provider Number:	029545121
Apopka Dental	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

Rur	al Health Clinic			
Swi	ng-Bed Provider		. ,	
X Fed	erally Qualified Health Centers	\$138.63	\$140.43	10/01/2014
Hos	pice Provider			
#0	651 Routine Home Care			
#(652 Continuous Home Care			
#0	655 Inpatient Respite Care		7	
#(656 General Inpatient Care			
#	658 Room and Board			999 (a).9 %a, 9999 * 9 < 1

Basis:

Rate Type :

Budget Prospective Unaudited costs **Total Prospective** X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

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



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	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:

Rate Type :

Budget Prospective Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

1

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	029545125
Meadow Woods Childrens Health Center	Date:	10/01/2014
110 South Woodland Street	Fiscal Year End:	N/A
Winter Garden, FL 34787	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	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
~	Field audited costs		_
	Medicare - Prospective	I	nterim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Thomas E. Langley Medical Center	Provider Number:	029547700
	Date:	10/01/2014
1425 S. U.S. Hwy 301	Fiscal Year End:	N/A
Sumterville, FL 33585	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$127.33	\$128.99	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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	029547702
	Date:	10/01/2014
1425 S. U.S. Hwy 301	Fiscal Year End:	N/A
Sumterville, FL 33585	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		
X Federally Qualified Health Centers	\$127.33	\$128.99 / 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 Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Peter D	Provider Number:	029548500
	Date:	10/01/2014
PO Box 82969	Fiscal Year End:	N/A
Tampa, FL 33682	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			<i>,</i>
X Federally Qualified Health Centers	\$120.68	\$122.25 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			
#658 Room and Board	- 		

Basis:

Rate Type :

	Budget	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
	Medicare - Prospective	Interim	
X	Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Provider 1		029548502 10/01/2014
Fiscal Y		N/A
Audi	t Status:	N/A
Current Rate	New Rate	Effective Date
\$120.68	\$122.25	10/01/2014
2		
- 		
	Fiscal Y Audi Current Rate	

Basis:

Rate Type :

	Budget	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		_
X	Medicare - Prospective Payment System Rate Average Nursing Home Rate]	nterim Total Interim
	-		Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

_

Fiscal Agent Contract Management Permanent File Program Development:



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 - Sine Domus	Provider Number:	029548503
	Date:	10/01/2014
PO Box 82969	Fiscal Year End:	N/A
Tampa, FL 33682	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 :

Prospective Budget Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Lee Davis	Provider Number:	029548504
	Date:	10/01/2014
PO Box 82969	Fiscal Year End:	N/A
Tampa, FL 33682	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 Prospective Х Unaudited costs **Total Prospective** X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	029548505
	Date:	10/01/2014
PO Box 82969	Fiscal Year End:	N/A
Tampa, FL 33682	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 :

Prospective Budget X Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Rome Ave	Provider		029548506
		Date:	10/01/2014
PO Box 82969	Fiscal Y	ear End:	N/A
Tampa, FL 33682	Audi	t 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	2.01 20 2.00		

Basis:

Rate Type :

Budget Prospective Х **Total Prospective** Unaudited costs X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Waters Ave PO Box 82969	Provider Number: Date: Fiscal Year End: Audit Status:		029548513 10/01/2014 N/A N/A
Tampa, FL 33682			
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
TT			

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	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
	Medicare - Prospective	Interim	
<u> </u>	Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	029548516
Mobil Dental Van	Date:	10/01/2014
PO Box 82969	Fiscal Year End:	N/A
Tamp, FL 33682	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 Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

Effective Date

New 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

Current Rate

Tampa Family Health Center #11	Provider Number:	029548517
	Date:	10/01/2014
PO Box 82969	Fiscal Year End:	N/A
Tampa, FL 33682	Audit Status:	N/A

Provider Type: Rural Health Clinic

Swing-Bed ProviderXFederally Qualified Health Centers\$120.68\$122.25 10/01/2014Hospice Provider10/01/2014#651 Routine Home Care10/01/2014#652 Continuous Home Care10/01/2014#655 Inpatient Respite Care10/01/2014#656 General Inpatient Care10/01/2014#658 Room and Board10/01/2014

Basis:

Rate Type :

Budget Prospective Х Unaudited costs **Total Prospective** X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim X Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Family Health Center #27	Provider	Number:	029548519
		Date:	10/01/2014
PO Box 82969	Fiscal Y	ear End:	N/A
Tampa, FL 33682	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

X rederany Quanned Health Centers	\$120.08	\$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 :

Х Budget Prospective Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Family Health center #26	Provider Number:	029548520
	Date:	10/01/2014
PO Box 82969	Fiscal Year End:	N/A
Tampa, FL 33682	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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Family Health Centers #25	Provider Number:	029548521
	Date:	10/01/2014
PO Box 82969	Fiscal Year End:	N/A
Tampa, FL 33682	Audit Status:	N/A

Current Rate	New Rate Effective Date
\$120.68	\$122.25 10/01/2014

Basis:

Rate Type :

Budget Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate

Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Family Health Centers #24	Provider Number:	029548522
	Date:	10/01/2014
PO Box 82969	Fiscal Year End:	N/A
Tampa, FL 33682	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~	<i>10/01/2014</i>
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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 Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Medicald Reimbursement Per 1	Jein Rates for Non-Institut	Ional <u>Provide</u>	ers
Tampa Family Health Center #23	Provider Number:		029548527
		Date:	10/01/2014
PO Box 82969	Fiscal Y	ear End:	N/A
Tampa, FL 33682	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		and a second	
#658 Room and Board			

Basis:

Rate Type :

Budget Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Family Health Center Inc #28	Provider		029548529
PO Box 82969	Fiscal Y	Date: ear End:	10/01/2014 N/A
Tampa, FL 33682	Audi	it 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			Manana Ar Tanana ang Tang Kanana Ar
#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 :

 X
 Prospecti

 Prospective

 X
 Total Prospective

 Brospective A diveted for New Coll

Prospective Adjusted for New Costs

Interim Total Interim Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

X

Fiscal Agent Contract Management Permanent File Program Development:



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 Family Health Centers - #31	Provider Number:	029548631
	Date:	10/01/2014
PO Box 82969	Fiscal Year End:	N/A
Tampa, FL 33682	Audit Status:	N/A

Provider Type:	Current Rate	New Rate E	ffective 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:

X

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Central Florida Health Care, Inc Frostproof	Provider Number:	029549300
	Date:	10/01/2014
109 West Wall Street	Fiscal Year End:	N/A
Frostproof, FL 33843	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 Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

X Federally Qualified Health Centers	\$145.99	\$147.89	10/01/2014
Swing-Bed Provider			
Rural Health Clinic			
Provider Type:	Current Rate	New Rate	Effective Date
Wauchula, FL 33873	Audit Status:		N/A
204 E. Palmetto Street		ear End:	N/A
		Date:	10/01/2014
Central Florida Health Care - Wachula	Provider 1	Number:	029549301

#651 Routine Home Care	
#652 Continuous Home Care	
 #655 Inpatient Respite Care	
#656 General Inpatient Care	
 #658 Room and Board	

Basis:

Rate Type :

	Budget	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		_
	Medicare - Prospective	I	nterim
<u> </u>	Payment System Rate		Total Interim
	Average Nursing Home Rate		- Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Central Florida Health Call - Avon Park	Provider Number:	029549304
	Date:	10/01/2014
400 South Lake Avenue	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	K. J. P. Will Balance (1996) No. 2014 Statements (19 No. 2014 Statements (1996) No. 2014 Statements (19 No. 2014 Statements (1996) No. 2014 Statements (1996) No 2014 Statements (1996) No. 2014 Statements (19	
#656 General Inpatient Care		
#658 Room and Board	· · · · · · · · · · · · · · · · · · ·	

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
<u> </u>	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Central Florida Health Center - Hardee	Provider Number:	029549305
	Date:	10/01/2014
950 County 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	1	
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 Х Prospective Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

-



. .

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

~

Premier Community HC Group - Pasco	Provider Number:	029550700
	Date:	10/01/2014
37946 CHURCH AVE	Fiscal Year End:	N/A
Dade City, FL 33525	Audit Status:	N/A

Provider Type:	Current Rate	New Rate B	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			
	- 1		

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Premier Community HC Group - Zephyrhills	Provider Number:	029550701
	Date:	10/01/2014
37946 CHURCH AVE	Fiscal Year End:	N/A
Dade City, FL 33525	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			a
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:

Rate Type :

Prospective Budget Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Premier Community HC Group - Summit	Provider Number:	029550702
	Date:	10/01/2014
37946 CHURCH AVE	Fiscal Year End:	N/A
Dade City, FL 33525	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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
v	Medicare - Prospective	Interim
	Payment System Rate Average Nursing Home Rate	Total Interim Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Premier Community Healthcare Group - New Port Richey	Provider		029550703
PO Box 232	Fiscal Y	Date: ear End:	10/01/2014 N/A
Dade City, FL 33526	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	I		
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:

Rate Type :

Budget Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Premier Community Health Care Group, Inc.	Provider Number:	029550707
Premier Community Health Care - Hudson	Date:	10/01/2014
PO Box 232	Fiscal Year End:	N/A
Dade City, FL 33526	Audit Status:	N/A

L

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:

Rate Type :

Budget X Prospective Unaudited costs **Total Prospective** Χ Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Χ Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Central Florida Migrant & Community Health Center, Inc	Provider Number:	029551500
	Date:	10/01/2014
2400 State Road 415	Fiscal Year End:	N/A
Sanford, FL 32771	Audit Status:	N/A

ł

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			haar d i ™ (/ 1 ⁹⁹⁹)
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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

Provider Type:

Rural Health Clinic

Effective Date Current Rate New Rate

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 X Payment System Rate Average Nursing Home Rate **Rate Type :**

Х Prospective **Total Prospective** Χ Prospective Adjusted for New Costs

Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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

