

First Coast Primary Care, Inc.		Provider :	Number:	000162500
3772 West Third Street		Fiscal Y	Date:	10/01/2014 N/A
Hilliard, FL 32046			t Status:	N/A N/A
Provider Type:	Curre	nt Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.20	\$76.18	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		-		
#658 Room and Board				
			<u>i</u>	
Basis: Ra	te Type :			
	to Type .			
Budget X	_ Prospective			
Unaudited costs Desk audited costs				
Field audited costs	Prospective Adju	sted for Ne	w Costs	
76.11	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on	costs		
9				
70	W. Rydell San	nuel Adn	inistrator	r
	Medicaid Cost Re			_
Distribution:			·	
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



The Health Clinic 1351 South Blvd		Provider Fiscal V	Number: Date: ear End:	000255800 10/01/2014
Chipley, FL 32428	Tr.		t Status:	N/A N/A
Provider Type:		Current Rate	New Rate	Efforting D
X Rural Health Clinic		\$75.20	\$76.18	Effective Da
Swing-Bed Provider		\$75.20	\$70.10	/ 10/01/201
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Interi	espective ive Adjusted for Nev	v Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydo Medicaid	ell Samuel, Admi Cost Reimbursemen	nistrator t Analysis	



Medicaid Reimbursement Per Diem Rates for No

397 SW Palm Coast Parkway, #309 Palm Coast, FL 32137			Number: Date: ear End: it Status:	000387200 10/01/2014 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.20	\$76.18	
Swing-Bed Provider		7.5.20	φ/0.10	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care			· · · · · ·	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		+		
#658 Room and Board				
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Inter Settlement W. Ryc	rospective tive Adjusted for Nev	inistrator	



Ridge Manor Medical Clinic 34498 Cortez Blvd Ridge Manor, FL 33523	100100	Number:	
		Date:	000997400 10/01/2014
Ridge Manor, FL 33523	Fiscal '	Year End:	N/A
	Auc	lit Status:	N/A
Provider Type:	Current Rate	New Rate	Ter D
X Rural Health Clinic	\$75.20	\$76.18	Effective Dat
Swing-Bed Provider	ψ13.20	\$70.18	10/01/2014
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			· · · · · · · · · · · · · · · · · · ·
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Basis: Pot	Trime		
	Type:		
Budget Unaudited costs X	Prospective		
Desk audited costs X	Total Prospective		
Field audited costs	Prospective Adjusted for Ne	w Costs	
Medicare - Prospective	erim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
= -2	0.0000		
	W. Rydell Samuel, Adm	W. W.	1
	Medicaid Cost Reimburseme	nt Analysis	
<u>istribution:</u>	•	J 04P	
iscal Agent			
ontract Management ermanent File			
rogram Development:			
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For information Only (No Change in rate)			



Little Pine Pediatrics, PLLC		Provider	Number:	001165800
1211 North Center Street		Figural V	Date:	10/01/2014
Perry, FL 32347			ear End: t Status:	N/A
Provider Type:		, ,	. Status.	N/A
		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.20	\$76.18	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	V D			
Unaudited costs	X Prospective X Total Pro	e Ospective		
Desk audited costs		ive Adjusted for New	v Coete	
Field audited costs		-33-3500 101 1(0)	v C03t3	
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Interi			
	Settlement	based on costs		
	W D.d	-11 0	IK	V .
	W. Ryd Medicaid	ell Samuel, Admi Cost Reimbursemen	nistrator t Analysis	_
Distribution:			a Amarysis	
Fiscal Agent				
Contract Management				
Permanent File Program Development:				5
20veropinent.				
For information Only (No Change in rate)				



	Fiscal Y	Date: ear End:	001263800 10/01/2014 N/A N/A
	Current Rate	New Rate	Effective Date
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	φ.ε	φ/0.10	10/01/2014
			· ·
4			
	-		
			
X Prospective X Total Pr Prospect Interim Total Interi	ospective ive Adjusted for Nev m	w Costs	
W. Ryd Medicaid	ell Samuel, Adm Cost Reimbursemer	inistrator at Analysis	
	X Total Prospect Prospect Interim Total Interior Settlement W. Ryd	Rate Type: X Prospective X Total Prospective Prospective Adjusted for New Interim Total Interim Settlement based on costs W. Rydell Samuel, Adm	Fiscal Year End: Audit Status: Current Rate New Rate \$75.20 \$76.18- Rate Type: X Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Premier Medical Pediatric Clinic, Inc.	Provider Number: 0014968					
315 E. Ash Street		Fiscal Y	Date:	10/01/2014		
Perry, FL 32347			t Status:	N/A N/A		
Provider Type:		Current Rate	New Rate			
X Rural Health Clinic		 		Effective Date		
Swing-Bed Provider		\$75.20	\$76.18	10/01/2014		
Federally Qualified Health Centers						
Hospice Provider				·		
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care				· ·		
#658 Room and Board						
			i.	<u> </u>		
Basis: BudgetUnaudited costs Desk audited costs		ospective				
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inter	tive Adjusted for Ne im based on costs	w Costs			
		lell Samuel, Adm l Cost Reimburseme		<u>z</u>		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:						
For information Only (No Change in rate)						



Wiedicaid Reimbursem	ient Per Diem Rate	es for Non-Institu	tional Provid	ers	
Avon Park Pediatrics, PA	Avon Park Pediatrics, PA		Number:	001524200	
1571 US Hwy 27 North		Fiscal V	Date: Tear End:	10/01/2014	
Avon Park, FL 33825			ear End: it Status:	N/A N/A	
Provider Type:				. IN/A	
X Rural Health Clinic		Current Rate	New Rate	Effective Date	
		\$75.11	\$76.09	10/01/2014	
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care		· .			
#658 Room and Board					
John Dould					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Interi	ospective tive Adjusted for Ne	w Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryd Medicaid	ell Samuel, Adm Cost Reimbursemen	inistrator		
For information Only (No Change in rate)					



	Provider	Number:	001532500	
	T' 1-1	Date:	10/01/2014	
			N/A	
	Aud	it Status:	N/A	
	Current Rate	New Rate	Effective Date	
	\$79.46	\$80.49	10/01/2014	
'S				
		. ,		
			· · · · · · · · · · · · · · · · · · ·	
Rate Type:				
X Prospective				
		v Costs		
			• ,	
W. Ryde	ell Samuel, Admi	inistrator	1	
Medicaid	Cost Reimbursemen	t Analysis	_	
	X Prospective X Total Prospect Prospect Interim Total Interi Settlement W. Ryde	Rate Type: X Prospective X Total Prospective Adjusted for New Prospective Adjusted for New Interim Total Interim Settlement based on costs W. Rydell Samuel, Admit	Fiscal Year End: Audit Status: Current Rate New Rate \$79.46 \$80.49 - SS Rate Type: X Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim	



Medicaid Reimburse	ment Per Diem Rates	for Non-Institu	tional Provide	ers
North Florida Pediatrics - Jasper		Provider		001534800
117 US Highway 41 NW, Suite B		T:: 1.3:	Date:	10/01/2014
asper, FL 32052			ear End: it Status:	N/A
Provider Type:		Auu	it Status:	N/A
X Rural Health Clinic		Current Rate	New Rate	Effective Date
		\$79.46	\$80.49	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				<u>*</u> *
#658 Room and Board				
Basis:	Rate Type:			
Budget	V			
Unaudited costs	X Prospective X Total Pros	nectiva		
Desk audited costs		e Adjusted for Nev	w Costs	
Field audited costs Medicare - Prospective				
X Payment System Rate	InterimTotal Interim			
Average Nursing Home Rate	Settlement ba			
		on costs		
	W. Rydel	l Samuel, Adm	K	i/
	Medicaid C	Cost Reimbursemer	t Analysis	_
istribution:				
iscal Agent				
ontract Management ermanent File				



West Florida Medical Associates, PA Suncoast Primary Care Specialists - Inverness 3733 Gulf To Lake Hwy. Inverness, FL 34453	Provider Fiscal Y	tional Provide Number: Date: Year End: it Status:	001589500 10/01/2014 N/A N/A
Provider Type:	Current Rate	New Rate	ı ————————————————————————————————————
X Rural Health Clinic	\$75.18	\$76.16	Effective Date
Swing-Bed Provider	\$73.10	3/0.10	10/01/2014
Federally Qualified Health Centers			·
Hospice Provider			· .
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Total	pective otal Prospective cospective Adjusted for Ne	w Costs	
Windows Distribution: Fiscal Agent Contract Management Permanent File Program Development:	. Rydell Samuel, Adm edicaid Cost Reimbursemer	inistrator	



Medicaid Reimburser	nent Per Diem Rate	es for Non-Institu	tional Provid	ers
Tri County Primary Care, Inc. Tri County Primary Care - Dixie Co. 306 NE Hwy 351 Cross City, FL 32628		Provider Fiscal Y		001768600 10/01/2014 N/A N/A
Provider Type:		Current Rate	N. D.	
X Rural Health Clinic			New Rate	Effective Date
Swing-Bed Provider		\$75.18	\$76.16	10/01/2014
Federally Qualified Health Centers	<u> </u>			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		-		
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Interi	ospective ive Adjusted for Nev	v Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryd Medicaid	ell Samuel, Adm Cost Reimbursemen	inistrator t Analysis	_



Access Health Care - Lake Panasoffkee		es for Non-Institu Provider		002070500
1310 N. County Road 470			Date:	10/01/2014
Lake Panasoffkee, FL 33538			ear End:	N/A
		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Dat
X Rural Health Clinic		\$75.19	\$76.17~	
Swing-Bed Provider		-	Ψ, σ, γ	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				· · ·
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				·
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Interim Total Interi Settlement W. Ryd	ospective ive Adjusted for Nev	inistrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			· •	



Access Health Care - Beverly Hills	rsement Per Diem Rate	Provider		002070600
5270 N. I 22214 . II			Date:	10/01/2014
6279 N. Lecanto Hwy		Fiscal Y	ear End:	N/A
Beverly Hills, FL 34465		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.19	\$76.17	
Swing-Bed Provider			Ψ/3/1/	10/01/2014
Federally Qualified Health Cente	rs			
Hospice Provider				·. ————————————————————————————————————
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				:
#658 Room and Board				
Basis:	D . m			
	Rate Type:			
Budget	X Prospective	;		
Unaudited costs Desk audited costs		ospective		
Field audited costs	Prospect	ive Adjusted for New	w Costs	
Medicare - Prospective	Today			
X Payment System Rate	Interim Total Interi			
Average Nursing Home Rate		m based on costs		
			-WK	
a	W. Kyd Medicaid	ell Samuel, Adm Cost Reimbursemer	inistrator it Analysis	`
Distribution:		15		
Fiscal Agent Contract Management				
Permanent File				
Program Development:				



Wakulla Urgent Care and Diagnostic Ctr PLC		Provider		
2615 Crawfordville Hwy, Suite 103		Fiscal Y		N/A
Crawfordville, FL 32327			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.19	\$76.17 ×	
Swing-Bed Provider		470.17	\$70.17	10/01/2014
Federally Qualified Health Centers				· .
Hospice Provider				
#651 Routine Home Care		·		
#652 Continuous Home Care				<u> </u>
#655 Inpatient Respite Care		-		
#656 General Inpatient Care				
#658 Room and Board	·			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	ProspectInterimTotal Interi	ospective ive Adjusted for Nev	v Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryd Medicaid	ell Samuel, Adm Cost Reimbursemer	inistrator at Analysis	
For information Only (No Change in rate)				



Medicaid Reimbursement Per Die

Emost D.C. 1 150	ient Per Diem Rate	s for Non-Institu	<u>tional Provid</u>	<u>ers</u>
Ernest R Gonzalez, MD		Provider	Number:	002295300
800 Zeagler Drive, Suite 600		Eiga-1 X	Date:	10/01/2014
Palatka, FL 32177			ear End: t Status:	N/A N/A
Provider Type:				IV/A
X Rural Health Clinic		Current Rate	New Rate	Effective Date
		\$75.19	\$76.17	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				· · · · · · · · · · · · · · · · · · ·
#658 Room and Board				
Basis:	Rate Type:			
BudgetUnaudited costs	X Prospective			
Desk audited costs		ospective		
Field audited costs	110spect	ive Adjusted for Nev	v Costs	
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Interi			
	Settlement	based on costs		
	W. Ryd Medicaid	ell Samuel, Adm Cost Reimbursemen	inistrator t Analysis	_
Distribution:			2	
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Sun n Lake Medical Group - Lake Placid		Provider ?		002335400
511 West Interlake Blvd.		Fiscal Y	Date: ear End:	10/01/2014 N/A
Lake Placid, FL 33852			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.19	\$76.17	
Swing-Bed Provider		77.02	Ψ/01/γ	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				-
#652 Continuous Home Care			:	
#655 Inpatient Respite Care				
#656 General Inpatient Care			•	
#658 Room and Board				
		-		
Basis:	Rate Type: X Prospective	e		
Unaudited costs Desk audited costs Field audited costs	X Total Pro	ospective ive Adjusted for Ne	w Costs	
Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interi Settlement	m based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryd	ell Samuel, Adn Cost Reimburseme		2
For information Only (No Change in rate)				



Pediatric & Internal Medicine Specialists, PA PO Box 2066 Lecanto, FL 34461	.	Provider I Fiscal Y Audi	Date:	002952100 10/01/2014 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.34	\$76.32	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care			- 1	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospec Interim Total Inter	rospective tive Adjusted for No	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Adr d Cost Reimbursem		
For information Only (No Change in rate)				



PRQ, Inc. Pediatric Partners of Winter Haven 550 Pope Ave NW Winter Haven, FL 33881	Provider I Fiscal Y Audi	Date:	002983100 10/01/2014 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.14	\$76.12 _L	/ 10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider		·	
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
Basis: Rate Typ	oe:		
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate X To	octive otal Prospective ospective Adjusted for N I Interim ement based on costs	lew Costs	
Distribution: Fiscal Agent Contract Management	7. Rydell Samuel, Ad edicaid Cost Reimbursen		Riv
Permanent File Program Development: For information Only (No Change in rate)			



Dorothy J. Ray, MD Pediatric Associates of Lakeland 2140 East Edgewood Drive Lakeland, FL 33803	Provider I Fiscal Y Audi	Date:	002983300 10/01/2014 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.14	\$76.12~	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers		· · · · · · · · · · · · · · · · · · ·	
Hospice Provider	20 0		
#651 Routine Home Care		·	
#652 Continuous Home Care			
#655 Inpatient Respite Care		·	
#656 General Inpatient Care			
#658 Room and Board			
Basis: Rate Type	e :		
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Total	ective al Prospective espective Adjusted for N Interim ement based on costs	lew Costs	
	Rydell Samuel, Addicaid Cost Reimburser		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



Medicaid Reimburseme	ent Per Diem Rates	for Non-Institut	ionai Provide	<u>rs</u>
West Florida Medical Associates, PA		Provider 1		003129100
		E:1 V	Date:	10/01/2014 N/A
402 W. Highland Blvd.		Fiscal Y	ear End: t Status:	N/A N/A
Inverness, FL 34452		71001		
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.34	\$76.32	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care			<u></u>	
#652 Continuous Home Care				
#655 Inpatient Respite Care			·	
#656 General Inpatient Care				
#658 Room and Board				
2				
Basis:	Rate Type :			
	V Duramantii			
Budget Unaudited costs	X Prospective X Total I	Prospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim Total Int	arim		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		RV
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Permanent File Program Development:				
a .				
For information Only (No Change in rate)				



Premier Pediatrics, LLC	Provider 1	Number: Date:	003198500 10/01/2014
7960 SW 60th Ave.	Fiscal Y		N/A
Ocala, FL 34476	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.37	\$76.35	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care		<u>, , , , , , , , , , , , , , , , , , , </u>	
#652 Continuous Home Care		<u> </u>	
#655 Inpatient Respite Care		<u> </u>	
#656 General Inpatient Care		 	
#658 Room and Board			
Basis: Rate Type :			
Budget X Prospectiv	ve		
Unaudited costs X Total F	rospective		
	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective Interim			
X Payment System Rate Total Inte	erim		
Average Nursing Home Rate Settlemen	nt based on costs		
	ydell Samuel, Ad aid Cost Reimburser		Rr .
Distribution:			
Fiscal Agent			
Contract Management Permanent File			
Program Development:			
For information Only (No Change in rate)			



Florida Agency for Health Care Administration

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

Medicaid Reimbursemen	t Per Diem Rates	for Non-Institut	ional Provide	<u>rs</u>
Premier Pediatrics - Dunnellon		Provider 1	Number: Date:	003198505 10/01/2014
7960 SW 60th Ave, Ste 100		Fiscal Y		N/A
Ocala, FL 34476		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
		\$75.61	\$76.59	
X Rural Health Clinic		\$75.01	\$70.37	10/01/2014
Swing-Bed Provider	· ·			
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care	П			
#652 Continuous Home Care			-	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser	ministrator	RV
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ାଳ ଅନ୍ତର୍କ		
For information Only (No Change in rate)		¥		



High Springs Pediatrics, LLC		Provider 1	Number: Date:	003432700 10/01/2014
210 NW 1-4 A		Fiscal Y		N/A
210 NW 1st Ave. High Springs, FL 32643			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.34	\$76.32	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers			,	
Hospice Provider	·			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospecti	ve .		
Unaudited costs	X Total I	rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Int			
Average Nursing Home Rate	Settleme	nt based on costs		,
		1 11 0 1 1 1	· · · · · /	RV
		ydell Samuel, Ac aid Cost Reimburser		
	Wiedro	na cost Romourser	nont i mary sup	
Distribution:				
Fiscal Agent Contract Management	~			
Permanent File				74
Program Development:				17
For information Only (No Change in mate)				
For information Only (No Change in rate)				



Romulo J. Camogliano, MD PA		Provider N	Number: Date:	003492200 10/01/2014
1400 N US Highway 441, Bldg 900, Suite 902 The Villages, FL 32159		Fiscal Yo Audi	ear End: t Status:	N/A N/A
Provider Type:	C	urrent Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.34	\$76.32~	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				·
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	*			
#658 Room and Board			·	
Basis: Rate 7	Гуре:			
Budget X P	rospective			
Unaudited costs X	Total Pros	_		
Desk audited costs Field audited costs	Prospectiv	e Adjusted for N	lew Costs	
Medicare - Prospective Inte	rim			
	Total Interin			
Average Nursing Home Rate	Settlement b	ased on costs		
	W. Ryde	ell Samuel, Ad Cost Reimburser	ministrator nent Analysis	R .
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Grace Healthcare Solutions, Inc.		Provider 1	Number: Date:	003557700 10/01/2014
7368 State Road 15, US 441		Fiscal Y		N/A
Pahokee, FL 33476		Audi	t Status:	N/A
Provider Type:	<u> </u>	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.36	\$76.34	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
· ·				
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ective Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
<u> </u>				PV
	W. R	ydell Samuel, Ad	lministrator	
	Medica	aid Cost Reimburser	nent Analysis	-
Did H. Com				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				

Report Calculated: 10/6/2014 10:43:08AM Report Printed: 10/6/2014

For information Only (No Change in rate)



Medicaid Reimbursement Per Diem R	ates for Non-Institut	ional Provide	<u>rs</u>
West Florida Medical Associates, PA Suncoast Primary Care Specialists - Homasassa 7991 S. Suncoast Blvd.	Provider I Fiscal Y	Date:	003682000 10/01/2014 N/A
Homasassa, FL 34446	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.34	\$76.32	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers		·	
Hospice Provider			
#651 Routine Home Care		<u> </u>	
#652 Continuous Home Care	-		
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board		9	
Basis: Rate Typ	e:		
Budget X Prosp	ective		
	otal Prospective ospective Adjusted for N	Jaw Costs	
Desk audited costs Field audited costs	ospecuve Adjusted for fo	icw costs	
Medicare - Prospective Interim			
	l Interim ement based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	7. Rydell Samuel, Adedicaid Cost Reimburser	ministrator	



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

West Florida Medical Associates Nature Coast Family Medical Clinic PO Box 640573 Beverly Hills, FL 34453	Fiscal	Number: Date: Year End: dit Status:	004510300 10/01/2014 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.57	\$76.55	/ 10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			21
Basis: Rat	Type:		
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for	New Costs	
	Total Interim Settlement based on costs		
Distribution: Fiscal Agent Contract Management	W. Rydell Samuel, A Medicaid Cost Reimburs		

Fiscal Agent Contract Management Permanent File Program Development:

For information Only (No Change in rate)



Medicaid Reimbursemen	nt Per Diem Rates	s for Non-Institut	ional Provide	e <u>rs</u>
Ira Fialko, DO, PA		Provider 1	Number:	004567100
6171 West Culfte Laboritish		E!. 137	Date:	10/01/2014
6171 West Gulf to Lake Highway			ear End: t Status:	N/A N/A
Crystal River, FL 34429		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.57	\$76.55	10/01/2014
Swing-Bed Provider		·		
Federally Qualified Health Centers	·			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		-		
#656 General Inpatient Care				
#658 Room and Board				
_				
Basis:	Rate Type:			
Budget	X Prospective	е		
Unaudited costs	X Total Pr	rospective		
Desk audited costs	Prospec	tive Adjusted for No	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Merim Total Inter	im		
Average Nursing Home Rate		based on costs		
		lell Samuel, Adr d Cost Reimburseme		Z-/
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Horizon Pediatrics LLC 611 Demorest Street SE Live Oak, FL 32064	-	Provider I Fiscal Y Audi	Date:	004690000 10/01/2014 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.57	\$76.55 v	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				:
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospec Interim Total Inter	ospective tive Adjusted for Ne	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		dell Samuel, Adm d Cost Reimburseme		



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Mohammad Afzal, MD				<u> </u>
Professional Pediatrics		Provider	and the state of t	004770700
1050 US HWY 27N Suite 5		T' 157	Date:	10/01/2014
Clermont, FL 34714			ear End:	N/A
		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.57	\$76.55°	
Swing-Bed Provider				10/01/2014
Federally Qualified Health Centers				
Hospice Provider			·	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				· · · · · · · · · · · · · · · · · · ·
#656 General Inpatient Care				
#658 Room and Board	· · · · · · · · · · · · · · · · · · ·			
-				
Basis:				
Dasis.	Rate Type:			
Budget	X Prospective	.		
Unaudited costs		ospective		
Desk audited costs		tive Adjusted for Ne	w Costs	
Field audited costs	<u></u>	3,000,000,000	00513	
Medicare - Prospective X Payment System Rate	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inter			
TOTAGE TAILSING HOME Rate	Settlement	based on costs		
				1
	W. Ryd	ell Samuel, Adm	inistrator	1
		Cost Reimburseme		
Distribution:			7-4	
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				

Report Calculated: 10/6/2014 10:43:06AM Report Printed: 10/6/2014



Afzal Mohammad MD		D 11		<u> </u>
Tavares Pediatrics Inc		Provider		004771000
2523 Dora Ave		Fiscal V	Date: ear End:	10/01/2014
Tavares, FL 32778			it Status:	N/A N/A
Provider Type:		Current Rate	Now Date	
X Rural Health Clinic		\$75.57	New Rate	Effective Date
Swing-Bed Provider		\$73.37	\$76.55	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				·
#651 Routine Home Care				
#652 Continuous Home Care	/ -			
#655 Inpatient Respite Care				
#656 General Inpatient Care	,			
#658 Room and Board				<u>.</u>
Basis:	D-4 T			
	Rate Type:			
Budget	X Prospective			
Unaudited costs	X Total Pro	ospective		
Desk audited costs	Prospect	ive Adjusted for New	w Costs	
Field audited costs Medicare - Prospective				
X Payment System Rate	Interim			
Average Nursing Home Rate	Total Interi	m based on costs		
		Oascu on cosis		
	W Dvd	all Camaral A.I	W	1
	Medicaid	ell Samuel, Adm Cost Reimbursemer	Inistrator	<u> </u>
Distribution:		and the second of the second o	it 2 tharysas	
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				
—— (No Change in rate)				



Medicaid Reimburgement Des D:

		Provider	Number: Date:	005919400
3775 N. Lecanto Hwy		Fiscal Y	ear End:	10/01/2014 N/A
Beverly Hills, FL 34465			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.57	\$76.55	10/01/2014
Swing-Bed Provider			47000	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care			9	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospective			
Unaudited costs		ospective		
Desk audited costs		tive Adjusted for Nev	w Costs	
Field audited costs Medicare - Prospective		·		
X Payment System Rate	Interim Total Inter	i	35	
Average Nursing Home Rate		based on costs		
11				
	W. Ryd	ell Samuel, Adm	inistrator	4
	Medicaid	Cost Reimbursemen	nt Analysis	
Distribution:			•	
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



	Provider	Number:	005951500
		Date:	10/01/2014
		ear End:	N/A
	Audi	it Status:	N/A
	Current Rate	New Rate	Effective Date
	\$75.57		10/01/2014
			- 0, 02, 201
			<u> </u>
Rate Type:			
Tute Type.			
	=		
Prospe	ctive Adjusted for Ne	w Costs	
Testanina			
	anima.		
	X Prospective X Total F Prospective Prospe	Rate Type: X Prospective X Total Prospective Prospective Adjusted for Ne	Rate Type: X Prospective X Total Prospective Prospective Adjusted for New Costs Interim