L

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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
Χ	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	3		
Swing-Bed Provider			
X Federally Qualified Health Centers	\$108.93	\$110.35v	/ 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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Central Florida Family Health Center - Silver Star	Provider Number:	029551515
	Date:	10/01/2014
2400 State Road 415	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:

Rate Type :

Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
X Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Health Center of Columbia County, Inc.	Provider Number:	029552300
	Date:	10/01/2014
P.O. Box 249	Fiscal Year End:	N/A
Lake City, FL 32056	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	¢		
X Federally Qualified Health Centers	\$97.27	\$98.53	<i>i</i> 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	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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, 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

Current Rate	New Rate	Effective Date
\$123.31	\$124.91	/ 10/01/2014
:		
	· · · · · · · · · · · · · · · · · · ·	Current Rate New Rate

Basis:

Rate Type :

	Budget	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		_
	Medicare - Prospective	I	nterim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Federal Hwy	Provider Number:	029554002
	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 ^L	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	<u> </u>	Prospective Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		
X	Medicare - Prospective Payment System Rate	In	terim Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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, SW 8th Street	Provider Number:	029554003
	Date:	10/01/2014
3601 Federal Highway, 3rd Floor Finance	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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
Χ	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	029554008
Boringuen - 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:

Rate Type :

	Budget	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
x	Medicare - Prospective Payment System Rate Average Nursing Home Rate	Interim Total Interim Settlement based on costs	

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis V

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	029554010
Brent Tree Elementary	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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	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

Current Rate	New Rate	Effective Date
\$123.31	\$124.91	10/01/2014

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
Χ	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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



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	Provider Number:	029554014
MS Douglas Elementary	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	\$124.91v	/ 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	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		_
	Medicare - Prospective	Ir	iterim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - 16	Provider Number:	029554016
·	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 レ	/ 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	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
Payment System Rate	Total Interim
verage Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

. .

Medicaid Cost Reimbursement Analysi

Distribution:

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



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 - 19	Provider Number:	029554019
	Date:	10/01/2014
3601 Federal Highway	Fiscal Year End:	N/A
Miami, FL 33137	Audit Status:	N/A

Current Rate	New Rate	Effective Date
\$123.31	\$1 2 4.91 u	/ 10/01/2014
		Current Rate New Rate

Basis:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - 21	Provider Number:	029554021
	Date:	10/01/2014
3601 Federal Highway, 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	پ \$124.91 د	10/01/2014
Hospice Provider			
#651 Routine Home Care		- NO - OF 4000- 40 1.00	
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

	Budget	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		_
	Medicare - Prospective	Iı	nterim
<u> </u>	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - 23	Provider Number:	029554023
	Date:	10/01/2014
3601 Federal Highway	Fiscal Year End:	N/A
Miami, FL 33137	Audit Status:	N/A

Current Rate	New Rate Effective Date
\$123.31	\$124.91 / 10/01/2014
	- /

Basis:

Rate Type :

Budget Prospective Х Unaudited costs **Total Prospective** X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - 25	Provider Number:	029554025
	Date:	10/01/2014
3601 Federal Highway	Fiscal Year End:	N/A
Miami, FL 33137	Audit Status:	N/A

Current Rate	New Rate Effective Date
'n	
\$123.31	\$124.91 10/01/2014

Basis:

Rate Type :

Budget Prospective Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - 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

Current Rate	New Rate	Effective Date
\$123.31	\$124.91	<pre>/ 10/01/2014</pre>
		Current Rate New Rate

Basis:

Rate Type :

Prospective Budget Х Unaudited costs **Total Prospective** X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

1

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	029554029
	Date:	10/01/2014
3601 Federal Highway, Suite 200	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	\$1 2 4.91	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	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		_
	Medicare - Prospective	I	nterim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center - 31	Provider Number:	029554031
	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			

#052 Continuous Home Care		
#655 Inpatient Respite Care		
 #656 General Inpatient Care		
	The second	

#658 Room and Board

Basis:

X

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Cottonwood Cir	Provider Number:	029554033
	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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
x	Medicare - Prospective Payment System Rate	Interim Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - 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

Current Rate	New Rate Effective Date
\$123.31	\$124.91 / 10/01/2014
i	

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - Miami Beach	Provider Number:	029554037
	Date:	10/01/2014
3601 Federal Highway	Fiscal Year End:	N/A
Miami, FL 33137	Audit Status:	N/A

Current Rate	New Rate Effective Date
\$123.31	\$124.91 / 10/01/2014
	•

Basis:

X

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

Effective Date



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 - Bay Harbor Islands	Provider Number:	029554039
	Date:	10/01/2014
3601 Federal Highway	Fiscal Year End:	N/A
Miami, FL 33137	Audit Status:	N/A

Provider Type:

Rural Health ClinicSwing-Bed ProviderX Federally Qualified Health Centers\$123.31\$124.9110/01/2014Hospice 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
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Y
 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrato

Current Rate New Rate

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 - 7th Street	Provider Number:	029554041
	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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Borinquen Health Care Center	Provider Number:	029554043
Kendall Regional	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:

Rate Type :

Budget Х Prospective Unaudited costs **Total Prospective** X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community HCC - Ruskin	Provider Number:	029557400
	Date:	10/01/2014
P.O. Box 1349	Fiscal Year End:	N/A
Ruskin, FL 33570	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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem R	ates for Non-Institut	ional Provide	<u>rs</u>
Suncoast Community Health Centers	Provider Number: 029557401		029557401
Women and Children Community Health Center	Date: 1		10/01/2014
PO Box 2096	Fiscal Y	ear End:	N/A
Plant City, FL 33563	Audi	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		11111111111111111111111111111111111111	
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			a,,

#656 General Inpatient Care

#658 Room and Board

Basis:

Rate Type :

Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community HCC - Plant City	Provider Number:	029557402
	Date:	10/01/2014
508 N. Maryland Avenue P.O. Box 2096	Fiscal Year End:	N/A
Plant City, Fl 33566	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	I		
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 Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate \mathbf{X} Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community HCC - Mobley Street	Provider Number:	029557403
	Date:	10/01/2014
P.O. Box 1349	Fiscal Year End:	N/A
Ruskin, FL 33575	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	4	nerosa a filma e a fi	
#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, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Suncoast Community Health Centers	Provider Number:	029557405
Jovce Elv Community Health Center	Date:	10/01/2014
PO Box 1349	Fiscal Year End:	N/A
Ruskin, FL 33575	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 Prospective X Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim X Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number:	029557408
Suncoast Mobile Dental Van	Date:	10/01/2014
PO Box 1349	Fiscal Year End:	N/A
Ruskin, FL 33575	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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers, Inc.	Provider Number:	029557409
Brandon Community Health Center	Date:	10/01/2014
PO Box 40	Fiscal Year End:	N/A
Dover, FL 33527	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 Prospective Х **Total Prospective** Unaudited costs X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number:	029557412
Oakfield Community Health Center	Date:	10/01/2014
13110 Elk Mountain Drive	Fiscal Year End:	N/A
Riverview, FL 33579	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 Prospective X Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers Oakfield Community Dental Care	Provider Number: Date:		029557414 10/01/2014
13110 Elk Mountain Drive	Fiscal Y	ear End:	N/A
Riverview, FL 33579	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

\$141.52	\$143.10	10/01/2014
	3141.32	3141.32 3143.10

Basis:

Rate Type :

Budget Х Prospective Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers, Inc.	Provider Number:	029557416
SCHC Womens Care of Lakeland	Date:	10/01/2014
13110 Elk Mountain Dr.	Fiscal Year End:	N/A
Riverview, FL 33579	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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Center	Provider Number:	029557417
Suncoast Mobile Medical Bus	Date:	10/01/2014
13110 Elk Mountain Drive	Fiscal Year End:	N/A
Riverview, FL 33579	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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider	Number:	029557420
Wimauma Community Health Center	Date:		10/01/2014
13110 Elk Mountain Drive	Fiscal Y	ear End:	N/A
Riverview, FL 33579	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			24 ¹ / ²
#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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Suncoast Community Health Centers	Provider Number:	029557422
Palm River Community Health Center	Date:	10/01/2014
13110 Elk Mountain Drive	Fiscal Year End:	N/A
Riverview, FL 33579	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		Off Andre 11	

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:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate	Effective Date
Parrish, FL 34219	Audit Status:	N/A
P.O. Box 499	Date: Fiscal Year End:	10/01/2014 N/A
Manatee County Rural Health Services	Provider Number:	029561200

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		and a second sec	
#658 Room and Board			

Basis:

х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Rate Type :

Х Prospective X **Total Prospective** Prospective Adjusted for New Costs

Interim **Total Interim** Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services- Bayshore	Provider Number:	029561201
	Date:	10/01/2014
P.O. Box 499	Fiscal Year End:	N/A
Parrish, FL 34221	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 Prospective X Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Svcs Hwy 301	Provider Number:	029561202
	Date:	10/01/2014
P.O. Box 499	Fiscal Year End:	N/A
Parrish, FL 34219	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		111 M - MI . A	
#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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser Lawton Chiles	Provider Number: Date: Fiscal Year End: Audit Status:		029561203 10/01/2014 N/A N/A
P.O. Box 499			
Parrish, FL 34219			
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		A first data and a second seco	
#652 Continuous Home Care		And the second se	
#655 Inpatient Respite Care			
#656 General Inpatient Care			111 Millionaria 8
#658 Room and Board			

Basis:

Rate Type :

Budget Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - Southeast FHCC	Provider Number:	029561204
	Date:	10/01/2014
P.O. Box 499	Fiscal Year End:	N/A
Parrish, FL 34203	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		HTT-second P	
#656 General Inpatient Care	Hitting a With		
#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, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - Myakka FHCC	Provider Number:	029561206
	Date:	10/01/2014
P.O. Box 499	Fiscal Year End:	N/A
Parrish, Fl 34251	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		An	
#656 General Inpatient Care		· · · · · · · · · · · · · · · · · · ·	
#658 Room and Board			

Basis:

Rate Type :

Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate Average Nursing Home Rate	Total Interim Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Ser - Infectious Disease	Provider Number:	029561207
	Date:	10/01/2014
P.O. Box 499	Fiscal Year End:	N/A
Parrish, Fl 34203	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	1	50	4.0
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		, Booose and	

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, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

029561210-2014/10



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

Manatee County Rural Health Ser North CHC Medical	Provider Number:	029561210
	Date:	10/01/2014
P.O. Box 499	Fiscal Year End:	N/A
Parrish, FL 34219	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			1
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care	·	······································	
#658 Room and Board		And the second sec	

Basis:

Budget

Rate Type :

Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate

Х Average Nursing Home Rate **Total Interim** Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

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



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Co. Rural Health Ser - Health Park OB/GYN	Provider Number:	029561212
	Date:	10/01/2014
P.O. Box 499	Fiscal Year End:	N/A
Parrish, FL 34219	Audit Status:	N/A
	1	

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 :

Prospective Budget Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

029561214-2014/10



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

Manatee County Rural Health Ser - Palametto FHC	Provider Number:	029561214
	Date:	10/01/2014
P.O. Box 499	Fiscal Year End:	N/A
Parrish, FL 34221	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 :

Prospective Budget Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services - Westgate	Provider Number:	029561218
	Date:	10/01/2014
P.O. Box 499	Fiscal Year End:	N/A
Parrish, FL 34219	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			annaad art

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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		μ ⁻ The Constraint State	

Basis:

Rate Type :

Budget Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services - Lakewood	Provider Number:	029561222
	Date:	10/01/2014
P.O. Box 499	Fiscal Year End:	N/A
Parrish, FL 34219	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	A 2 400		
#658 Room and Board			

Basis:

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 X
 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic	and a second		
Provider Type:	Current Rate	New Rate	Effective Date
Parrish, FL 34219	Audit Status:		N/A
P.O. Box 499	Fiscal Y	ear End:	N/A
······································		Date:	10/01/2014
Manatee Rural County Health Services - Riverview	Provider]	Number:	029561224

\$120.20	\$121.76	10/01/2014
	ALL	
	\$120.20	\$120.20 \$121.76

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	_ Payment System Rate Average Nursing Home Rate	Total Interim Settlement based on costs

~~ W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health Center - Bradenton Chiropractic	Provider Number:	029561226
	Date:	10/01/2014
P.O. Box 499	Fiscal Year End:	N/A
Parrish, FL 34219	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		1.// · · · · · · · · · · · · · · · · · ·	
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrat Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health Center - Whole Child Pediatrics	029561228		
	Provider Number: Date:		10/01/2014
P.O. Box 499	Fiscal Y	ear End:	N/A
Parrish, FL 34219	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	5		

Basis:

Rate Type :

Budget Prospective Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim X Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural Health Center - General Surgery	Provider Number:		029561230 10/01/2014
P.O. Box 499	Date: Fiscal Year End:		N/A
Parrish, FL 34219	Audit Status:		N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		km	
Swing-Bed Provider			ŝ
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

Rate Type :

Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate

Total Interim Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)

Average Nursing Home Rate



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services, Inc.	Provider Number:	029561232
Readi-Care Plus	Date:	10/01/2014
PO Box 499	Fiscal Year End:	N/A
Parrish, FL 34219	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 Х Prospective Unaudited costs **Total Prospective** X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rual Health Services	Provider	Number:	029561233
River Landings OB/GYN		Date:	10/01/2014
PO Box 499	Fiscal Y	ear End:	N/A
Parrish, FL 34219	Audi	t 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		111 Manualis Inc.	
#658 Room and Board		144.3.2.2	

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, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services	Provider Number:	029561236
North County Family Vision Center	Date:	10/01/2014
PO Box 499	Fiscal Year End:	N/A
Parrish, FL 34219	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			Handonander / B ^{er} Hillionander de L
#658 Room and Board			

Basis:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Count Rural Health Services, Inc.	Provider		029561238 10/01/2014
PO Box 499	Fiscal Y	Date: ear End:	N/A
Parrish, FL 34219	Audi	it 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		Arrs 1	A Second Se
#656 General Inpatient Care			
#658 Room and Board		• <i>r</i>	

Basis:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services	Provider 1	Number:	029561240
Bradenton Family Medical		Date:	10/01/2014
PO Box 499	Fiscal Y	ear End:	N/A
Parrish, FL 34219	Audi	t 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 Prospective X Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate \mathbf{X} Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee County Rural Health Services	Provider Number:	029561242
Arcadia Childrens Health Care	Date:	10/01/2014
PO Box 499	Fiscal Year End:	N/A
Parrish, FL 34219	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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Micultalu Reinibul schient I el 1	hem Rates for Hon-Institut	Ional I Toviuc	1.5
Community Health Centers	Provider 1	Provider Number:	
Johnnie Ruth Clarke Health Center		Date:	10/01/2014
1344 22nd Street S.	Fiscal Y	ear End:	N/A
St. Petersburg, FL 33705	Audi	Audit Status:	
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 :

 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:

X

Fiscal Agent Contract Management Permanent File Program Development:

029565501-2014/10



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

Community Health Centers @ Clearwater	Provider Number:	029565501
	Date:	10/01/2014
707 Druid Rd E	Fiscal Year End:	N/A
Clearwater, FL 33756	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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

 \mathbf{X}

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers @ Pinellas Park	Provider Number:	029565503
	Date:	10/01/2014
7550 43rd Street N	Fiscal Year End:	N/A
Pinellas Park, FL 33781	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:

X

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center - Largo	Provider Number: Date:		029565512 10/01/2014
12420 - 130th Ave	Fiscal Y	Fiscal Year End:	
Largo, FL 33774	Audi	Audit Status:	
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			

Basis:

#658 Room and Board

Rate Type :

Budget Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

029565514-2014/10



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

Community Health Centers @ Tarpon	Provider Number:	029565514
	Date:	10/01/2014
247 S. Huey Avenue	Fiscal Year End:	N/A
Tarpon Springs, FL 34689	Audit Status:	N/A
	1	

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:

Х

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Payment System Rate
 Total Interim

Average Nursing Home Rate

W. Rydell Samuel, Administrator

Settlement based on costs

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers at Bayfront	Provider 1	,	029565516
PO Box 10549	Fiscal Y	Date: ear End:	10/01/2014 N/A
St. Petersburg, FL 33733	Audi	Audit Status:	
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	n Han V		ст ^{ини} — технология (²⁴ - технология соос <u>— те</u> технология соос <u>— те</u> технология
#658 Room and Board			

Basis:

Budget

Rate Type :

Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate

Total Interim Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)

Average Nursing Home Rate

029565519-2014/10



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

Community Health Centers of Pinellas Clearwater Dental PO Box 10549 St Petersburg, FL 33733	Provider Number: Date: Fiscal Year End: Audit Status:		029565519 10/01/2014 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	* Houring *		
Swing-Bed Provider			
X Federally Qualified Health Centers	\$108.72	\$110.13	10/01/2014
Hospico Provider			

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 Х Prospective Unaudited costs X **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Interim Medicare - Prospective Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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	5 000000000000000000000000000000000000		
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	1		- Internet III.

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



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

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$104.55	\$105.91 ⁴	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 Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctr., Inc Tri County FHCC	Provider Number:	029568005
Tri County Family Health Care	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

Tiovider Type.	Current Kate	new Kale	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$104.55	\$105.91 ^L	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
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate	Effective Date
Tallahassee, FL 32308	Audit Status:	N/A
2804 Remington Green circle	Fiscal Year End:	N/A
Mayo Health Services	Date:	10/01/2014
North Fl. Medical Ctrs., Inc Mayo	Provider Number:	029568009

\$104.55	\$105.91	10/01/2014
	111 Manufacture 111 Manufacture 1	
		and a fight a second
	\$104.55	\$104.55 \$105.91

Basis:

Rate Type :

Budget Х Prospective Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc Family Medical Practice	Provider Number:	029568012
	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 ^L	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 Prospective X Unaudited costs X **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Ctrs., Inc Gadsden Medical Center Gadsden Medical Center 2804 Remington Green circle Tallahassee, FL 32308	Provider Number: Date: Fiscal Year End: Audit Status:		029568013 10/01/2014 N/A 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 ^L	10/01/2014
Hospice Provider			

	Hospice Provider	
	#651 Routine Home Care	
	#652 Continuous Home Care	
	#655 Inpatient Respite Care	
Parallel 21 W	#656 General Inpatient Care	
	#658 Room and Board	

Basis:

Rate Type :

Prospective Budget X Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Fl. Medical Center, Inc Gadsden Dental Center	Provider Number:	029568015
Gadsden Dental	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

Rate Type :

Prospective Х **Total Prospective** Unaudited costs Х Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim

Payment System Rate X Average Nursing Home Rate Total Interim Settlement based on costs

W. Rydell Samuel, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North FL. Medical Center - Eastpoint Medical Center	Provider Number:	029568030
Eastpoint Medical Center	Date:	10/01/2014
2804 Remington Green circle Eastpoint Medical Center	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:

Rate Type :

Prospective Budget Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Downtown Ft Myers	Provider Number:	029570100
	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:

Rate Type :

Budget Prospective Х **Total Prospective** Unaudited costs Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Rate Type :

Х Prospective **Total Prospective** Unaudited costs Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate

Total Interim Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

X

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)

Average Nursing Home Rate



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Bonita Springs	Provider Number:	029570102
	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:

Rate Type :

Budget Prospective Х **Total Prospective** Unaudited costs Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

029570103-2014/10



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 Health Centers of SW Florida - East Ft Myers	Provider Number:	029570103
	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 ⁶	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care	-	- TTT Sand BA	
#656 General Inpatient Care			
#658 Room and Board		1111MAGeneration 11111M	