Vide Heelth Alliana DA	ent i ei Diem Kate			ers
Kids Health Alliance, PA		Provider		006247200
2650 NW 2nd Street, Suite 100		Fiscal Y	Date:	10/01/2014 N/A
Ocala, FL 34475			t Status:	N/A
	=	· · · · · · · · · · · · · · · · · · ·		
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.57	\$76.55	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Data Tyma			
20	Rate Type:			
Budget	X Prospective	÷		
Unaudited costs		ospective		
Desk audited costs	Prospec	tive Adjusted for Ne	ew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inter			
	Settlement	based on costs		
			11/4	
		lell Samuel, Adn		
	Medicai	d Cost Reimburseme	ent Analysis	
<u>Distribution:</u>				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
2.05 am Development.				
For information Only (No Change in rate)				
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Dynamic Health Centers	Turing Turing	g 101 110H-IHSTIEUT		
Dynamic Heatin Centers		Provider 1		006309100
2806 W. US Highway 90, Suite 102		Fiscal Y	Date: ear End:	10/01/2014 N/A
Lake City, FL 32055			t Status:	N/A
Provider Type:		Current Rate	Now Date	Ecc / D /
X Rural Health Clinic		1		Effective Date
Swing-Bed Provider		\$75.57	\$76.55	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	(9			
#656 General Inpatient Care		·		
#658 Room and Board				
		·		
Basis:	Data Tyma			
2.03.03	Rate Type:			
Budget	X Prospective			
Unaudited costs Desk audited costs		ospective		
Field audited costs	Prospect	tive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inter			
	Settlement	based on costs		
		lell Samuel, Adm l Cost Reimburseme		<u>z/</u>
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Gulf Coast Healthcare System Urgent and Convenient Care Center 700 South Main Street LaBelle, FL 33935		Provider Fiscal Y	Date:	006441200 10/01/2014 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.57	\$76.55	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers	3			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Interi	ospective ive Adjusted for Ne	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ell Samuel, Adm Cost Reimburseme		2
For information Only (No Change in rate)				



	Provider		006449300
	Figaal V	Date:	10/01/2014
			N/A
	Auu.	n Status.	N/A
<u> </u>	Current Rate	New Rate	Effective Date
	\$75.57	\$76.55 ^V	10/01/2014
		_	
		·	
i II			
Doto Trees			
Kate Type:			
X Prospective	9		
X Total Pr	ospective		
Prospec	tive Adjusted for Ne	w Costs	
<u></u>			
Interim			
Total Inter	im		
Settlement	based on costs		
		بلا اسم	3/
			
Medicaio	l Cost Reimburseme	nt Analysis	
	Rate Type: X Prospective X Total Pr Prospect Interim Total Inter Settlement W. Ryd	Rate Type: X Prospective X Total Prospective Prospective Adjusted for Ne Interim Total Interim Settlement based on costs W. Rydell Samuel, Adm	Rate Type: X Prospective X Total Prospective Prospective Adjusted for New Costs Interim Total Interim



Constitute D. 11 4 11 CO. 11 The	em Per Diem Rate	s for Non-Institut	ional Provide	ers
Sunshine Pediatrics of Ocala, PA		Provider 1		006480000
1900 SW 20th Place		Fiscal Y	Date:	10/01/2014 N/A
Ocala, FL 34471			t Status:	N/A
Provider Type:				-
		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.57	\$76.55	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care			3	
#652 Continuous Home Care				
#655 Inpatient Respite Care				·
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospective	e		
Unaudited costs		ospective		
Desk audited costs	Prospec	tive Adjusted for Ne	w Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inter	nm based on costs		
	Settlement	based on costs		
	W. Rvo	dell Samuel, Adn	inistrator	ZV
	Medicai	d Cost Reimburseme	ent Analysis	
Distribution:			•	
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Program Development:				
For information 0.1 (2) 57				
For information Only (No Change in rate)				



Medicaid Reimburseme	<u>nt Per Di</u>	em Rates	for Non-Institut	ional Provide	ers
Louis J. Radnothy, DO			Provider 1		
390 S. Central Ave. PO Box 2325			Fiscal Y		N/A
Umatilla, FL 32784				t Status:	N/A
Provider Type:					
X Rural Health Clinic			Current Rate	New Rate	Effective Date
			\$75.51	\$76.49	10/01/2014
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider		-			·.
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
			-		
Basis:	Rate	Type:			
Budget	XF	rospective)		
Unaudited costs	X		ospective		
Desk audited costs Field audited costs	-	Prospec	tive Adjusted for Ne	ew Costs	
Medicare' - Prospective	Inte	erim			
X Payment System Rate		Γotal Inter	im		
Average Nursing Home Rate			based on costs		
			lell Samuel, Adn I Cost Reimburseme	ninistrator	Z-
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					



Tallahassee, Florida 32308

TT 1 4 4 4		Total Thoritta	CIOHAI I I OVIU	<u>CI 8</u>
Weirsdale Family Health Center Inc.		Provider	Number:	007210600
16400 South Highway 25 PO Box 8			Date:	10/01/2014
Wiersdale, FL 32195			ear End:	N/A
		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.51	\$76.49	10/01/2014
Swing-Bed Provider				10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				<u> </u>
#655 Inpatient Respite Care			<u>:</u>	
#656 General Inpatient Care				<u> </u>
#658 Room and Board		_		
]	
Basis:	Rate Type :			
	Rate Type.			
Budget	X Prospective	e		
Unaudited costs Desk audited costs		ospective		
Field audited costs	Prospec	tive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	im		
Average Nursing Home Rate		based on costs		
	W. Ryd	lell Samuel, Adm	inistrator	4
	Medicaio	1 Cost Reimburseme	nt Analysis	_
<u>Distribution:</u>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				
(1.0 change in rate)				



Access Health Care Physicians LLC			ionai i roviuc	
recess freath care i hysicians LLC		Provider 3	Number: Date:	007395100
14690 Spring Hill Dr. #101		Fiscal Y	ear End:	10/01/2014 N/A
Spring Hill, FL 34609			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.51		/
Swing-Bed Provider		\$/5.51	\$76.49°	10/01/2014
Federally Qualified Health Centers		·		
Hospice Provider			· · ·	
#651 Routine Home Care				
#652 Continuous Home Care		·		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Dela	· · · · · · · · · · · · · · · · · · ·			
Budget Unaudited costs	Y Prospective			
Desk audited costs		ospective tive Adjusted for Ne	w Costs	
Field audited costs		ave Adjusted for the	w Costs	
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Inter	im		
	Settlement	based on costs		
		lell Samuel, Adm		<u>Z/</u>
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				#.



Tallahassee, Florida 32308

A Womans Place, Inc.		Provider ?		007864900
415 NW 23rd Ave.		Fiscal V	Date: ear End:	10/01/2014 N/A
Chiefland, FL 32644			it Status:	N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.51	\$76.49 ^V	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care		·		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospective	e		
Unaudited costs		ospective	-	
Desk audited costs	Prospec	tive Adjusted for Ne	ew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inter	rim based on costs		
			- IK	Z./
		dell Samuel, Adn		
	Medicai	d Cost Reimburseme	ent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Contract Management Permanent File				



Current Rate \$75.51	New Rate \$76.49	Effective Date 10/01/2014
\$75.51	V	/
		10/01/2014
	·	
ve Prospective	w Costs	
/dell Samuel, Adm id Cost Reimbursemer	inistrator	
E	Prospective ective Adjusted for New erim ent based on costs	ve Prospective ective Adjusted for New Costs erim



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dr. Dale Mitchum Southern Health Clinic 2910 Hospital Drive Bonifay, FL 32425				008611300 10/01/2014 N/A N/A
Provider Type: X Rural Health Clinic		Current Rate	New Rate	Effective Date
Swing-Bed Provider		\$75.51	\$76.49°	10/01/2014
Federally Qualified Health Centers Hospice Provider #651 Routine Home Care				
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care				
#658 Room and Board				
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Prospect Interim Total Interi	ospective ive Adjusted for Nev	w Costs	

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Rates for Non-Institu Provider		009115200
		10/01/2014 N/A N/A
Current Pata	Nov. Data	Fice
		Effective Dat
Ψ/3.31	\$70.49	10/01/2014
		<u> </u>
		
		
ective tal Prospective pspective Adjusted for New Interim	v Costs	
Rydell Samuel, Admi licaid Cost Reimbursemen	inistrator	
	Current Rate \$75.51 Current Rate \$75.51 Pee: ective tal Prospective ospective Adjusted for New Interim ment based on costs Rydell Samuel, Admit	Fiscal Year End: Audit Status: Current Rate New Rate \$75.51 \$76.49 ^t Pee: ective tal Prospective ospective Adjusted for New Costs Interim ment based on costs



Medicaid Reimbursen	nent Per Diem Rat	es for Non-Institu	tional Provide	ere
Three Rivers Medical, Inc.		Provider	Number:	009192900
208 Suwannee Ave NW		T1 - 4 **	Date:	10/01/2014
Branford, FL 32008			ear End: it Status:	N/A
		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.29	\$76.27	10/01/2014
Swing-Bed Provider	1			
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
		3	<u> </u>	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective A Payment System Rate Average Nursing Home Rate Distribution:	Interim Total Inter Settlement W. Ryd	ospective tive Adjusted for Nev	inistrator	
Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Medicald Reimburser	nent Per Diem Rate	<u>es for Non-Institu</u>	tional Provid	ers
Nature Coast Medical Group PA		Provider		009615800
130 SW 7th Street			Date:	10/01/2014
Williston, FL 32696			ear End:	N/A
		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Da
X Rural Health Clinic		\$75.51	\$76.49	10/01/2014
Swing-Bed Provider		:		- 5/ 52/201
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	·			
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Inter	ospective tive Adjusted for Ne		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryd Medicaid	ell Samuel, Adm Cost Reimbursemer	inistrator	
For information Only (No Change in rate)				



Medicaid Reimburgament Por Di

Manual' Data and Tederald Reimbursen	nent Per Diem Rate	es for Non-Institu	tional Provid	ers
Magnolia Pediatrics LLC		Provider		009634300
1140 SW Bascom Norris Drive Ste 104		T' 157	Date:	10/01/2014
Lake City, FL 32025			ear End: t Status:	N/A
Provider Type:		Audi	a Status:	N/A
X Rural Health Clinic		Current Rate	New Rate	Effective Date
Swing-Bed Provider		\$75.51	\$76.49	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board		_		
Basis:	Pata True			
D. I	Rate Type:			
Budget Unaudited costs	X Prospective			
Desk audited costs	X Total Pro			
Field audited costs	Prospect	ive Adjusted for Nev	v Costs	
Medicare - Prospective	Tur			
X Payment System Rate	Interim			1
Average Nursing Home Rate	Total Interi			
	Settlement 1	based on costs		
	W. Ryde	ell Samuel, Admi	nistrator	
	Medicaid	Cost Reimbursemen	t Analysis	_
Distribution:				
Fiscal Agent				
Contract Management Permanent File			Bar	
Program Development:				
2 overopment.				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

AIDS Healthcare Foundation Positive Healthcare Mobile Clinic		Provider		
		TTOVICE	Number: Date:	009872600
001 N Martel Ave		Fiscal Y	ear End:	10/01/2014 N/A
West Hollywood, CA 90046			it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.52	\$76.50	
Swing-Bed Provider		\$1.00 2	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ 	10/01/2014
Federally Qualified Health Centers				
Hospice Provider	<u> </u>			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		·		
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Dot T			
	Rate Type:			
Budget Unaudited costs	Y Prospective			
Desk audited costs		rospective		
Field audited costs	Frospec	tive Adjusted for Ne	w Costs	
Medicare - Prospective X Payment System Rate	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inter			
	Settlement	based on costs		
	WD	1.11.0	- UK	ZV
		lell Samuel, Adm I Cost Reimburseme		
No.4	Wedicale	i Cost Reinburseme	nt Analysis	
Distribution: Fiscal Agent				
Contract Management				
Permanent File Program Development:				

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Tallahassee, Florida 32308

Pioneer Health Alliance Inc		Provider	Number:	010139400
Sumter Medical Center			Date:	10/01/2014
1580 Santa Barbara Blvd, Ste B			ear End:	N/A
The Villages, FL 32159		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.61	\$76.59	/ 10/01/2014
Swing-Bed Provider				
Federally Qualified Health Center	rs	-		
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	V D			
Unaudited costs	X Prospectiv	e rospective		
Desk audited costs		tive Adjusted for N	ew Costs	
Field audited costs		nivo riajustou ioi rv	ow costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
				7./
	W. Ry	dell Samuel, Adı	ministrator	
		d Cost Reimbursem		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)			
roi information Only (No Change in rate)			



Healthflo Medical Clinics Bushnell Medical Clinic 117 W Belt Ave, Ste A Bushnell, FL 33513		*		010332700 10/01/2014 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.98	\$77.982	
Swing-Bed Provider				
Federally Qualified Health Centers	,			
Hospice Provider				
#651 Routine Home Care		·		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			•	
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Interim	rospective ctive Adjusted for Ne	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		dell Samuel, Adm d Cost Reimburseme		



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Medicaid Reimbursement Per Diem Rate	s for Non-Institu	tional Providei	<u>'S</u>
Grace Pediatrics PL 4196 W.U.S. Highway 90 STE 105	Provider	Number: Date: Year End:	010633400 10/01/2014
4196 W US Highway 90 STE 105 Lake City, FL 32055		it Status:	N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.61	\$76.59	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider	•		
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			•
			14
Basis: Rate Type:	21		
Desk audited costs Field audited costs Medicare - Prospective Yearner System Rate Average Nursing Home Rete	Prospective ctive Adjusted for N	ew Costs	
<u></u> -	/dell Samuel, Ad id Cost Reimbursen	ministrator	