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Leigh Acres	Provider Number:	029570105
	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			анана и на
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		- (BPAUA - Prince At	• • • • • • • • • • • • • • • • •
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

Payment System Rate

Average Nursing Home Rate

Rate Type :

 X
 Prospective

 X
 Total Prospective

 Prospective
 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - North Ft Myers	Provider Number:	029570106
	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:

Rate Type :

Budget Х Prospective Unaudited costs Total Prospective Х Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Health Centers of S.W. Florida - Paul Lawrence	Provider	Number: Date:	029570107 10/01/2014
P.O. Box 1588	Fiscal Y	ear End:	N/A
Ft. Myers, FL 33902	Aud	it 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 ⁶	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:

Х

Budget

Unaudited costs

Average Nursing Home Rate

Rate Type :

Prospective Х X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate

Total Interim Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Health Centers of S.W. Florida - South Ft Myers	Provider	Number: Date:	029570109 10/01/2014
P.O. Box 1588	Fiscal Y	ear End:	N/A
Ft. Myers, FL 33902	Audi	it 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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



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 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

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		nerodal for the second s	, and an
#658 Room and Board			

Basis:

Rate Type :

Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



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 Health Centers of S.W. Florida - Broadway Dental	Provider Number:	029570111
	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	аналананы — ролло тарыналананы — оодоо ¥1. Таланана как — оороозоолоорын ж. Мо-л — оороозоолоонын — — — Ми		

Basis:

Rate Type :

	Budget	X	Prospective
	Unaudited costs	X	Total Prospective
	Desk audited costs		Prospective Adjusted for New Costs
	Field audited costs		-
	Medicare - Prospective	In	terim
<u>X</u>	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Health Centers of SW Florida Inc - Port Charlotte	Provider Number:	029570112
	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:

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Pine Island	Provider Number:	029570115
	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		THEOREM AND A CONTRACTOR OF CONTRACTOR	
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	· // PROCINCUL .		

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Health Centers of SW Florida - Tamiami Trail	Provider Number:	029570117
·	Date:	10/01/2014
PO Box 1357	Fiscal Year End:	N/A
Fort 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			5,0000000411
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

X

Budget

Unaudited costs

Desk audited costs

Field audited costs

Average Nursing Home Rate

Rate Type :

Х Prospective X **Total Prospective** Prospective Adjusted for New Costs Medicare - Prospective Interim Payment System Rate

Total Interim Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida	Provider Number:	029570118
South Fort Mvers Medical Center	Date:	10/01/2014
PO Box 1588	Fiscal Year End:	N/A
Fort 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:

Rate Type :

Budget Prospective X Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Health Centers of SW Florida - Bonita Springs	Provider 1	Number: Date:	029570120 10/01/2014
P.O. Box 1588	Fiscal Y		N/A
Ft. Myers, FL 33902	Audi	t 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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
<u> </u>	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Hlth Ctr of SW Florida - Broadway Ave	Provider Number:	029570122
-	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:

Rate Type :

Budget Prospective X Unaudited costs Χ **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	1100011	Number: Date: ear End: it Status:	029570125 10/01/2014 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
			<u>م</u>

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



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 Health Centers of SW Florida - Kings Hwy #210	Provider Number:	029570127
	Date:	10/01/2014
PO Box 1357	Fiscal Year End:	N/A
Fort 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		TTE SALES AND	
#655 Inpatient Respite Care		n manananan ang kananananan kanana di sakara na sakara kanananan kananan kananan kananan kanana kanana kanana k	
#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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number:	029572800
	Date:	10/01/2014
10300 S.W. 216th Street	Fiscal Year End:	N/A
Miami, FL 33190	Audit Status:	N/A

Current Rate	New Rate	Effective Date
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\$145.99	\$147.89	10/01/2014
	, X 511	
	nena	
		Current Rate New Rate \$145.99 \$147.89

Basis:

Х

Budget

Unaudited costs

Desk audited costs Field audited costs Medicare - Prospective

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:



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

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	100000000 - 11000000000 - 11000000000 - 1100000000		
#656 General Inpatient Care		TT Managements From The Management	
#658 Room and Board			

Basis:

X

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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		Theorem - Theorem -	
#655 Inpatient Respite Care			
#656 General Inpatient Care			, , , , , , , , , , , , , , , , , , ,
#658 Room and Board		- 40 ANNOL	

Basis:

Rate Type :

Budget Prospective Х **Total Prospective** Unaudited costs X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Naranja Health Center	Provider Number:	029572805
Narania Health Center	Date:	10/01/2014
13890 S.W. 264 Street	Fiscal Year End:	N/A
Homestead, FL 33030	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			The second
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care		g	II II II
#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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



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

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	a and a second		

Basis:

Rate Type :

Prospective Budget Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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:

Rate Type :

Budget Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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

 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, Administrat Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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		TTT Officiency of the second	
#658 Room and Board	A. (A)		

Basis:

Rate Type :

Prospective Budget Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate	Effective Date
Miami, FL 33190	Audit Status:	N/A
10300 SW 216 St	Fiscal Year End:	N/A
community freatin of South Florida – cope South	Date:	10/01/2014
Community Health of South Florida - Cope South	Provider Number:	029572819

\$145.99	\$147.89~	10/01/2014
\$145.99	\$147.89~	10/01/2014
		10/01/2014
-		

Basis:

Rate Type :

Budget Х Prospective **Total Prospective** Unaudited costs X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - 307 St	Provider Number:	029572821
	Date:	10/01/2014
15790 SW 307 Street	Fiscal Year End:	N/A
Homestead, FL 33035	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

 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, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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			Υποσοποιοποιοποίο στο τη
#651 Routine Home Care			·
#652 Continuous Home Care		4/	
#655 Inpatient Respite Care			
#656 General Inpatient Care		and a second	
#658 Room and Board	111 - 11 - 11 - 11 - 11 - 11 - 11 - 11		

Basis:

Budget

Rate Type :

Prospective Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim

Payment System Rate Average Nursing Home Rate

Total Interim Settlement based on costs

W. Rydell Samuel, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Moton Elementary Sch	Provider Number:	029572826
	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:

Rate Type :

Budget Prospective X Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim \mathbf{X} Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Center of S. Dade - Campbell Drive Middle	Provider Number:	029572827
	Date:	10/01/2014
10300 S.W. 216th Street	Fiscal Year End:	N/A
Miami, FL 33190	Audit Status:	N/A

Current Rate	New Rate	Effective Date
\$145.99	\$147.89	/ 10/01/2014
		·
······································		
		Current Rate New Rate

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrat Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Colonial Drive Elem	Provider	Number: Date:	029572828 10/01/2014
10300 S.W. 216th Street Miami, FL 33190		ear End: it Status:	N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		Transmission (
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		1999 1 400000000000000000000000000000000	
#658 Room and Board			

Basis:

Rate Type :

Budget Prospective X Unaudited costs Х **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - H.A Ammons Middle	Provider Number:	029572829
	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			WITH BELLEVILLE AND A COMPANY OF THE PROPERTY

Basis:

Х

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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:

Rate Type :

Budget Х Prospective Unaudited costs Х **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate X **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - John A. Ferguson Senior	Provider Number:	029572831
	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			nin (2
#652 Continuous Home Care		nin kalaineen maarin kun kun kun kun kun kun kun kun kun ku	
#655 Inpatient Respite Care			
#656 General Inpatient Care		Terrenandenski konstanten († 7 jan - Frankriger Bernandenski konstanten († 7 jan - Frankriger Bernandenski konst	λλάκται που το προγραφικό ματά ματά το προγραφικό ματά ματά το προγραφικό το προγρα
#658 Room and Board			na 2000, 1998 Walder - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999

Basis:

Rate Type :

Budget Prospective X Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate х Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate	Effective Date
Miami, FL 33190	Audit Status:	N/A
10300 S.W. 216th Street	Fiscal Year End:	N/A
	Date:	10/01/2014
Community Health of South Florida - South Dade Senior	Provider Number:	029572832

Trovider Type.	Ourrent mate	riew Rute	Silicenve 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 Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - W.A. Chapman Elem	Provider Number:	029572833
	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		9	
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

Budget Prospective Х Unaudited costs Х **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

	KV
W. Rydell Samuel, Administrator	T
Medicaid Cost Reimbursement Analysis	1

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - West Miami Middle	Provider		
10300 S.W. 216th Street Miami, FL 33190		Date: ear End: it Status:	N/A N/A 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			

#658 Room and Board

#656 General Inpatient Care

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, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Braddock Senior	Provider Number:	029572837
	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:

Rate Type :

	Budget	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
	Medicare - Prospective	Interim	
<u> </u>	Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaíd Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida - Flagami Elem.	Provider Number:	029572852
	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			
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 Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Interim Medicare - Prospective Х Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Avocado Elem.	Provider Number:	029572853
	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		/ (II)	
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	ر \$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		an a su a	

Basis:

Х

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Payment System Rate
 Total Interim

Average Nursing Home Rate

Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Airbase Elem	Provider Number:	029572854
	Date:	10/01/2014
10300 SW 216 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		THE CONTRACTOR OF	an a
#658 Room and Board			

Basis:

Rate Type :

Prospective Budget Х Unaudited costs X **Total Prospective** Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate \mathbf{X} Total Interim Average Nursing Home Rate

Prospective Adjusted for New Costs

Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - FL City Elem	Provider Number:	029572855
	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 Ef	ffective 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 :

Prospective Budget Х Unaudited costs X Total Prospective Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Homestead Middle	Provider 1	Number: Date:	029572856 10/01/2014
10300 SW 216th Street	Fiscal Y	ear End:	N/A
Miami, FL 33190	Audit Status:		dit 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		and a second	
#655 Inpatient Respite Care			
#656 General Inpatient Care			

#658 Room and Board

Basis:

Rate Type :

Budget Prospective Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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			
X Federally Qualified Health Centers	\$145.99	\$147.89 ⁴	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
#655 Inpatient Respite Care			
#656 General Inpatient Care			
4659 Doom and Doord			

#658 Room and Board

Basis:

Rate Type :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Perrine Elem	Provider Number:	029572858
	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		<u> </u>	
Swing-Bed Provider			
X Federally Qualified Health Centers	\$145.99	ر \$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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S Florida - Redondo Elem	Provider Number:	029572859
	Date:	10/01/2014
10300 SW 216th Street	Fiscal Year End:	N/A
Miami, FL 33190	Audit Status:	N/A

Current Rate	New Rate	Effective Date
\$145.99	\$147.89	10/01/2014
,	**************************************	· · · · · · · · · · · · · · · · · · ·
		Current Rate New Rate

Basis:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of S. Florida - Royal Green Elem	Provider Number:	029572868
	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		and the second se	
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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



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 S Florida - South Wood Middle	Provider Number:	029572870
	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			
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 Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number:		029572875
South Miami Health Center	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			
X Federally Qualified Health Centers	\$145.99	\$147.89 _د	/ 10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			Access
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

Prospective Budget Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number:	029572876
West Homestead Elementary	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			

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		4 • · · · · · · · · · · · · · · · · · ·	
#658 Room and Board		* - **********************************	

Basis:

Rate Type :

Budget Prospective X Unaudited costs X **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Total Interim Average Nursing Home Rate

Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	029572890
Leisure Citv K-8 Center	Date:	10/01/2014
10300 SW 216th Street	Fiscal Year End:	N/A
Miami, FL 33190	Audit Status:	N/A

7.89	/ 10/01/2014

Basis:

X

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrato Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number:		029572895
West Kendall Health Center		Date:	10/01/2014
10300 SW 216th Street	Fiscal Y	ear 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 Čare		11111 MM Magazine and 2	
	· · · · · · · · · · · · · · · · · · ·		

#658 Room and Board

#655 Inpatient Respite Care #656 General Inpatient Care

Basis:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health of South Florida	Provider Number:		029572897
Coconut Grove Health Center	Date:		10/01/2014
10300 SW 216th Street	Fiscal Y	ear End:	N/A
Miami, FL 33190	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	Í		
X Federally Qualified Health Centers	\$145.99	\$147.89 ₂	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care		1 () () () () () () () () () (
#656 General Inpatient Care			
#658 Room and Board	· · ·		

Basis:

Rate Type :

Budget Prospective Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement	Per Diem	Rates for N	Non-Institutional	Providers
		And a second		

Medicana Remibul Schence For 1			
FL Community Health Ctrs- Okeechobee	Provider Number:		029574400
		Date:	10/01/2014
4450 South Tiffany Drive	Fiscal Y	ear End:	N/A
West Palm Beach,, FL 33407	Aud	it 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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysis

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs - Infectious Disease Center	Provider Number:		029574401 10/01/2014
4450 South Tiffany Drive	Date: Fiscal Year End:		N/A
West Palm Beach,, FL 33407	Aud	it 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			agunar ait i an
#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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Centers - Clewiston	Provider Number:	029574402
	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:

Х

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Indiantown	Provider Number: Date: Fiscal Year End: Audit Status:		029574403 10/01/2014 N/A N/A
4450 South Tiffany Drive West Palm Beach,, FL 33407			
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:

Rate Type :

Budget Х Prospective Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Ft Pierce	Provider Number:	029574404
	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	1		
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:

Х

Budget

Unaudited costs

Payment System Rate

Average Nursing Home Rate

Rate Type :

Prospective Х X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim

Total Interim Settlement based on costs

W. Rydell Samuel, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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		4	
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board	······································		

Basis:

Rate Type :

Budget Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Center - 103 NE 19th Dr	Provider Number: Date: Fiscal Year End: Audit Status:		029574414 10/01/2014 N/A N/A
4450 S. Tiffany Drive West Palm Beach, FL 33407			
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:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Community Health Ctrs- North Palm Beach	Provider Number:	029574416
	Date:	10/01/2014
4450 S. 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:

Rate Type :

Prospective Budget Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

New Rate Effective Date



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 Community Health Centers - Pahokee	Provider Number:	029574418
	Date:	10/01/2014
4450 S. Tiffany Drive	Fiscal Year End:	N/A
West Palm Beach, FL 33407	Audit Status:	N/A

Provider Type:

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		21111E ²²	
#658 Room and Board			

Basis:

Rate Type :

Budget X Prospective Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

Current Rate

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Community Health Center - Moore Haven	Provider		029574420
4450 S. Tiffany Drive	Fiscal Y	Date: ear End:	10/01/2014 N/A
West Palm Beach, FL 33407		it 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			0000 ° 00 ° 1 ° 1 La 10 -
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

Budget	X Prospective
Unaudited costs	X Total Prospective
Desk audited costs	Prospective Adjusted for New Costs
Field audited costs	
Medicare - Prospective	Interim
X Payment System Rate	Total Interim
Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Florida Community Health Centers - Stuart	Provider 1		029574422
4450 South Tiffany Drive		Date: ear End:	10/01/2014 N/A
West Palm Beach, FL 33407	Audi	t 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:

Rate Type :

	Budget	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
	Medicare - Prospective	Interim	
X	Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Center	Provider Number:	029574424
Ft. Pierce OB	Date:	10/01/2014
4450 South Tiffany Drive	Fiscal Year End:	N/A
West Palm Beach, FL 33407	Audit Status:	N/A

Current Rate	New Rate Effective Date
\$119.83	\$121.39 10/01/2014

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Community Healthcare Group, Inc	Provider Number:	037527610
	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		i
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:

Rate Type :

Prospective Budget Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim X Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Bond Community Health Center	Provider Number:		060551401
		Date:	10/01/2014
1720 S. Gadsden St.	Fiscal Y	ear End:	N/A
Tallahassee, FL 32314	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		And	

Basis:

Rate Type :

Budget Prospective \mathbf{X} Unaudited costs Х **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Х Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Assoc West Orange	Provider		060551402
1720 S. Gadsden St.	Fiscal Y	Date: ear End:	10/01/2014 N/A
Tallahassee, Fl 32310	Audi	t 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	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

	IK V
W. Rydell Samuel, Administrator	$n \sim 10^{-10}$
Medicaid Cost Reimbursement Analysis	V

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Center	Provider	Provider Number: Date:	
1720 S. Gadsden St. Tallahassee, FL 32310	Fiscal Year End: Audit Status:		10/01/2014 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
	\$112.51	\$113.97	- 10/01/001/

	<i><i>(</i></i>) <i>(</i>) <i>(</i>) <i>(</i>) <i>(</i>) <i>(</i>) <i>(</i>) <i>(</i>) <i>(</i>) <i>(</i>) <i>(</i>) <i>(</i>) <i>(</i>) <i>(</i>) <i>(</i>) <i>(</i>) () <i>(</i>) <i>()</i> () <i>()</i> () () () () () () () 	φ×±0.071	
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		, 1999, 19900, 1990, 1990, 1990, 1990, 1990, 1990, 1990, 1990, 1990, 1990, 199	

Basis:

Rate Type :

Budget Х Prospective Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Community Health Clinic	Provider Number:	060551405
THA Health Center at Joe Louis	Date:	10/01/2014
1720 S. Gadsden Street	Fiscal Year End:	N/A
Tallahassee, FL 32301	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		ал пососоция пососоция пососой пососой т
Swing-Bed Provider		
X Federally Qualified Health Centers	\$112.51	\$113.97 / 10/01/2014
Hospice Provider		an gan an a
#651 Routine Home Care		
#652 Continuous Home Care		
#655 Inpatient Respite Care		
#656 General Inpatient Care		
#658 Room and Board		

Basis:

Rate Type :

Budget Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bond Specialty and Wellness Center	Provider Number:	060551408
	Date:	10/01/2014
1720 S. Gadsden Street	Fiscal Year End:	N/A
Tallahassee, FL 32301	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 V	10/01/2014
Hospice Provider			
#651 Routine Home Care			·
#652 Continuous Home Care			
#655 Inpatient Respite Care			Manuel
#656 General Inpatient Care		HY V A Hansary Hansary	
#658 Room and Board			* Annonexed and a second se

Basis:

Rate Type :

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

Prospective **Total Prospective** Prospective Adjusted for New Costs

Total Interim Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Health Centers	Provider Number:	060638308
Johnnie Ruth Clarke Health Center	Date:	10/01/2014
PO Box 10549	Fiscal Year End:	N/A
St Petersburg, FL 33733	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		entite to conversion and an operation	

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center	Provider Number:	262263706
Havana Middle School	Date:	10/01/2014
438 West Brevard street	Fiscal Year End:	N/A
Tallahassee, FL 32301	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 :

X Prospective X Total Prospective Prospective Adjusted for New Costs Interim

_____ Total Interim _____ Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider Number:	262263707
Havana Elementary School	Date:	10/01/2014
438 West Brevard Street	Fiscal Year End:	N/A
Tallahassee, FL 32301	Audit Status:	N/A

Current Rate	New Rate Effective Date
\$108.87	\$110.29 / 10/01/2014
,	

Basis:

Rate Type :

Budget Prospective Х Unaudited costs Χ **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Neighborhood Medical Center	Provider Number:	262263708
Havana Heights PH Clinic	Date:	10/01/2014
438 West Brevard Street	Fiscal Year End:	N/A
Tallahassee, FL 32301	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			Al 90

Basis:

Budget

Rate Type :

Prospective Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate **Total Interim**

Settlement based on costs

W. Rydell Samuel, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Х

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

For information Only (No Change in rate)

Average Nursing Home 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	Provider Number:	262263709
Lincoln Center	Date:	10/01/2014
438 West Brevard Street	Fiscal Year End:	N/A
Tallahassee, FL 32301	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:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
<u> </u>	Payment System Rate Average Nursing Home Rate	Total Interim Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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 Smith Williams Center 438 West Brevard Street Tallahassee, FL 32301	Provider Fiscal Y Audi	Date:	262263710 10/01/2014 N/A 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			and a second state of the
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			· / · · · · · · · · · · · · · · ·