Origins Family Medical & Weight Loss Clir	nic	Provider		010697700
194 SW Wall Ter		Fiscal V	Date: ear End:	10/01/2014
Lake City, FL 32025			t Status:	N/A N/A
Provider Type:		Current Rate	New Rate	
X Rural Health Clinic		 		Effective Date
Swing-Bed Provider		\$75.61	\$76.59	10/01/2014
Federally Qualified Health Centers				· · · · · · · · · · · · · · · · · · ·
Hospice Provider				
#651 Routine Home Care	<u> </u>			
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			· .	
#658 Room and Board	<u> </u>			
			ils	
Basis:	Rate Type:			
Budget	X Prospective	e		
Unaudited costs		rospective		
Desk audited costs		tive Adjusted for Ne	w Costs	
Field audited costs Medicare - Prospective	Toda *			
X Payment System Rate -	Interim Total Inter	im		
Average Nursing Home Rate		based on costs		
	W. Ryc Medicaio	lell Samuel, Adm l Cost Reimburseme	inistrator nt Analysis	2
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Fiscal You Audi urrent Rate \$75.61	Date: ear End: t Status: New Rate \$76.59	10/01/2014 N/A N/A Effective Date 10/01/2014
Audi	t Status: New Rate	N/A Effective Date
\$75.61		
ective Adjusted for New led on costs	w Costs	
	inistrator	ZV -
e	Adjusted for Ne d on costs Samuel, Adm	Adjusted for New Costs d on costs



Williston Rural Health and Wellness Clinic	c	Provider		010801000	
300A NW 1st Ave Williston, FL 32696		Date: Fiscal Year End: Audit Status:		10/01/2014 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Dat	
X Rural Health Clinic		\$75.51	\$76.49~		
Swing-Bed Provider		Ψ/0.01	φ/0.43~	10/01/2014	
Federally Qualified Health Centers					
Hospice Provider		·			
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care				,	
#656 General Inpatient Care				-	
#658 Room and Board		· · ·			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interim Settlement W. Ryd	ospective tive Adjusted for Ne	inistrator		
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)					



Trenton Medical Center	Jan 2 Jan 1	D 11		
Tronton Wiedical Conton		Provider 1	Number: Date:	029506000 10/01/2014
911 S. Main St		Fiscal Y		N/A
Trenton, FL 32693			t Status:	N/A
Provider Type:		C 4 D /	N. D.	Tice at Ti
X Rural Health Clinic		Current Rate	New Rate	Effective Date
		\$80.90	\$81.95	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider			9	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	·			
#658 Room and Board				
Basis:	Rate Type :			
	reace Type.			
Budget	X Prospective			
Unaudited costs Desk audited costs		rospective		
Field audited costs	Prospec	tive Adjusted for Ne	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	im		
Average Nursing Home Rate	Settlement	based on costs		
		lell Samuel, Adn d Cost Reimburseme		Z /
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Advent Christian Home	Provider 1	Number: Date:	029511600 10/01/2014		
23730 Park Circle Dr	Fiscal Y		N/A		
Dowling Park, FL 32064	Audi	Audit Status: N/A			
Provider Type:	Current Rate	New Rate	Effective Date		
X Rural Health Clinic	\$74.19	\$75.15 ^V	10/01/2014		
Swing-Bed Provider			·		
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care		·			
#656 General Inpatient Care					
#658 Room and Board					
Basis: Rate Type:					
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Y Payment System Rate Average Nursing Home Rate X Total Frospective Interim Total Interim Settlement	X Total Prospective Prospective Adjusted for New Costs				
Distribution: Fiscal Agent Contract Management Permanent File	dell Samuel, Adı id Cost Reimbursem				
Program Development: For information Only (No Change in rate)					

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Medicaid Reimbursement Per	Diem Rates for Non-Institut	<u>ional Provide</u>	ers
Acorn Rural Health Clinic	Provider 1	Number:	060245101
23320 North State Road 235		Date:	10/01/2014
Brooker, FL 32622	Fiscal Y	ear End: t Status:	N/A
	Audi	i Status.	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$78.22	\$79.24	10/01/2014
Swing-Bed Provider			
Federally Qualified Health Centers	,		
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care	·		
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#658 Room and Board			
		<u>-</u> -	
Basis: Ra	te Type :		
Budget X	Description		
Unaudited costs X	Prospective Total Prospective		
Desk audited costs	Prospective Adjusted for Ne	w Costs	
Field audited costs Medicare - Prospective			
X Payment System Rate	Interim Total Interim		
Average Nursing Home Rate	Settlement based on costs		
-			_
	W. Rydell Samuel, Adm	inistrator	ZV
	Medicaid Cost Reimburseme		
Distribution:			
Fiscal Agent			
Contract Management Permanent File			
Program Development:			
For information Only (No Change in rate)			



Kid's Care Pediatrics		Provider 1	Number: Date:	063363101 10/01/2014		
6910 Old Wolf Bay Rd		Fiscal Y		N/A		
Palatka, FL 32177		Audi	t Status:	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic		\$79.46	\$80.49	10/01/2014		
Swing-Bed Provider			,			
Federally Qualified Health Centers				-		
Hospice Provider						
#651 Routine Home Care		-				
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board						
Basis:	Rate Type :					
Budget	X Prospective	e				
Unaudited costs Desk audited costs		Prospective ective Adjusted for New Costs				
Field audited costs	Prospec	tive Adjusted for Ne	ew Costs			
Medicare - Prospective	Interim					
X Payment System Rate Average Nursing Home Rate	Total Inter					
	Settlement	based on costs				
		dell Samuel, Adn d Cost Reimburseme		ZV		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:						
For information Only (No Change in rate)						



Heartland Pediatrics of L.W. 1356 State Road 60 East		Provider Number: 251469901 Date: 10/01/2014 Fiscal Year End: N/A		
Lake Wales, Fl 33853		Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$70.54	\$71.46	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care			-	·
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inte	rospective tive Adjusted for No	ninistrator	Rv.
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Heartland Pediatrics of L.P	ent Per Diem Rate	Provider	Number:	253535101
344 East Royal Palm St, Ste 3		E:1 37	Date:	10/01/2014
Lake Placid, Fl 33852		Fiscal Y	ear End: It Status:	N/A N/A
				IN/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$70.53	\$71.45	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				·
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospective	e		
Unaudited costs		cospective		
Desk audited costs	Prospec	tive Adjusted for Ne	ew Costs	
Field audited costs Medicare - Prospective	T /			
X Payment System Rate	Interim Total Inter	-:		
Average Nursing Home Rate		based on costs		
				Zv
**		dell Samuel, Adn d Cost Reimburseme	ninistrator	
District			nit i marysus	
<u>Distribution:</u> Fiscal Agent				
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Permanent File				
Program Development:				
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MJS Trust		Provider 1	Number: Date:	259715200 10/01/2014		
3750 US 27 North		Fiscal Y		N/A		
Sebring, FL 33870			it Status:	N/A		
Provider Type:	<u> </u>	Current Rate	New Rate	Effective Date		
X Rural Health Clinic		\$75.78	\$76.77	10/01/2014		
Swing-Bed Provider						
Federally Qualified Health Centers	· .	-		1		
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#658 Room and Board			-			
=			i			
Basis:	Rate Type:					
Budget	X Prospective	e				
Unaudited costs	X Total Pr	rospective				
Desk audited costs	Prospec	tive Adjusted for N	ew Costs			
Field audited costs Medicare - Prospective	Interim					
X Payment System Rate	Total Inter	nterim				
Average Nursing Home Rate	Settlemen	t based on costs				
		dell Samuel, Ad		ZV		
Distribution:						
Fiscal Agent		at				
Contract Management Permanent File						
Program Development:						
For information Only (No Change in rate)						



Medicaid Reimbursen	nent Per Diem Rate	s tor Non-Institu	<u>tional Provide</u>	ers
Sebring Medical Walk-In Clinic		Provider	Number:	259716100
343 South Commerce Ave		T	Date:	10/01/2014
Sebring, FL 33870			ear End:	N/A
		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$72.18	\$73.12	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider	•			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inter Settlement W. Ryd	ospective tive Adjusted for Ne	inistrator //	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	- 3			



Children's Medical Clinic	Provider Number: 3708616			
1002 SW 11th Street		E! 137	Date:	10/01/2014
Live Oak, FL 32064		Fiscal Y	ear End: t Status:	N/A N/A
		7 1001		IN/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$70.37	\$71.28	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers	s			
Hospice Provider				
#651 Routine Home Care				-
#652 Continuous Home Care			N	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis: BudgetUnaudited costsDesk audited costsField audited costs Medicare - Prospective X Payment System Rate	Prospect	ospective tive Adjusted for Ne	w Costs	
Average Nursing Home Rate	Total Inter	im based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryd	lell Samuel, Adm	nt Analysis	
For information Only (No Change in rate)				



Florida Agency for Health Care Administration

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Children's Medical Center	sement Fer Diem Rat	Provider Number: 37086		
789 West Duval Street		Tiovider	10/01/2014	
		Fiscal Year End: N/A		
Lake City, FL 32055		Audi	t Status:	370861604 10/01/2014 N/A N/A Effective Date 10/01/2014
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$70.37	\$71.28	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Cente	ers	•		
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 Prospect:	ive		
Unaudited costs		Prospective		
Desk audited costs	Prosp	ective Adjusted for N	ew Costs	
Field audited costs	Today			:
Medicare - Prospective X Payment System Rate	Interim Total Interim	terim		
Average Nursing Home Rate		ent based on costs		
				-
	W. R	ydell Samuel, Adı	ministrator	K.
		aid Cost Reimbursem		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Program Development:				
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For information Only (No Change in rat	e)			



Jack M. Matheny RHC 205 Zeagler Drive, Suite #101 Palatka, FL 32177		Provider Fiscal Y Audi	Date:	372143401 10/01/2014 N/A N/A
Provider Type:	15	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.46	\$80.49	
Swing-Bed Provider	-6			
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospec Interim Total Inter	rospective tive Adjusted for Ne	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Adm d Cost Reimburseme		
For information Only (No Change in rate)				



Milla Pediatrics	VALUE DIVINI I CONTROL	Provider 1		375159701
40.C CW C			Date:	10/01/2014
426 SW Commerce Dr, Suite 101		Fiscal Y	•	N/A
Lake City, FL 32025	,	Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.68	\$79.70	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider		·		
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	ŭ.			
#656 General Inpatient Care				
#658 Room and Board			72	
		-		
Basis:	Rate Type:			
Budget	X Prospective	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	tive Adjusted for Ne	ew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inter			
	Settlement	based on costs	34	
a .	W D	1all Cameral A 1	THE THE	Z /
		dell Samuel, Adn d Cost Reimburseme		
To: 4.11.41			ont i mary sign	
<u>Distribution:</u> Fiscal Agent				
Contract Management			2)	
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Wiedicald Reimbursem	ent Fer Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Sebring Pediatrics		Provider 3	Number: Date:	377682401 10/01/2014
1550 Lakeview Dr.		Fiscal Y		N/A
Sebring, FL 33870			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.30	\$75.27	
Swing-Bed Provider		Ψ/1.50	\$13.214	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	· ·			
#655 Inpatient Respite Care				· ·
#656 General Inpatient Care				
#658 Room and Board	-			
			•	
Basis:	Rate Type :			
	zace zype t			
Budget Unaudited costs	X Prospective			
Desk audited costs		rospective		
Field audited costs	Prospec	tive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	im		
Average Nursing Home Rate		based on costs		
D: 4 9 4	W. Ryo Medicaio	lell Samuel, Adm d Cost Reimburseme	ninistrator nt Analysis	ZV -
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Shoreline Medical Group		Provider 1	Number: Date:	377827401 10/01/2014
419 Baltzell Avenue		Fiscal Year End: N/A		
Port St. Joe, FL 32456		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.85	\$78.86	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				·
Basis:	Rate Type :			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File	Interim Total Inter Settlement W. Ryc	ospective tive Adjusted for Ne	ninistrator	Z-
Program Development: For information Only (No Change in rate)				



Heartland Pediatric Associates	ent 1 et Diem Rate	Provider	Number:	660018200	
7215 US Hwy 27 North Suite #100		Fiscal Y	Date:	10/01/2014 N/A	
Sebring, FL 33870			t Status:	N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.76	\$75.73×	10/01/2014	
Swing-Bed Provider		\$77.70	\$13.13V	10/01/2014	
Federally Qualified Health Centers			·		
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
Basis:	Rate Type :				
Budget	X Prospective	.			
Unaudited costs		ospective			
Desk audited costs	Prospect	ective Adjusted for New Costs			
Field audited costs Medicare - Prospective	Testanian				
X Payment System Rate	Interim Total Inter	im			
Average Nursing Home Rate		based on costs			
		lell Samuel, Adm I Cost Reimburseme		ZV	
Distribution: Fiscal Agent Contract Management Permanent File					
Program Development:					
For information Only (No Change in rate)					