Basis:

Rate Type :

Budget Х Prospective Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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	Provider	Number:	262263711
C V Butler Bldg		Date:	10/01/2014
438 West Brevard Street	Fiscal Y	ear End:	N/A
Tallahassee, FL 32301	Audi	t 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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

 Interim

Total Interim
Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analys

Distribution:

X

Fiscal Agent Contract Management Permanent File Program Development:



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	97		

Basis:

Rate Type :

Budget Prospective Х Unaudited costs X **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Salvation Army-Camillus Health Concern	Provider Number:	680002505
Salvation Army	Date:	10/01/2014
336 NW 5th 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:

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, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus Health Concern - Camillus House	Provider Number:	680002506
Camillus House	Date:	10/01/2014
336 NW 5th 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			A
#651 Routine Home Care		Transition of V	
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

X

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective
 Prospective

 Field audited costs
 Interim

 Payment System Rate
 Total Interi

Average Nursing Home Rate

Total Prospective

Prospective Adjusted for New Costs

Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus - Better Way of Greater Miami	Provider Number:	680002508
Better Way of Greater Miami	Date:	10/01/2014
336 NW 5th Street	Fiscal Year End:	N/A
Miami, FL 33128	Audit Status:	N/A

Current Rate	New Rate Effective Da
\$145.99	\$147.89 10/01/20

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, Administrate Medicaid Cost Reimbursement Analyst

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Camillus - Mother Theresa Sister of Charity	Provider Number:	680002510
Mother Theresa Sister of Charity	Date:	10/01/2014
336 NW 5th 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		WWWWWWWWW	
#652 Continuous Home Care		4°	
#655 Inpatient Respite Care			
#656 General Inpatient Care		аналананын түүнө нэр түүнө т	
#658 Room and Board			••••••••••••••••••••••••••••••••••••••

Basis:

Rate Type :

Budget Prospective Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Community Health - Fellsmere	Provider Number:	680005000
Fellsmere	Date:	10/01/2014
12196 CR 512	Fiscal Year End:	N/A
Fellsmere, FL 32948	Audit Status:	N/A

Current Rate	New Rate	Effective Date
		,
·····		
\$138.08	\$139.88-	10/01/2014
	······	
······································		
diret P		
		Current Rate New Rate \$138.08 \$139.88

Basis:

Rate Type :

Budget Х Prospective Unaudited costs X **Total Prospective** Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate х **Total Interim** Average Nursing Home Rate

Prospective Adjusted for New Costs

Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Community Health - Vero	Provider Number:	680005001
	Date:	10/01/2014
12196 CR 512	Fiscal Year End:	N/A
Fellsmere, FL 32948	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		алооны (, - — тароонолоны, , - — тароонолоны, - — — тароонолон, - — — тар
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		, an e

Basis:

Rate Type :

Budget X Prospective Unaudited costs X **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Х Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

-14	ZV
W. Rydell Samuel, Administrator	
Medicaid Cost Reimbursement Analysis	

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Community Health - Vero2	Provider Number:	680005002
	Date:	10/01/2014
12196 County Rd. 512	Fiscal Year End:	N/A
Fellsmere, FL 32948	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

Payment System Rate

Average Nursing Home Rate

Rate Type :

Prospective Х X **Total Prospective** Prospective Adjusted for New Costs Medicare - Prospective Interim

Total Interim Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Community Health, Inc Sebastian	Provider Number:	680005006
	Date:	10/01/2014
12196 County Road 512	Fiscal Year End:	N/A
Fellsmere, FL 32948	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	1	
#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, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Treasure Coast Comm. Health, Inc. Fellsmere2	Provider Number:	680005008
	Date:	10/01/2014
12196 County Road 512	Fiscal Year End:	N/A
Fellsmere, FL 32948	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
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, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Clinic	
Provider Type:	Current Rate New Rate Effective Date
Hollywood, FL 33021	Audit Status: N/A
2518 N. State Rd. 7	Fiscal Year End: N/A
	Date: 10/01/2014
Broward Community FH - State Road # 7	Provider Number: 680027100

\$141.94	\$143.79 / 10/01/2014
	annen and an annen an annen an annen an
	\$141.94

Basis:

Rate Type :

Budget Prospective Х Unaudited costs **Total Prospective** х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community FH - North Powerline Road	Provider Number:	680027102
	Date:	10/01/2014
168 North Powerline Road	Fiscal Year End:	N/A
Pompano Beach, FL 33069	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	a //	•

Basis:

Rate Type :

Budget Prospective Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community & Family Health - West Park	Provider Number:	680027104
	Date:	10/01/2014
5010 Hollywood Blvd., Ste 100B	Fiscal Year End:	N/A
Hollywood, FL 33021	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 <i>~</i>	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care	5		
#658 Room and Board			

Basis:

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Broward Community & Family Health Centers	Provider Number:	680027106
Central Broward Community Health Center	Date:	10/01/2014
5010 Hollywood Blvd, Ste 100B	Fiscal Year End:	N/A
Hollywood, FL 33021	Audit Status:	N/A

Current Rate	New Rate	Effective Date
\$141.94	\$143.79	10/01/2014
		Current Rate New Rate \$141.94 \$143.79

Basis:

Rate Type :

Budget Х Prospective Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Manatee Rural County Health Ser - Arcadia FHC	Provider Number:	680996100
	Date:	10/01/2014
P.O. Box 499	Fiscal Year End:	N/A
Parrish, FL 34219	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			2
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 Х Prospective Unaudited costs X **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Total Interim Average Nursing Home Rate

Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



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

Central Florida Health Care - Hwy 542	Provider Number:	681471900
	Date:	10/01/2014
950 CR 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		1
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 Prospective Х Unaudited costs X **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Drovidor Tunor	Current Data New Data	Effective Date
Apopka, Fl 32704	Audit Status:	N/A
P.O. Box 4099	Fiscal Year End:	N/A
	Date:	10/01/2014
Community Health Centers, Inc Eatonville Med/Dent Center	Provider Number:	681969900

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			
	t i i i i i i i i i i i i i i i i i i i		

Basis:

Rate Type :

Budget Х Prospective Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate \mathbf{X} Total Interim Average Nursing Home Rate Settlement based on costs

	L	
W. Rydell Samuel, Administrator	7	Ň
Medicaid Cost Reimbursement Analysis	V	

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Central Florida Family Health Center, Inc Hoffner	Provider Number:	682960100
	Date:	10/01/2014
5449 South Semoran Blvd.	Fiscal Year End:	N/A
Orange, FL 32822	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			na y 2 ka samanana dalaka ing yang mangananan 2 () na bahar na sama
#652 Continuous Home Care			
#655 Inpatient Respite Care			. 21 90000 sama ann an 1 2 2 1 1 9000 sama ann an 1
#656 General Inpatient Care		and a second sec	
#658 Room and Board			

Basis:

Rate Type :

Budget Prospective Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Tampa Community Health Center - Mobile Medical Center	Provider Number:	683710700
	Date:	10/01/2014
P.O. Box 82969	Fiscal Year End:	N/A
Tampa, FL 33682	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 Х Prospective Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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:

Rate Type :

	Budget	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Cost	ts
	Field audited costs		
	Medicare - Prospective	Interim	
X	Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Horizon PCC	Provider Number:	683955003
	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 I	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 Prospective Х Unaudited costs X **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Total Interim Average Nursing Home Rate

Settlement based on costs

W. Rydell Samuel, Administrat Medicaid Cost Reimbursement Analys

Distribution:

х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Creekside Pediatrics	Provider Number:	683955005
	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:

Rate Type :

Prospective Budget Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services - Ronald McDonald	Provider Number:	683955006
	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		and the second	
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			2 - 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



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

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

Basis:

Budget

Unaudited costs

Desk audited costs Field audited costs

Payment System Rate

Average Nursing Home Rate

Rate Type :

Prospective X X **Total Prospective** Prospective Adjusted for New Costs Medicare - Prospective Interim

Total Interim Settlement based on costs

W. Rydell Samuel, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Collier Health Services, Inc FSU Primary Care	Provider Number:	683955012
	Date:	10/01/2014
1454 Madison Avenue	Fiscal Year End:	N/A
Imokalee, FL 33934	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		and a second secon	
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

Budget Prospective Х Unaudited costs Х Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate

Total Prospective Prospective Adjusted for New Costs

Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Collier Health Services	Provider Number:	683955014
UF Pediatric Dental Center	Date:	10/01/2014
1454 Madison Ave W	Fiscal Year End:	N/A
Immokalee, FL 34142	Audit Status:	N/A

Provider Type:	Current Rate	New Rate I	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 Х Prospective Unaudited costs X **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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
	· · · · · ·	

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

 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, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate	Effective Date
Immokalee, FL 34142	Audit Status:	N/A
1454 Madison Ave	Fiscal Year End:	N/A
Womens Care Naples	Date:	10/01/2014
Collier Health Services	Provider Number:	683955019

Hovider Type.	Current Rate	New Kate	Elective 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			and a second

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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:

X

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - St Lucie	Provider Number:	684660200
	Date:	10/01/2014
4450 South Tiffany Drive	Fiscal Year End:	N/A
West Palm Beach, FL 32407	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レ	10/01/2014
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care		i i i i i i i i i i i i i i i i	
#655 Inpatient Respite Care			unna (m. rad)
#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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Community Health Centers - Hillmoor Dr.	Provider Number:	684660202
	Date:	10/01/2014
1701 S.E. Hillmoor Dr. Suite 19	Fiscal Year End:	N/A
Port St. Lucie, FL 34952	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	1		
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			-

Basis:

Rate Type :

Budget Prospective X Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Medical Center, Inc Taylor Dental Center	Provider Number:	684783800
Taylor Dental Clinic	Date:	10/01/2014
409 East Ash Street Taylor Dental Center	Fiscal Year End:	N/A
Perry, FL 32347	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effective Date
Rural Health Clinic		
Swing-Bed Provider		1
X Federally Qualified Health Centers	\$104.55	\$105.91 10/01/2014
Hospice Provider		P ² - 1000
#651 Routine Home Care		
#652 Continuous Home Care		
#655 Inpatient Respite Care		
#656 General Inpatient Care		
#658 Room and Board		- ministration of the later of

Basis:

Budget

Unaudited costs

Desk audited costs Field audited costs Medicare - Prospective

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, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

I.M. Solzbacher Ctr for the Homeless	Provider Number:		686032000
611 E. Adams St	Date: Fiscal Year End:		10/01/2014 N/A
Jacksonville, FL 32202	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:

Х

Budget

Unaudited costs Desk audited costs

Field audited costs Medicare - Prospective

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, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

I.M. Solzbacher	Provider Number:		686032002
Beaches Community Healthcare	Date:		10/01/2014
611 E. Adams Street	Fiscal Year End:		N/A
Jacksonville, FL 32202	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			
			the second se

#658 Room and Board

Basis:

Rate Type :

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

Total Prospective Prospective Adjusted for New Costs

Total Interim Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Joseph Care of Florida - Garrison Ave	Provider Number:	686728600
	Date:	10/01/2014
2475 Garrison Avenue	Fiscal Year End:	N/A
Port St. Joe, FL 32546	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:

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:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Joseph Care of Florida - Lake Avenue	Provider Number:	686728602
	Date:	10/01/2014
2475 Garrison Avenue	Fiscal Year End:	N/A
Port St. Joe, FL 32546	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:

Rate Type :

Budget Prospective X Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrat Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

St. Joseph Care of Florida - Fourth Street	Provider Number:	686728604
	Date:	10/01/2014
2475 Garrison Avenue	Fiscal Year End:	N/A
Port St. Joe, FL 32546	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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrat Medicaid Cost Reimbursement Analys

Distribution:

 \mathbf{X}

Fiscal Agent Contract Management Permanent File Program Development:



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

Health Care Centers for Homeless - Westmoreland	Provider Number:		687429100
		Date:	10/01/2014
234 N. Orange Blossom Trail	Fiscal Y	ear End:	N/A
Orlando, FL 32805	Audi	it 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 X Prospective Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

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



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Centers for Homeless - Parramore	Provider Number:	687429102
	Date:	10/01/2014
234 N. Orange Blossom Trail	Fiscal Year End:	N/A
Orlando, FL 32805	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 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		and an	

Basis:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless - Michigan	Provider Number:	687429104
	Date:	10/01/2014
232 N. Orange Blossom Trail	Fiscal Year End:	N/A
32805, FL 32805	Audit Status:	N/A

Provider Type:	Current Rate	New Rate Effectiv	e Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$135.29	\$137.05 10/0	1/2014
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 Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Center for the Homeless	Provider Number:	687429106
Orange Blossom Family Health Center	Date:	10/01/2014
232 N. Orange Blossom Trail	Fiscal Year End:	N/A
Orlando, FL 32805	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	a Mark Commence Contraction of P	

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Centers for the Homeless	Provider Number:	687429108
HTI. Orange Blossom Family Health	Date:	10/01/2014
232 North Orange Blossom Trail	Fiscal Year End:	N/A
Orlando, FL 32805	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	1		
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		-	

Basis:

Rate Type :

Budget X Prospective **Total Prospective** Unaudited costs Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Northeast Florida Health Svc - Pierson Medical Center	Provider		687955100
PO Box 527	Fiscal Y	Date: ear End:	10/01/2014 N/A
Pierson, FL 32180		it 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		1111/060	
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

Budget Х Prospective Unaudited costs Х **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate X Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Svcs - West Plymouth Ave	Provider Number:	687955102
	Date:	10/01/2014
PO Box 527	Fiscal Year End:	N/A
Pierson, FL 32180	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		, Y
#655 Inpatient Respite Care		
#656 General Inpatient Care		
#658 Room and Board		

Basis:

Rate Type :

Budget Prospective Х **Total Prospective** Unaudited costs Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Northeast Florida Health Services, Inc Deltona	Provider 1	Number:	687955104
		Date:	10/01/2014
PO Box 527	Fiscal Y	ear End:	N/A
Pierson, FL 32180	Audi	it 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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim
Total Interim
Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northeast Florida Health Services - Deland	Provider Number:	687955106
	Date:	10/01/2014
1015 N. Stone Street, Unit A	Fiscal Year End:	N/A
Deland, FL 32720	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		1997	
#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 :

 X
 Prospective

 X
 Total Prospective

 Prospective Adjusted for New Costs

Interim Total Interim Settlement based on costs

W. Rydell Samuel, Administrat Medicaid Cost Reimbursement Analysi

Distribution:

Х

Fiscal Agent Contract Management Permanent File Program Development:



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

Provider Type:	Current Rate	New Rate	Effective Date
St. Petersburg, FL 33701	Audit	Status:	N/A
647 1st Ave. North	Fiscal Ye	ear End:	N/A
		10/01/2014	
Pinellas County Board-Mobile Med Unit	Provider N	lumber:	688412100

 Swing-Bed Provider

 X
 Federally Qualified Health Centers

 \$108.71
 \$110.12 // 10/01/2014

 Hospice Provider
 10/01/2014

 #651 Routine Home Care
 10/01/2014

 #652 Continuous Home Care
 10/01/2014

 #655 Inpatient Respite Care
 10/01/2014

 #656 General Inpatient Care
 10/01/2014

 #658 Room and Board
 10/01/2014

Basis:

Rural Health Clinic

Rate Type :

Prospective Budget X Unaudited costs X **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Х Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network	Provider Number:	688571300
	Date:	10/01/2014
4175 W. 20th Avenue	Fiscal Year End:	N/A
Hialeah, FL 33012	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:

Rate Type :

Budget Prospective Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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-Institut	ional Provide	rs
Citrus Health Network	Provider N	Number:	688571302
		Date:	10/01/2014
551 West 51st Street Place, Second Floor	Fiscal Year End:		N/A
Hialeah, FL 33012	Audit Status: N/A		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	1	
#656 General Inpatient Care		
#658 Room and Board	•	

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
x	Medicare - Prospective Payment System Rate	Interim Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Citrus Health Network	Provider 1		688571304
4175 W 2041 A	Fiscal Y	Date:	10/01/2014 N/A
4175 W. 20th Ave.			
Hialeah, FL 33012	Audi	it 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 ^L	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		WWWWWWWWWWWWWWW	And a second sec

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrat Medicaid Cost Reimbursement Analys

Distribution:

 \mathbf{X}

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Medicald Reimbursement Per L	nem Rates for Non-Institut	ional Provide	<u>15</u>	
Citrus Health Network, Inc.	Provider Number:		688571306	
		Date:	10/01/2014	
4175 West 20th Ave.	Fiscal Y	ear End:	N/A	
Hialeah, FL 33012	Audi	t 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 ₁	- 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 Х Prospective Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Citrus Health Network, E. 3rd St	Provider	Number:	688571308
		Date:	10/01/2014
4175 West 20th Ave.	Fiscal Y	ear End:	N/A
Hialeah, FL 33012	Audi	it 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:

Rate Type :

Budget Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate \mathbf{X} **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance, Inc	Provider 1	Number: Date:	688693100 10/01/2014
5270 Babcock St NE Palm Bay, FL 32905		ear End: it Status:	N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			

\$137.65	\$139.44	10/01/2014
	· · · · · · · · · · · · · · · · · · ·	
	\$137.65	\$137.65 \$139.44

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, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - Hickory	Provider Number:	688693102
	Date:	10/01/2014
17 Silver Palm Ave.	Fiscal Year End:	N/A
Melbourne, FL 32901	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		nus le musser e musse	

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
<u> </u>	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance - County Clinic	Provider Number:	688693106
	Date:	10/01/2014
220 Barton Blvd, Unit C14	Fiscal Year End:	N/A
Rockledge, FL 32955	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		ATTA ATT	
#658 Room and Board		······································	2

Basis:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

The Brevard Health Alliance - Mobile Unit	Provider Number:	688693108
	Date:	10/01/2014
220 Barton Blvd, Unit C14	Fiscal Year End:	N/A
Rockledge, FL 32955	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	1		
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		1.4./TTF 500000000000000000000000000000000000	
#656 General Inpatient Care	/ F		
#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 Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Brevard Health Alliance	Provider Number:	688693112
	Date:	10/01/2014
500 N. Washington Ave., Ste 105	Fiscal Year End:	N/A
Titusville, FL 32796	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:

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 X
 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Darmal Haraldh Cikasha			
Provider Type:	Current Rate	New Rate	Effective Date
Malabar, FL 32950		it Status:	N/A N/A
775 Malabar Rd	Fiscal V	Date: ear End:	10/01/2014 N/A
Brevard Health Alliance	Provider	Number:	688693114

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		(encoderation of the second	
#655 Inpatient Respite Care			
#656 General Inpatient Care			2 4 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
#658 Room and Board			

Basis:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Brevard Health Alliance, Inc Riverside	Provider		688693117 10/01/2014
PO Box 1137	Fiscal Y	Date: ear End:	N/A
Melbourne, FL 32902	Audi	it 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:

Rate Type :

Budget Prospective Х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate \mathbf{X} Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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			100000 (A

Basis:

Rate Type :

Budget Х Prospective **Total Prospective** Unaudited costs Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Х Payment System Rate **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Pancare of Florida	Provider Nur	mber: Date:	689693600 10/01/2014
2309 E. 15th Street Panama City, FL 32405	Fiscal Year Audit S	End:	N/A N/A
Provider Type:	Current Rate	lew Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			