Heartland Pediatric Associates 120 Heartland Way		Provider I	Date:	— 660018201 10/01/2014 N/A
Wauchula, FL 33837			t Status:	N/A N/A
<u> </u>				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$70.71	\$71.63	10/01/2014
Swing-Bed Provider			-	
Federally Qualified Health Centers			·	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				·
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	·			
	_			
Basis:	Rate Type:			
Budget	X Prospective			
Unaudited costs Desk audited costs		rospective ctive Adjusted for New Costs		
Field audited costs	Trospec	iive Adjusted for No	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inter			
	Settlement	based on costs		
		dell Samuel, Adr d Cost Reimbursem		Z-
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Jay Medical Center		tes for Non-Institu Provider		660022100
4088 Alabama St ay, FL 32565			Date: ear End: it Status:	10/01/2014 N/A N/A
Provider Type:	· · · · · · · · · · · · · · · · · · ·	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$81.14	\$82.19	10/01/2014
Swing-Bed Provider				20.01/2011
Federally Qualified Health Centers			,	
Hospice Provider				
#651 Routine Home Care		-		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe	ve Prospective ective Adjusted for Ne	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Adm aid Cost Reimburseme	ninistrator	



Physicians Partners Network	ement Per Diem Rate	Provider	Number:	660024700
605 Lamar Ave		T' 17	Date:	10/01/2014
Brooksville, FL 34601			ear End:	N/A
		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.72	\$78.73	10/01/2014
Swing-Bed Provider	<u> </u>			
Federally Qualified Health Centers	3			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		·		
#655 Inpatient Respite Care				·
#656 General Inpatient Care				· · · · · · · · · · · · · · · · · · ·
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interim Settlement W. Ryd	ospective tive Adjusted for Ne	inistrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		90		



Medicaid Reimbursei	ment Per Diem Rate	s for Non-Institut	tional Provide	rs	
Community Medical CtrDeland			Provider Number:		
1190 North Stone Street		Fiscal V	Date: ear End:	10/01/2014	
Deland, FL 32720			t Status:	N/A N/A	
Provider Type:					
X Rural Health Clinic		Current Rate	New Rate	Effective Date	
		\$80.55	\$81.60	10/01/2014	
Swing-Bed Provider					
Federally Qualified Health Centers	·				
Hospice Provider	·				
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#658 Room and Board					
	·			·	
Basis:	Rate Type:	_		0 0 0 a 1	
P. 1					
Budget Unaudited costs	Y Prospective				
Desk audited costs		ospective tive Adjusted for Ne			
Field audited costs	110spec	ave Adjusted for the	w Costs		
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Inter				
	Settlement	based on costs		102	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryo Medicaio	lell Samuel, Adm d Cost Reimburseme	nt Analysis		
For information Only (No Change in rate)					



Comm. Medical CtrOrange Cty.	Provider Number: 660026302			
810 Commed Boulevard Suite C		D) 4	Date:	10/01/2014
Orange City, FL 32763			ear End:	N/A
Grange City, FL 32/03		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.59	\$76.57	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget	Rate Type: X Prospective			
Unaudited costs Desk audited costs		ospective		
Field audited costs	Prospect	tive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
Payment System Rate Average Nursing Home Rate	Total Inter			
	Settlement	based on costs		
		lell Samuel, Adm		ZV 0
Distribution:			•	
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



N. Fl. Pediatrics RHC	rsement Per Diem Ra			ers
N. 11. I ediatiles KMC		Provider		660027100
1316 Fifth Avenue		Fiscal V	Date: ear End:	10/01/2014
Marianna, FL 32446			it Status:	N/A N/A
Provider Type:				
X Rural Health Clinic		Current Rate	New Rate	Effective Date
		\$79.46	\$80.49	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Center	ers			
Hospice Provider				
#651 Routine Home Care				<i>-</i>
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		·		
#658 Room and Board			·	
Basis:	Rate Type :	,		
7.4				
Budget Unaudited costs	X Prospect			
Desk audited costs		Prospective		
Field audited costs	Prosp	ective Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			(4)
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate		nt based on costs		
	<u>W.</u> R	ydell Samuel, Adm		V
	Medic	aid Cost Reimburseme	nt Analysis	
<u>Distribution:</u>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate				



Medicaid Reimburse	ment Per Diem Rate	es for Non-Institu	tional Provide	ers
Geoffrey Roberts D.O., P.A.		Provider		660031000
756 N. Suncoast Boulevard		791	Date:	10/01/2014
Crystal River, FL 34429			ear End:	N/A
		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Dat
X Rural Health Clinic	· 	\$77.75	\$78.76	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers	,			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	,			
#658 Room and Board				
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Interim Total Inter Settlement W. Ryc	rospective tive Adjusted for Ne	inistrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursement Pe	Diem Rates for Non-	Institut	ional Provide	ers
Century Medical Center	Pro	ovider i	Number:	660034400
PO Box 400			Date:	10/01/2014
	F		ear End:	N/A
Century, FL 32535		Audi	t Status:	N/A
Provider Type:	Current	Rate	New Rate	Effective Date
X Rural Health Clinic	\$7	78.13	\$79.15	10/01/2014
Swing-Bed Provider				10,01,2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care			·	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective Total Prospective Prospective Adjusted nterim Total Interim Settlement based on con	sts	- IV	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	Medicaid Cost Reimb	oursemen	nt Analysis	- :



Medicaid Reimbursement	Per Diem Rate	s for Non-Institu	<u>tional Provide</u>	ers
Mohammad Yunas, M.D. RHC		Provider		660039500
Mohammad Yunus, MD			Date:	10/01/2014
404 East Hwy 90 Bonifay, FL 32425		Fiscal Y	ear End:	N/A
		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.46	\$80.49	10/01/2014
Swing-Bed Provider				20.01,201
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				·
#658 Room and Board				
Basis:	Rate Type :	-		-
Budget		20.		
Unaudited costs				
Desk audited costs		ospective tive Adjusted for Ne	··· Canta	
Field audited costs	110spec	ave Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	im		
Average Nursing Home Rate	Settlement	based on costs		
	W. Ryd	ell Samuel, Adm	inistrator	
	Medicaio	Cost Reimburseme	nt Analysis	_
<u>Distribution:</u>				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
• •				
For information Only (No Change in rate)				
FOR Information (Index (NT - Classes)				



PAR B. 135 13	nent Per Diem Rate	es for Non-Institut	<u>tional Provide</u>	ers
PAK Rural Health Clinic		Provider		660041700
1376 Brickyard Rd		E:1 X/	Date:	10/01/2014
Chipley, FL 32428		Fiscal Y	ear End:	N/A N/A
		71441		N/A
Provider Type:	·	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.89	\$77.89	10/01/2014
Swing-Bed Provider	· · · · · · · · · · · · · · · · · · ·			
Federally Qualified Health Centers				
Hospice Provider				· · · · · · · · · · · · · · · · · · ·
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				•••
#658 Room and Board				
Basis:	Rate Type :			
Budget				
Unaudited costs	X Prospectiv	e rospective		
Desk audited costs		tive Adjusted for Ne	w Costs	
Field audited costs		3	5 5 5 6	
Medicare - Prospective X Payment System Rate -	Interim			
Average Nursing Home Rate	Total Inte	rim t based on costs		
<u> </u>		01 00013		
	W Pv	dell Comunal Adm	IK	
	Medicai	dell Samuel, Adm d Cost Reimburseme	nt Analysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Ikram U. Qureshi RHC		Provider	Number: Date:	 660041701 10/01/2014
812 S. Weeks St		Fiscal Y		N/A
Bonifay, FL 32425		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.89	\$77.89	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Prospec Interim Total Inter	ospective tive Adjusted for Ne	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryo Medicaio	lell Samuel, Adm d Cost Reimburseme	ninistrator nt Analysis	_



Richard A. Campbell RHC	tes for Non-Institutional Providers			
Idenaid A. Campoell RHC		Provider		660046800
105 Tomoka Boulevard South		Fiscal V	Date: ear End:	10/01/2014 N/A
Lake Placid, FL 33852			t Status:	N/A N/A
Provider Type:		Current Rate	No.	FICE (I D
X Rural Health Clinic		\$79.11	New Rate	Effective Date
Swing-Bed Provider		\$79.11	\$80.14	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				· ·
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :	_		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Y Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospect Prospect Interim Total Interic Settlement	ospective ive Adjusted for Ne	- IW	
Distribution:	Medicaid	Cost Reimbursemen	it Analysis	
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Wimauma Family Health Center		Provider ?		660052200
5121 State Rd 674		Fiscal V	Date: ear End:	10/01/2014 N/A
Wimauma, FL 33598			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.22	\$76.20	10/01/2014
Swing-Bed Provider			φ/0.20	10/01/2014
Federally Qualified Health Centers				<u> </u>
Hospice Provider				· · ·
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	<u> </u>		·	
#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 Pr Prospect Interim Total Inter	ospective tive Adjusted for Ne	w Costs	
Distribution:	W. Ryd Medicaid	lell Samuel, Adm Cost Reimburseme	inistrator nt Analysis	
Fiscal Agent Contract Management Permanent File Program Development:		*		
For information Only (No Change in rate)				



Belle Glade, FL 33430 Provider Type: Current Rate X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Date: No. No. Rate Type: No. Rate Type: Audit Status: No. No. Rate Type: State Type: Interim Total Interim Settlement based on costs W. Rydell Samuel, Administrator W. Rydell Samuel, Administrator	
Belle Glade, FL 33430 Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Fiscal Year End: N Audit Status: N N Rate Type: Rate Type: X Prospective Y Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs W. Rydell Samuel, Administrator	53100
Belle Glade, FL 33430 Provider Type: Current Rate New Rate Effect X Rural Health Clinic S79.46 \$80.49 10 Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget	1/2014
Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Current Rate \$579.46 \$80.49 10 Rate Type: Rate Type: Interim Total Interim Settlement based on costs W. Rydell Samuel, Administrator	/A
X Rural Health Clinic \$79.46 \$80.49 10 Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type:	/A
Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type :	tive Date
Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis: Rate Type:	/01/2014
#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 W. Rydell Samuel, Administrator	
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis:	
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis:	
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type :	
#656 General Inpatient Care #658 Room and Board Basis:	
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 Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs W. Rydell Samuel, Administrator	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Rate Type: X Prospective X Prospective Prospective Adjusted for New Costs Interim Total Interim Settlement based on costs W. Rydell Samuel, Administrator	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator	
Budget X Prospective Unaudited costs X Total Prospective Desk audited costs Prospective Adjusted for New Costs Field audited costs Medicare - Prospective X Payment System Rate Total Interim Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrator	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Average Nursing Home Rate W. Rydell Samuel, Administrator X Prospective X Prospective Prospective Interim Total Interim Settlement based on costs	
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Y Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator	
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator	
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator	
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Total Interim Settlement based on costs W. Rydell Samuel, Administrator	
X Payment System Rate Average Nursing Home Rate Total Interim Settlement based on costs W. Rydell Samuel, Administrator	
Average Nursing Home Rate Settlement based on costs W. Rydell Samuel, Administrator	
W. Rydell Samuel, Administrator	
Medicaid Cost Reimbursement Analysis	_
Distribution:	
Fiscal Agent	
Contract Management	
Permanent File	
Program Development:	
For information Only (No Change in rate)	
(No change in rate)	



Medicaid Reimbursement Por Die

Marion RHC dba Forest Family Health 15932 E. 40 Silver Springer FL 24409		Provider Fiscal Y	Number: Date: ear End:	660054900 10/01/2014 N/A
Silver Springs, FL 34488		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.35	\$79.37	
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis: BudgetUnaudited costsDesk audited costsField audited costs Medicare - Prospective X Payment System RateAverage Nursing Home Rate	Prospect Interim Total Inter	ospective tive Adjusted for Nev	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	W. Ryd Medicaid	ell Samuel, Adm Cost Reimbursemer	inistrator	



Ahmad T. Jameil DUC	ent Per Diem Rate	s for Non-Institut	<u>tional Provide</u>	rs
Ahmad T. Ismail RHC		Provider 1		660056500
110 E. Byrd Avenue		Fiscal Y	Date:	10/01/2014
Bonifay, FL 32425			ear Eng: t Status:	N/A N/A
		7 1001	- Status.	IV/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$70.03	\$70.94	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers	<u> </u>			
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:			
	Rate Type:			
Budget	X Prospective			
Unaudited costs Desk audited costs		ospective		
Field audited costs	Prospect	ive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	im		
Average Nursing Home Rate		based on costs		
Distributions	W. Ryd Medicaid	ell Samuel, Adm Cost Reimburseme	inistrator nt Analysis	
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File Program Development:				
10gram Development:				
For information Only (No Change in rate)				



Meena Nathan Medical Center		Provider 1	Number:	660065400
840 South Bea Avenue		T22 1 N7	Date:	10/01/2014
Inverness, Fl 34452		Fiscal Y	ear End: t Status:	N/A N/A
		Augi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.50	\$74.46~	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Interin Settlement W. Ryd	ospective ive Adjusted for Ne	iinistrator	
For information Only (No Change in rate)				



Medicaid Reimbursem	ient Per Diem Rate	<u>s for Non-Institu</u>	tional Provide	ers
Florida Family Rural Hlth. Care		Provider	Number: Date:	660069700 10/01/2014
2398 N. Beach Drive, Suite 100		Fiscal Y	ear End:	N/A
Avon Park, F1 33825			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.22	\$79.24	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Inter Settlement	ospective tive Adjusted for Ne	- IX	2
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		Cost Reimburseme		



Express Care of Belleview, Inc	rsement Per Diem Ra	Provider		660070100
			Date:	10/01/2014
0762 S US Highway 441		Fiscal Y	ear End:	N/A
Belleview, Fl 34420		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Dat
X Rural Health Clinic		\$78.50	\$79.52	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Center	rs			,
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				· .
				- to
Basis:	Rate Type:			
Budget	X Prospecti	***		
Unaudited costs		Prospective		
Desk audited costs		ective Adjusted for Ne	w Costs	
Field audited costs		J	00013	
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Int			
	Settleme	nt based on costs		9
			- IX	
	W. Ry	ydell Samuel, Adm	inistrator	_
N	Medica	id Cost Reimburseme	nt Analysis	
Hetvihiitian .				
Distribution:				
Fiscal Agent				et
				ere,



Nature Coast Family Medical Nature Coast Family 3400 North Lecanto Highway Suite A Beverly Hills, Fl 34464	ement Per Diem Rate	Provider Fiscal Y	Number: Date:	660071900 10/01/2014 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.20	\$76.18	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	,			
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospec Interim Total Inter	ospective tive Adjusted for Ne	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		lell Samuel, Adm l Cost Reimburseme	ninistrator	2



Medicaid Reimburse	ment Per Diem Rate	es for Non-Institu	tional Provide	er <u>s</u>
Rajendra P. Bellam, M.D. RHC Rajendra Bellam MD - DUNNELLON 11707 N. Williams Street Suite #3 Dunnellon, Fl 34432	*	Provider Fiscal Y		660072700 10/01/2014 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.79	\$77.79	10/01/2014
Swing-Bed Provider		4,007	\$11.17	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				·
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Interi	ospective ive Adjusted for Nev	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryd Medicaid	ell Samuel, Adm: Cost Reimbursemen	inistrator at Analysis	
For information Only (No Change in rate)		:		



Medicaid Reimbursen Charles S. Li, M.D., P.A. RHC		Provider	Number:	660075100
7647 W. Gulf to Lake Highway Crystal River, Fl 34429	Ē		Date: ear End: it Status:	10/01/2014 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.06	\$75.02 ^v	10/01/2014
Swing-Bed Provider			4,0.02	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Interi	ospective ive Adjusted for Nev	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryd Medicaid	ell Samuel, Adm Cost Reimbursemer	inistrator at Analysis	



Charles S. Li, M.D., P.A. RHC		Provider	Number: Date:	660075101
10489 N. Florida Ave		Fiscal Y	ear End:	10/01/2014 N/A
Citrus Springs, Fl 34434			it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.06	\$75.02	10/01/2014
Swing-Bed Provider		7.300	Ψ75.02	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care		`		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	·			
#658 Room and Board				
Basis:				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interim Settlement W. Ryd	ospective tive Adjusted for Ne im based on costs ell Samuel, Adm	inistrator	Z-
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)	TVICUICAIO	Cost Reimbursemen	u Anaiys ų s	



WEMA Powerly IIII- M 1 C			cional i loviu	18
WFMA - Beverly Hills Med. Ctr Alugubelli & Patel, MD, PA		Provider		660076000
3745 N. Lecanto Highway			Date:	10/01/2014
			ear End:	N/A
Beverly Hills, FL 34465		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.75	\$78.76	10/01/2014
Swing-Bed Provider		7,1,0	Ψ70.70	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				<u> </u>
#656 General Inpatient Care			·	-
#658 Room and Board				
	· ·			
Basis:	Dod. T			
	Rate Type:			
Budget	X Prospective	;		
Unaudited costs		ospective		
Desk audited costs		ive Adjusted for Ne	w Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Interi			
	Settlement	based on costs		
			-	
	W. Ryd	ell Samuel, Adm	inistrator	
	Medicaid	Cost Reimbursemen	nt Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursen	nent Per Diem Rate	s for Non-Institu	tional Provide	ers
Palm Glades Rural Health Assoc		Provider		660087500
217 W. Avenue "A"			Date:	10/01/2014
Belle Glade, Fl 33430			ear End:	N/A
		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.28	\$78.28	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			,	· · · · · · · · · · · · · · · · · · ·
#656 General Inpatient Care	,			
#658 Room and Board				
Budget Unaudited costs	X Prospective X Total Pro	ospective		
Desk audited costs Field audited costs		ive Adjusted for Nev	w Costs	
Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interi			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryde Medicaid	ell Samuel, Adm Cost Reimbursemer	inistrator it Analysis	
For information Only (No Change in rate)				



Medicald Reimburser	ment Per Diem Rate	<u>s for Non-Institut</u>	<u>ional Provide</u>	ers
Hernando Medical Center		Provider 1	Number:	660089100
Hernando Medical Center			Date:	10/01/2014
10489 N. Florida Ave.			ear End:	N/A
Citrus Springs, Fl 34434		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.27	\$77.26	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers	. vi '			
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:	.55		
Budget	X Prospective	a		
Unaudited costs		rospective		
Desk audited costs		tive Adjusted for Ne	w Costs	
Field audited costs		·		
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inter			
	Settlement	based on costs		
		lell Samuel, Adm d Cost Reimburseme		_
Distribution:				97
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
1 rogram Development:				
For information Only (No Change in rate)				



David A Millor MD DA	t Tel Diem Kate			ers
David A. Miller, MD, PA Everglades Family Medicine		Provider		660100600
170 S. Barfield Hwy #102		Eigen 1 X	Date:	10/01/2014
Pahokee, FL 33476			ear End: it Status:	N/A N/A
		Aud	at Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.59	\$76.57	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider	٠.			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board			.	
			i	
Basis:	Rate Type:			
Budget	X Prospective	a.		
Unaudited costs		rospective		
Desk audited costs		tive Adjusted for Ne	w Costs	
Field audited costs Medicare - Prospective				
X Payment System Rate	Interim Total Inter	·		
Average Nursing Home Rate		based on costs		
			- JA	3/
	Medicaio	lell Samuel, Adm l Cost Reimburseme	nt Analysis	
Distribution:			- 	
Fiscal Agent				
Contract Management				
Permanent File Program Development:				



Lake Pediatrics	nent I er Diem Rate	Provider		660103100
4880 N. Hwy 19A Mt. Dora, FL 32757			Date: ear End:	10/01/2014 N/A
"		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.64	\$77.64	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Prospec Interim Total Inter	ospective tive Adjusted for Ne	w Costs	X
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		lell Samuel, Adm d Cost Reimburseme		
For information Only (No Change in rate)				



Raypar, Inc.	He I of Diem Rate.	S TOT TYOH-THISTITUT		
Family Wellness Center		Provider 1		660109000
1064 North Broadway Avenue		Fiscal Y	Date:	10/01/2014
Bartow, FL 33830			t Status:	N/A N/A
_				14/71
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.02	\$73.97	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care		A		
#652 Continuous Home Care				
#655 Inpatient Respite Care				•
#656 General Inpatient Care				-
#658 Room and Board		·		
	82			=
Basis:	Rate Type:			
Budget				
Unaudited costs	X Prospective X Total Pr			
Desk audited costs		ospective tive Adjusted for Ne	C - 4	
Field audited costs	Trospect	ive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	im		
Average Nursing Home Rate		based on costs		
		lell Samuel, Adm l Cost Reimburseme		20
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursament Por Die

Rural Medical Associates, Inc.	Rural Medical Associates, Inc.		Number: Date:	660111100 10/01/2014
411 N. Webster St		Fiscal Y	ear End:	N/A
Wildwood, FL 34785		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.19	\$75.15	10/01/2014
Swing-Bed Provider				20.02/2011
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			•	
#658 Room and Board				
	-			J
Basis:	Rate Type:	-		
Budget	X Prospective	2		
Unaudited costs		rospective		
Desk audited costs		tive Adjusted for Ne	w Costs	
Field audited costs Medicare - Prospective				
X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inter	based on costs		
V	W. Ryc	lell Samuel, Adm		3 /
	Medicaio	l Cost Reimburseme	nt Analysis	
Distribution:				
Fiscal Agent Contract Management				
Permanent File		н "		
Program Development:				
For information Only (No Change in rate)				
or anotherion only (No Change in rate)				



Medicaid Reimburser	ment Per Diem Rate	s for Non-Institu	tional Provide	ers
Birth & Beyond, P.A.	Provider	660121900		
1326 SR 100		77° 1 *	Date:	10/01/2014
Grandin, FL 32138			ear End:	N/A
		Aud	it Status:	N/A
Provider Type:	· .	Current Rate	New Rate	Effective Date
X Rural Health Clinic	·	\$76.64	\$77.64	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		·		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Inter	ospective tive Adjusted for Ne	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryo Medicaio	lell Samuel, Adm I Cost Reimburseme	inistrator	
For information Only (No Change in rate)				



Medicaid Reimburse	ment Per Diem Rate	es for Non-Institu	tional Provide	ers
Family Medical Group(Sebring)		Provider	660129400	
2420 LIS 27 N - 4			10/01/2014	
3420 US 27 North			ear End:	N/A
ebring, FL 33870		Aud	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Dat
X Rural Health Clinic		\$77.38	\$78.39	10/01/2014
Swing-Bed Provider			4.005	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	·			· · ·
#656 General Inpatient Care				
#658 Room and Board	·	·		
Basis:	Rate Type:			
Budget	· · · · · · · · · · · · · · · · · · ·			
Unaudited costs	X Prospective X Total Pr	e ospective		
Desk audited costs		ospective tive Adjusted for Ne	v Coota	
Field audited costs		ave rajusted for the	w Costs	
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inter			
	Settlement	based on costs		
				7.
	W. Ryd	lell Samuel, Adm	inistrator	1
	Medicaid	Cost Reimburseme	nt Analysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



	-		
	Provider	Number:	660132400
	T) 1 **	Date:	10/01/2014
			N/A N/A
	Aud	n Status.	N/A
	Current Rate	New Rate	Effective Date
	\$75.35	\$76.33	10/01/2014
		-	
		-	
ate Type :			
		w Costs	
	•		
• *	·		
W. Ryd Medicaid	lell Samuel, Adm I Cost Reimburseme	ninistrator nt Analysis	ZV
	X Total Pr Prospect Interim Total Inter Settlement W. Ryd	Rate Type: Prospective X Total Prospective Prospective Adjusted for Ne Interim Total Interim Settlement based on costs W. Rydell Samuel, Adm	Fiscal Year End: Audit Status: Current Rate New Rate \$75.35 \$76.33 Rate Type: Year End: Audit Status: Prospective Total Prospective Prospective Adjusted for New Costs Interim Total Interim



North Florida Pediatrics -Sneads		Provider]	Number: Date:	660135900 10/01/2014
7997 Hwy 90		Fiscal Y		N/A
Sneads, FL 32460		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.46	\$80.49	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
			:	
Basis:	Rate Type:			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs		tive Adjusted for Ne	w Costs	
Field audited costs Medicare - Prospective				
X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inter	rim based on costs		
	Southernoon	- Duscu on Costs		
	W. Rvo	dell Samuel, Adm	inistrator	- i
	Medicai	d Cost Reimburseme	nt Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
2. 2014 Development.				



Witcutcatu Keimbursen	ient Per Diem Rate	s ior Non-Institut	ional Provide	ers
Andres R. Villar, M.D.		Provider 1	Number:	660140500
P.O. Box 606		E:1 37	Date:	10/01/2014
Glen St. Mary, FL 32040		Fiscal Y	ear End: t Status:	N/A N/A
	<u></u>	Auu	t Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.95	\$76.94	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
			<u> </u>	
Basis:	Rate Type :			
D. I.				
Budget Unaudited costs	X Prospective			
Desk audited costs		ospective tive Adjusted for Ne	C4-	
Field audited costs	Trospec	uve Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
Y Payment System Rate	Total Inter	im		
Average Nursing Home Rate	Settlement	based on costs		
				7
	W. Ryd	lell Samuel, Adn	ninistrator	· ·
	Medicaio	d Cost Reimburseme	ent Analysis	·
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
r				
For information Only (No Change in rate)				
(No change in rate)				



Williston Pediatrics, PA	Java of Diem Rute	a 101 110H-III3HHUI		ers
Williston Fediatries, FA		Provider		660141300
223 N. Main Street		Figoal V	Date: ear End:	10/01/2014
Williston, FL 32696			t Status:	N/A N/A
				14/74
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.22	\$76.20	10/01/2014
Swing-Bed Provider				·
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			- '	
#656 General Inpatient Care				
#658 Room and Board				
	i			
Basis:	D-4. T			
	Rate Type:			
Budget	X Prospective	;		
Unaudited costs	X Total Pr	ospective		
Desk audited costs Field audited costs	Prospect	ive Adjusted for Ne	w Costs	
Medicare - Prospective	Totani			
X Payment System Rate	Interim Total Interi	ina.		= =
Average Nursing Home Rate		based on costs		
	W D 1	11.0	W	
		ell Samuel, Adm		<u> </u>
	Medicald	Cost Reimburseme	nt Analysis	
Distribution: Fiscal Agent				
Contract Management			5.	
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Rajendra P. Bellam, MD Raiendra P. Bellam, MD - INGLIS 41 N. Inglis Ave, PO Box 69 Inglis, FL 34449			Number: Date: ear End: it Status:	660142100 10/01/2014 N/A N/A
Provider Type:				·
X Rural Health Clinic		Current Rate	New Rate	Effective Date
		\$60.53	\$61.32	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Center	rs			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospec Interim Total Inter	ospective tive Adjusted for Ne	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Ryo Medicaio	lell Samuel, Adm I Cost Reimburseme	ninistrator nt Analysis	_



Medicaid Reimburs	ement Per Diem Rate	s for Non-Institut	ional Provide	ers
Doctor's Medical Ctr. of Walton County, PA		Provider 1	660147200 10/01/2014	
21 West Main St		Fiscal Y		N/A
DeFuniak Springs, FL 32435		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.65	\$80.69	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers	· · · · · · · · · · · · · · · · · · ·			
Hospice Provider			·	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:	·		
Budget	X Prospectiv	re .		
Unaudited costs	X Total P	rospective		
Desk audited costs	Prospec	ctive Adjusted for Ne	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
			14	Z_{ν}
		dell Samuel, Adr		
To: 4.21			- 111017545	
Distribution: Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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Medicaid Reimbursen	nent Per Diem Rate	s for Non-Institu	tional Provide	ers	
Andres R. Villar, M.D. Children's Medical Center - Mt. Vernon		Provider	Number:	660151100	
P.O. Box 606		Figor V	Date: ear End:	10/01/2014	
Glen St. Mary, FL 32040			it Status:	N/A	
		7100		N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic	<u> </u>	\$75.95	\$76.94	10/01/2014	
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care				· · · · · · · · · · · · · · · · · · ·	
#658 Room and Board					
0					
Basis:	Rate Type:				
Budget	X Prospective				
Unaudited costs		ospective			
Desk audited costs		tive Adjusted for Ne	w Costs		
Field audited costs		J			
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Inter				
	Settlement	based on costs			
	W Ryo	lell Samuel, Adm	W.	V	
	Medicaio	Cost Reimburseme	nt Analysis	63	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Medicaid Reimbursement	Per Diem Rate	s for Non-Institut	tional Provide	ers
Rural Health Network of Monroe Co.		Provider Number: 6601618		
P.O. Box 500370		Fiscal Y	Date:	10/01/2014 N/A
Marathon, FL 33050			t Status:	N/A N/A
Provider Type:		Current Rate	New Rate	Eff. Air D.
X Rural Health Clinic		\$75.41	\$76.39	Effective Date
Swing-Bed Provider		\$73.41	\$70.39	10/01/2014
Federally Qualified Health Centers				
Hospice Provider	<u></u>			
#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	Y Prospective X Total Pro			
Desk audited costs		ospective ive Adjusted for Ne	v. Costo	
Field audited costs		ive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Interi	m		
	Settlement	based on costs		
	W D 1	11.0	14	ZV
	W. Ryd Medicaid	ell Samuel, Adm Cost Reimburseme	mistrator	
Distribution:			• • •	
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only (No Change in rate)				



Putnam Obstetring & Compactor I	t Per Diem Rates f			ers
Putnam Obstetrics & Gynecology, Inc. Putnam Obstetrics & Gynecology		Provider		660162600
6061 St. Johns Ave, Ste A		Eigen 1 X	Date:	10/01/2014
Palatka, FL 32177			ear End: it Status:	N/A N/A
Provider Type:		Current Rate	New Rate	
X Rural Health Clinic		\$78.53	\$79.55	Effective Date 10/01/2014
Swing-Bed Provider		Ψ70,33	\$17.33	10/01/2014
Federally Qualified Health Centers				
Hospice Provider			· .	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
ll.				
Basis:	Rate Type:			
Budget	X Prospective			
Unaudited costs	X Total Prosp	ective		
Desk audited costs Field audited costs		Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement bas	sed on costs		
		Samuel, Adm		
Distribution.	1/10dibuid Cl	oot ixemmourselle	in Analysis	
Distribution: Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Philip Colaizzo, MD, PA Provider Number: 660164 Date: 10/01/2 Pahokee, FL 33476 Provider Type: Current Rate New Rate Effective X Rural Health Clinic	Medicaid Reimburs	sement Per Diem Rat	es for Non-Institu	tional Provid	ers
Pahokee, FL 33476 Sizeal Year End: N/A	Philip Colaizzo, MD, PA			Number:	660164200
Pahokee, FL 33476 Audit Status: N/A Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Swing-Bed Provider #651 Routine Home Care #658 Room and Board Rate Type: Swing-Bed Provider #658 Room and Board Rate Type: Swing-Bed Provider #658 Room and Board Rate Type: Swing-Bed Provider #658 Room and Board W. Prospective Adjusted for New Costs Interim Total Interim Total Interim Total Interim Settlement based on costs W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis	170 S. Barfield Hwy		Figural V		10/01/2014
Provider Type: X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type:					
X Rural Health Clinic Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Rate Type: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Piscal Agent W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File					IN/A
Swing-Bed Provider Federally Qualified Health Centers Hospice Provider #651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis:	`		Current Rate	New Rate	Effective Date
Hospice Provider			\$75.58	\$76.56	10/01/2014
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis:			·		
#651 Routine Home Care #652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis:	Federally Qualified Health Centers	S			
#652 Continuous Home Care #655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis:	Hospice Provider				
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis:	#651 Routine Home Care				
#655 Inpatient Respite Care #656 General Inpatient Care #658 Room and Board Basis:	#652 Continuous Home Care				
#658 Room and Board Basis:					
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		· · · · · · · · · · · · · · · · · · ·			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File		<u> </u>			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File	Basis:	Data Town			
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File		Kate Type:			
Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File		X Prospectiv	re		
Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File					
Medicare - Prospective 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		Prospec	tive Adjusted for Ne	w Costs	
X Payment System Rate Average Nursing Home Rate W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File		Intonina			
W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Distribution: Fiscal Agent Contract Management Permanent File	X Payment System Rate		niana		
W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis Fiscal Agent Contract Management Permanent File	Average Nursing Home Rate				
Medicaid Cost Reimbursement Analysis Piscal Agent Contract Management Permanent File				- W	Z/
Distribution: Fiscal Agent Contract Management Permanent File		W. Ryo Medicai	dell Samuel, Adm d Cost Reimburseme	nt Analysis	_
Fiscal Agent Contract Management Permanent File	Distribution:			- *	
Permanent File	Fiscal Agent				
	Contract Management				
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	State Dovotopment.				
For information Only (No Change in rate)	For information Only (No Change in rate)				



C 41 F 77 44		s 101 110H Histitu	Homai i Toviuc	<u> 15</u>
Southern Family Healthcare, PA		Provider		660167700
P.O. Box 692		Figur V	Date:	10/01/2014
Chipley, FL 32428			ear End: t Status:	N/A N/A
		7144		IV/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.15	\$75.11	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
,	Rate Type.			
Budget Unaudited costs	X Prospective			
Desk audited costs		rospective	in.	
Field audited costs	Prospec	tive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inter	im		
	Settlement	based on costs		
				> /
	W. Ryo	lell Samuel, Adm	inistrator	
	Medicaio	Cost Reimburseme	nt Analysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				
<u> </u>				



Emmanuel Christian HC - Clermont		Provider ?	Number: Date:	660169300
385 N. Powers Dr		Fiscal Y		10/01/2014 N/A
Orlando, FL 32818			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.44	\$76.42	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider		·		
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospective	<u>.</u>		
Unaudited costs		ospective		
Desk audited costs Field audited costs		tive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	im		
Average Nursing Home Rate		based on costs		
	W. Ryd	lell Samuel, Adm	inistrator	
		l Cost Reimburseme		
<u>Distribution:</u>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				



Medicaid Reimburser	ment Per Diem Rate	s for Non-Institut	tional Provide	ers
Rural Health Network of Monroe Co., Fl., Is		Provider	Number:	660170700
P.O. Box 500370		Figoal V	Date: ear End:	10/01/2014
Marathon, FL 33050			t Status:	N/A N/A
Provider Type:				IVA
		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.42	\$76.40	10/01/2014
Swing-Bed Provider	·		,	
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				<u> </u>
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:		1	H
Budget	X Prospectiv	e		
Unaudited costs	X Total Pr	ospective		
Desk audited costs Field audited costs	Prospec	tive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	im		
Average Nursing Home Rate		based on costs		
Distribution: Fiscal Agent Contract Management		lell Samuel, Adm d Cost Reimburseme	ninistrator	2
Permanent File Program Development:				
For information Only (No Change in rate)				



<u>Medicaid Reimbursement Per D</u>	iem Rates for No	n-Institu	tional Provide	re
Rural Health Network of Monroe Co., Fl., Inc Ruth			Number:	660171500
P.O. Box 500370			Date:	10/01/2014
Marathon, FL 33050			ear End:	N/A
		Aud	it Status:	N/A
Provider Type:	Curre	nt Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.42	\$76.40	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				· ·
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
	20			
Basis: Rate	Type:			
Budget	Decon a stirre			
Unaudited costs X	Prospective Total Prospective			
Desk audited costs	Prospective Adjus	ted for Ne	ew Costs	
Field audited costs	1 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	101 101	W Costs	
Medicare - Prospective X Payment System Rate	erim			
Average Nursing Home Rate	Total Interim			
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Settlement based on	costs		
	W. Rydell Same Medicaid Cost Rei	uel, Adm mburseme	ninistrator	~
Distribution:			<i>Σ</i> = 1	
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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Facility of the same				
For information Only (No Change in rate)				



Medicaid Reimbursemen	r Diem Rates for Non-Instit	utional Provid	ers
Children's Medical Center - Alachua Children's Medical Center - Alachua 14681 N.W. Hwy 441 Alachua, FL 32615	Provide Fiscal	r Number: Date: Year End: dit Status:	660174000 10/01/2014 N/A N/A
Provider Type:	Current Rat	e New Rate	Effective Date
X Rural Health Clinic	\$73.10		/
Swing-Bed Provider	,,,,,,,	474.03	10/01/2014
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			<u> </u>
#658 Room and Board			
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate Average Nursing Home Rate	Prospective Total Prospective Prospective Adjusted for Management Date on Costs W. Rydell Samuel, Additional Cost Reimbursen	ministrator	Z-/



Williston Family Practice	Provider Number: 660176600				
2		TTOVICET	Date:	10/01/2014	
111 West Noble Ave		Fiscal Y		N/A	
Williston, FL 32696	Audit Status: N/A			N/A	
Provider Type:	×	Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$75.42	\$76.40	10/01/2014	
Swing-Bed Provider					
Federally Qualified Health Centers			-		
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care	25				
#656 General Inpatient Care					
#658 Room and Board					
Basis:	Rate Type :				
Budget	X Prospective	<u>.</u>			
Unaudited costs		ospective			
Desk audited costs		tive Adjusted for Ne	w Costs		
Field audited costs					
Medicare - Prospective X Payment System Rate	Interim				
Average Nursing Home Rate	Total Inter	im based on costs			
	Settlement	based off costs			
	W David	lall Camera 1 A 1	14	Z /	
		lell Samuel, Adn I Cost Reimburseme			
D: 4 11 4			ALC 1 11101 y 5 45		
Distribution: Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					



Sunrise Primary Care - Summit Ave		Provider Number: 66018120		
811 N. Summit St		Fiscal Y	Date:	10/01/2014 N/A
Crescent City, FL 32112			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.30	\$76.28	10/01/2014
Swing-Bed Provider		7.000	Ψ/0.20	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care	<u> </u>			
#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	Prospec Interim Total Inter	rospective tive Adjusted for Ne	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Adn d Cost Reimburseme		
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatrics in Brevard - Cocoa Beach		Provider	Number:	— 660182100
Pediatrics in Brevard, PA			Date:	10/01/2014
699 W. Cocoa Beach Cswy Suite 401		Fiscal Y	ear End:	N/A
Cocoa Beach, FL 32931		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.27	\$76.25	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
				Ti .
Basis:	Rate Type:			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs		-		
Medicare - Prospective	Interim			

Total Interim

Settlement based on costs

W. Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis

Distribution:

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Payment System Rate

Average Nursing Home Rate



Florida Agency for Health Care Administration

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Pediatrics in Brevard - Hibiscus		Provider 1		660183900
Pediatrics in Brevard, PA			Date:	10/01/2014
1755 HIbiscus Blvd		Fiscal Y	ear End:	N/A
Melbourne, FL 32901		Audi	N/A	
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.27	\$76.25	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider	-			
#651 Routine Home Care				· · · · · · · · · · · · · · · · · · ·
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	=			
Basis:	Rate Type :			
Budget	X Prospectiv			
Unaudited costs		rospective		
Desk audited costs		tive Adjusted for Ne	ew Costs	
Field audited costs			00010	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	rim		
Average Nursing Home Rate	Settlement	t based on costs		
		dell Samuel, Adn d Cost Reimburseme		2/
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
r rogram Development:				
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Florida Agency for Health Care Administration

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

Pediatrics in Brevard - Woods Dr	uent i ei Diem Kate		_	
Pediatrics in Brevard, PA		Provider 1	Date:	660184700 10/01/2014
134 S. Woods Dr		Fiscal Y	ear End:	N/A
Rockledge, FL 32955			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.27	\$76.25	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	10			` .
#658 Room and Board		·		
Basis:	Rate Type :	_		
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs	Prospec	tive Adjusted for Ne	ew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		t based on costs		
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		dell Samuel, Adr		
	Medical	d Cost Reimbursem	ent Analysis	
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
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Sun 'Lake Medical Group, PA

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

Sun 'Lake Medical Group, PA Sun 'N Lake Medical Group	Provider	Number: Date:	660187100	
4958 Sun ' N Lake Blvd	Fiscal Y	10/01/2014 N/A		
Sebring, FL 33872	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$75.41	\$76.39	10/01/2014	
Swing-Bed Provider				
Federally Qualified Health Centers		:		
Hospice Provider				
#651 Routine Home Care			<u> </u>	
#652 Continuous Home Care				

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

W. Rydell Samuel, Administrato Medicaid Cost Reimbursement Analysis

Provider Number

Distribution:

Fiscal Agent Contract Management Permanent File Program Development:

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#655 Inpatient Respite Care #656 General Inpatient Care

#658 Room and Board



Northwest Florida Healthcare	and a dr Diem Rute.	Provider		660189800
12(0 D : 1		6	Date:	10/01/2014
1360 Brickyard Rd.			ear End:	N/A
Chipley, FL 32428		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.30	\$76.28	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				,
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	·			
#658 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Inter	ospective tive Adjusted for Ne	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		lell Samuel, Adm I Cost Reimburseme		
For information Only (No Change in rate)				



Medicald Reimbursen	nent Per Diem Rate	s for Non-Institut	ional Provide	ers ers
Panhandle Family Medicine		Provider ?	Number:	660191000
877 3rd St #4		T. 1	Date:	10/01/2014
Chipley, FL 32428		Fiscal Y	ear End: t Status:	N/A N/A
		Nutr Status. 1V/A		
Provider Type:	5	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.29	\$76.27	10/01/2014
Swing-Bed Provider	· · · · · · · · · · · · · · · · · · ·			
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care			00	
#652 Continuous Home Care				
#655 Inpatient Respite Care				<u> </u>
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
	rate Type .			
Budget Unaudited costs	X Prospective			
Desk audited costs		rospective		
Field audited costs	Prospec	tive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inter	im		
Average Nuising Home Rate	Settlement	based on costs		
				> .
	W. Ryc	lell Samuel, Adm	ministrator,	
	Medicaio	l Cost Reimburseme	nt Analysis	_
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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Report Calculated: 10/6/2014 10:43:07AM Report Printed: 10/6/2014



Health Care Initiative - Citra FH		Provider	Number: Date:	660194400 10/01/2014		
17805 US Hwy 301 N.		Fiscal Y	ear End:	N/A		
Citra, FL 32113			t Status:	N/A		
Provider Type:		Current Rate	New Rate	Effective Date		
X Rural Health Clinic	-	\$75.27	\$76.25	10/01/2014		
Swing-Bed Provider						
Federally Qualified Health Centers						
Hospice Provider			İ			
#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	a.				
Unaudited costs		Prospective				
Desk audited costs	Prospec	Prospective Adjusted for New Costs				
Field audited costs						
Medicare - Prospective X Payment System Rate	Interim					
Average Nursing Home Rate	Total Inter	based on costs				
	W. Ryo	dell Samuel, Adn		<u>~</u>		
	Medical	d Cost Reimburseme	ent Analysis			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	æ					
For information Only (No Change in rate)						



Medicaid Reimbursem	ent Per Diem Rate	s for Non-Institu	tional Provide	ers
Garcia Medical Clinic	Provider	660200200 10/01/2014		
411 E. Nelson Avenue		Fiscal Y	Date: ear End:	N/A
Defuniak Springs, FL 32433			t Status:	. N/A
Provider Type:				
X Rural Health Clinic		Current Rate	New Rate	Effective Date
Swing-Bed Provider	· · · · · · · · · · · · · · · · · · ·	\$75.29	\$76.27	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	·			•
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
		I		
Basis:	Rate Type:			
Unaudited costs	X Prospective X Total Pr			
Desk audited costs		ospective tive Adjusted for Ne	w Coets	
Field audited costs		avo riajustou 101 140	w Cosis	
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inter			
	Settlement	based on costs		
Distribution:	W. Ryd Medicaid	ell Samuel, Adm Cost Reimburseme	inistrator nt Analysis	_
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Quintessential Health Services	×	Provider		660201100
Crystal Family Practice		TIOVIGO	Date:	10/01/2014
6152 W. Corporate Oaks Dr		Fiscal Y	ear End:	N/A
Crystal River, FL 34429		Audit Status:		N/A
Provider Type:	· · · · ·	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.30	\$76.28	10/01/2014
Swing-Bed Provider				20,01,2011
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
		 	1	
Basis:	Rate Type:	N.A.		
Budget				
Unaudited costs	X Prospective X Total Pr			
Desk audited costs		cospective		
Field audited costs	110spec	tive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	rim		
Average Nursing Home Rate		based on costs		
		dell Samuel, Adm		Z:/
Distributions			•	
Distribution: Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Chiefland Medical Center	acat I CI Diem Kate	Provider	Number:	660204500
1113 N. W. 23rd Ave		Fiscal V	Date: ear End:	10/01/2014
Chiefland, FL 32626			it Status:	N/A N/A
Provider Type:		Current Rate		
X Rural Health Clinic		+	New Rate	Effective Date
Swing-Bed Provider		\$73.71	\$74.67	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care	<u> </u>			
#652 Continuous Home Care				-
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospective	<u>.</u>		
Unaudited costs		ospective		
Desk audited costs		tive Adjusted for Ne	w Costs	
Field audited costs		12		
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inter			
		based on costs	- UK	
		ell Samuel, Adm Cost Reimbursemen		_
<u>Distribution:</u>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



The Medical Center LLC	ement Fer Diem Rate	Provider	Number:	660205300
20454 N.E. Finley Ave		Fiscal Y	Date: ear End:	10/01/2014 N/A
Blountstown, FL 32424		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.12	\$76.10	10/01/2014
Swing-Bed Provider		Ψ/3.12	\$70.10	10/01/2014
Federally Qualified Health Centers	}			
Hospice Provider				<u> </u>
#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	Prospect Interim Total Inter	ospective tive Adjusted for Ne	w Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		lell Samuel, Adm I Cost Reimburseme		_
For information Only (No Change in rate)				



Medicald Reimburser	ment Per Diem Rate	<u>s for Non-Institu</u>	tional Provide	ers
Clark Clinic		Provider	Number:	660209600
212 S. Florida St		E:1 X7	Date:	10/01/2014
Bushnell, FL 33513			ear End: t Status:	N/A N/A
		1144		IN/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic	· · ·	\$75.08	\$76.06	10/01/2014
Swing-Bed Provider		·		·
Federally Qualified Health Centers	·,			
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				·
#658 Room and Board				
Basis:	Rate Type:			
Budget	X Prospective	<u>.</u>		
Unaudited costs		ospective		
Desk audited costs		ive Adjusted for Ne	w Costs	
Field audited costs Medicare - Prospective				
X Payment System Rate	Interim			
Average Nursing Home Rate	Total Interior	m based on costs		
	scttlement	Uased on costs		
	W. Rvd	ell Samuel, Adm	inistrator	
	Medicaid	Cost Reimbursemen	nt Analysis	_
Distribution:			• •	
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only (No Change in rate)				



Mohammad Afzal/Excel Pediatrics & Fami	ly Care	Provider	Number: Date:	660212600
265 Citrus Tower Blvd Suite 102		Fiscal V	ear End:	10/01/2014 N/A
Clermont, FL 34711			it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.69	\$80.73	10/01/2014
Swing-Bed Provider			+ + + + + + + + + + + + + + + + + + + +	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			•	
#655 Inpatient Respite Care				
#656 General Inpatient Care				·
#658 Room and Board				
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Prospect Interim Total Inter	ospective ive Adjusted for Ne	w Costs	2 /
Distribution:		ell Samuel, Adm Cost Reimburseme		_
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



75 1 1 7	- Didni itale	3 101 110H-MStitu	HUHAI FTUVIU	<u>ers</u>
Dwight Peter Tiu - Acute Care Pediatrics		Provider		660218500
1301 Reid St PO Box 797		771	Date:	10/01/2014
			ear End:	N/A
Palatka, FL 32178		Aud	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.08	\$76.06	10/01/2014
Swing-Bed Provider				20,01,201.
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				·
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board	-			
W .			·	<u>-</u>
Basis:	Rate Type:			
Durdont				
BudgetUnaudited costs	X Prospective			
Desk audited costs		ospective		
Field audited costs	Prospect	tive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	im		
Average Nursing Home Rate		based on costs		
Distributions	W. Ryd Medicaid	ell Samuel, Adm l Cost Reimburseme	inistrator nt Analysis	3/
Distribution: Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
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For information Only (No Change in rate)				



Family Medical Group, P.A.		Provider		660219300
105 Tomoka Blvd South		Fiscal Y	Date:	10/01/2014
Lake Placid, FL 33852			t Status:	N/A N/A
Provider Type:		Current Rate	Now Date	
X Rural Health Clinic		<u> </u>	New Rate	Effective Date
Swing-Bed Provider		\$75.08	\$76.06	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				<u> </u>
#652 Continuous Home Care				<u> </u>
#655 Inpatient Respite Care				·
#656 General Inpatient Care				
#658 Room and Board	<u> </u>			
Basis:	Rate Type:			
Budget				
Unaudited costs	X Prospective X Total Pr	e ospective		
Desk audited costs		tive Adjusted for Ne	w Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inter			
		based on costs	inistrator	Z/
		Cost Reimbursemen		
Distribution:			•	
Fiscal Agent		XI.		
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				
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Wiedicald Reimbursen	ient Per Diem Rate	s for Non-Institut	ional Provide	ers
DFS Walk-In Clinic		Provider 1	Number:	660220700
9 W. Orange Ave Suite #1		D! 1**	Date:	10/01/2014
Defuniak Springs, FL 32435		Fiscal Y	ear End: t Status:	N/A
		Audi	i Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.08	\$76.06	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :	• •		
Budget Unaudited costs	X Prospective			
Desk audited costs		rospective	_	
Field audited costs	Prospec	tive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	rim		
Average Nursing Home Rate	Settlement	based on costs		
		lell Samuel, Adm d Cost Reimburseme		Z×
Distribution:			•	
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only (No Change in rate)				



DJRJ2 Inc	ment Per Diem Rate			_
		Provider	Number: Date:	660226600
484 SW Commerce Drive Suite 105		Fiscal Y	ear End:	10/01/2014 N/A
Lake City, FL 32025			it Status:	N/A
Provider Type:		C		
X Rural Health Clinic		Current Rate	New Rate	Effective Date
Swing-Bed Provider		\$75.08	\$76.06	10/01/2014
Federally Qualified Health Centers				· .
Hospice Provider			·	· · · · · · · · · · · · · · · · · · ·
#651 Routine Home Care		·		
#652 Continuous Home Care				
#655 Inpatient Respite Care				·
#656 General Inpatient Care				
#658 Room and Board				
				<u>, </u>
Basis:	Rate Type:			
Political	rate Type .			
Budget Unaudited costs	X Prospective			
Desk audited costs		ospective		
Field audited costs	Prospec	tive Adjusted for Ne	w Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	im		
Average Nursing Home Rate		based on costs		
		oused on costs		
	W. Ryd	lell Samuel, Adm	inistrator	
0	Medicaio	l Cost Reimbursemen	nt Analysis	
Distribution:			•	
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem Pate

Express Care of Belleview		Provider		660230400
2500 Citrus Blvd		Figor V	Date: ear End:	10/01/2014
Leesburg, FL 34748			ear Eng: it Status:	N/A N/A
Provider Type:				
X Rural Health Clinic		Current Rate	New Rate	Effective Date
Swing-Bed Provider	<u> </u>	\$75.08	\$76.06	10/01/2014
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				·
		i_	<u>-</u>	
Basis:	Rate Type :			
Budget	X Prospective	_		
Unaudited costs		ospective		
Desk audited costs		tive Adjusted for New	w Costs	
Field audited costs Medicare - Prospective				
X Payment System Rate	Interim Total Inter	ina		
Average Nursing Home Rate		based on costs		
	W. Ryd	ell Samuel, Adm Cost Reimbursemer	inistrator	~
Distribution:			, U Ą U	
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



<u>Medicald Reimburser</u>	nent Per Diem Rate	s for Non-Institut	tional Provide	ers
Dawn Rene, Inc		Provider	660232100	
Vernon Family Health Center			Date:	10/01/2014
3027 Main St			ear End:	N/A
Vernon, FL 32462		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$69.47	\$70.37	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			,	
#656 General Inpatient Care				
#658 Room and Board				
Basis:	Rate Type :			
Budget	X Prospective			
Unaudited costs		ospective		
Desk audited costs		tive Adjusted for Ne	w Costs	
Field audited costs			W Costs	57
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inter			
	Settlement	based on costs		
	W. Ryo Medicaio	lell Samuel, Adm d Cost Reimburseme	ninistrator	2/
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



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

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Medicaid Reimbursem	ent Per Diem Rate	<u>s for Non-Institut</u>	ional Provide	ers
Jackson County Hospital		Provider 1	Number: Date:	660233900 10/01/2014
4318 5th Avenue		Fiscal Y		N/A
Marianna, FL 32446		Audi	t Status:	N/A
Provider Type