X Federally Qualified Health Centers	\$118.18	\$119.72 ^{\[]}	10/01/2014
Hospice Provider	- utility (2000)		
#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, Administrate Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida, Inc.	Provider Number:	689693603
Dental	Date:	10/01/2014
707 Jenks Ave., Suite A	Fiscal Year End:	N/A
Panama City, FL 32401	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:

Х

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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

V W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

1

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida - Santa Rosa Bch	Provider Number:	689693604
CHC - Walton County	Date:	10/01/2014
361 Greenway Trail	Fiscal Year End:	N/A
Santa Rosa Beach, FL 32401	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:

X

Budget

Unaudited costs

Desk audited costs

Field audited costs

Payment System Rate

Average Nursing Home Rate

Rate Type :

Prospective Х **Total Prospective** Х Prospective Adjusted for New Costs Medicare - Prospective Interim

Total Interim Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analys

Distribution:

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



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

PanCare of Florida - Bruce	Provider Number:		689693605
431 Oak Ave.	Fiscal Y	Date: ear End:	10/01/2014 N/A
Panama City, FL 32401	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			nan andri Madri - ana cana -

Basis:

Rate Type :

	Budget	X Prospective	
	Unaudited costs	X Total Prospective	
	Desk audited costs	Prospective Adjusted for New Costs	
	Field audited costs		
	Medicare - Prospective	Interim	
X	Payment System Rate	Total Interim	
	Average Nursing Home Rate	Settlement based on costs	

W. Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida - Bristol	Provider Number:	689693607
	Date:	10/01/2014
431 Oak Ave	Fiscal Year End:	N/A
Panama City, FL 32401	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:

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 X
 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PanCare of Florida - Blountstown	Provider Number: Date:		689693609 10/01/2014
431 Oak Ave	Fiscal Y	ear End:	N/A
Panama City, FL 32401	Aud	it 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	1		
#658 Room and Board	1		

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, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pancare of Florida - Bonifay	Provider Number:	689693611
	Date:	10/01/2014
431 Oak Ave	Fiscal Year End:	N/A
Panama City, FL 32401	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		and Weinerstein Weinerstein Provincial Constant	

Basis:

X

Budget

Rate Type :

Prospective X Unaudited costs **Total Prospective** Х Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate

Total Interim Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)

Average Nursing Home 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

Pancare of Florida - Chipley	Provider Nu	Provider Number: Date:	
431 Oak Ave	Fiscal Yea	r End:	N/A
Panama City, FL 32401	Audit Status:		N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
		V	

Basis:

Rate Type :

	Budget	X Prospective
	Unaudited costs	X Total Prospective
	Desk audited costs	Prospective Adjusted for New Costs
	Field audited costs	
	Medicare - Prospective	Interim
X	Payment System Rate	Total Interim
	Average Nursing Home Rate	Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Agape Community Health Center	Provider Number:	690556100
	Date:	10/01/2014
1760 Edgewood Ave West	Fiscal Year End:	N/A
Jacksonville, FL 32208	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		The second s	

Basis:

Rate Type :

Budget Х Prospective Unaudited costs X **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Dept of Health	Provider Number:	690556102
Agape Community Health Center	Date:	10/01/2014
900 University Blvd, MC-75	Fiscal Year End:	N/A
Jacksonville, FL 32211	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		and a second sec	
#651 Routine Home Care			
#652 Continuous Home Care		· massaul ma	
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

Prospective Budget Х Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Dept of Health	Provider Number:	690556104
Agape Community Health Center - University	Date:	10/01/2014
900 University Blvd MC 75	Fiscal Year End:	N/A
Jacksonville, FL 32211	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		 - compared from A compared from a compared from a 	
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

Budget Prospective Х Unaudited costs **Total Prospective** X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Dept of Health	Provider Number:	690556105
Agape Community Health Center - Timiquana	Date:	10/01/2014
900 Universtiy Blvd, MC 75	Fiscal Year End:	N/A
Jacksonville, FL 32211	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:

Rate Type :

Budget Prospective X Unaudited costs Х **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

FL Dept of Health	Provider Number:	690556106
Agape Community Healthy Center - King	Date:	10/01/2014
900 Universtiy Blvd, MC 75	Fiscal Year End:	N/A
Jacksonville, FL 32211	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			ar an 11111111111111111111111111111

Basis:

Rate Type :

Budget Prospective Х **Total Prospective** Unaudited costs Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrate Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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		Transition Transition Transition	
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

Budget Х Prospective Unaudited costs **Total Prospective** X Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

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		- / 200	
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			· · · · · · · · · · · · · · · · · · ·

Basis:

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Y
 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reinbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Central Florida Health Care Inc.	Provider Number:	691835204
CFHC - Winter Haven Center	Date:	10/01/2014
1514 1st Street North	Fiscal Year End:	N/A
Winter Haven, FL 33881	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 Х Prospective Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

	KV
W. Rydell Samuel, Administrator	1
Medicaid Cost Reimbursement Analysis	1

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Med. Ctr - Taylor Medical	Provider Number:	692957500
	Date:	10/01/2014
255 W. River Road	Fiscal Year End:	N/A
Wewahitchka, FL 32465	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		and the second sec	
#651 Routine Home Care		100000 - 10000 - 100	
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Doom and Board	1		

#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 :

 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:



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		1160 / 1160 / 1160	
Swing-Bed Provider		1	
X Federally Qualified Health Centers	\$145.99	\$147.89	10/01/2014
Hospice Provider			
#651 Routine Home Care		 TYPOTOL Language (2009) An advancement of the Advancement	
#652 Continuous Home Care			
#655 Inpatient Respite Care			- 1700007 /1 - 1700000 - 1700000 - 1700000 - 1700000
#656 General Inpatient Care			
#658 Room and Board			a <u></u>

Basis:

Rate Type :

Budget Prospective Х Unaudited costs Х **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate х Total Interim Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



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

Current Rate	New Rate	Effective Date
\$145.99	\$147.89	10/01/2014
	Hanno Hannado Hannado Hannado	
		- Paralantin Linnyy (* Manadaki myyye, Ananoliki myyye, Ananoliki myyyet
		Current Rate New Rate

Basis:

Budget

Unaudited costs

Desk audited costs

Field audited costs Medicare - Prospective

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, Administrato Medicaid Cost Reimbursement Analys

Distribution:

х

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate	Effective Date
Pensacola, FL 32514	Audit Status:	N/A
2200 N. Palafox St	Fiscal Year End:	N/A
	Date:	10/01/2014
Escambia Community Clinics	Provider Number:	692990700

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:

Rate Type :

Budget Prospective Х Unaudited costs X **Total Prospective** Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate \mathbf{X} Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.	Provider Number:	692990702
Santa Rosa Community Clinic	Date:	10/01/2014
2200 North Palafox Street	Fiscal Year End:	N/A
Pensacola, FL 32501	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:

Rate Type :

Budget Prospective х Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

692990704-2014/10



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

Escambia Community Clinics, Inc	Provider Number:	692990704
	Date:	10/01/2014
2200 N. Palafox Street	Fiscal Year End:	N/A
Pensacola, FL 32501	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:

Rate Type :

Budget Prospective Х Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate Х Total Interim Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato

Medicaid Cost Reimbursement Analys

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.	Provider Number:	692990705
Lanza Pediatrics	Date:	10/01/2014
2200 N. Palafox Street	Fiscal Year End:	N/A
Pensacola, FL 32501	Audit Status:	N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			<i>,</i>
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	1		
#656 General Inpatient Care			
#658 Room and Board			hemalikanan arke e Anna di Falakako (1997)

Basis:

Rate Type :

Budget Х Prospective Unaudited costs X **Total Prospective** Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate \mathbf{X} **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics, Inc.	Provider Number:	692990706
Lakeview Medical Clinic	Date:	10/01/2014
2200 N. Palafox Street	Fiscal Year End:	N/A
Pensacola, FL 32501	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:

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Y
 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pensacola, FL 32501	Audit Status:	N/A
2200 North Palafox Street	Fiscal Year End:	N/A
Urgent Care	Date:	10/01/2014
Escambia Community Clinics	Provider Number:	692990708

Provider Type:	Current Rate	New Kate	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:

X

Rate Type :

 Budget
 X
 Prospective

 Unaudited costs
 X
 Total Prospective

 Desk audited costs
 Prospective Adjusted for New Costs

 Field audited costs
 Interim

 Medicare - Prospective
 Interim

 Payment System Rate
 Total Interim

 Average Nursing Home Rate
 Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinics Inc	Provider Number:	692990710
First Steps Pediatrics	Date:	10/01/2014
2200 North Palafox Street	Fiscal Year End:	N/A
Pensacola, FL 32501	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:

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:

692990714-2014/10



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

Escambia Community Clinics	Provider Number:	692990714
	Date:	10/01/2014
2200 North Palafox Street	Fiscal Year End:	N/A
Pensacola, FL 32501	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			
#659 Doom and Doord			

#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, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Escambia Community Clinic	Provider Number:	692990716
Waterfront Rescue Mission	Date:	10/01/2014
2200 North Palafox Street	Fiscal Year End:	N/A
Pensacola, FL 32505	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	1		
#656 General Inpatient Care			
#658 Room and Board			

Basis:

Rate Type :

Prospective Budget Х **Total Prospective** Unaudited costs Х Prospective Adjusted for New Costs Desk audited costs Field audited costs Medicare - Prospective Interim Payment System Rate Х **Total Interim** Average Nursing Home Rate Settlement based on costs

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysi

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Med Ctr - Crestview Med Center	Provider Number:	693564800
	Date:	10/01/2014
535 John Knox Rd	Fiscal Year End:	N/A
Tallahassee, FL 32303	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		andanan anananan mananan inananan mananang kananan	

Basis:

Rate Type :

Budget Prospective X Unaudited costs **Total Prospective** Х Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective Interim Payment System Rate X **Total Interim** Average Nursing Home Rate Settlement based on costs

> W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent Contract Management Permanent File Program Development: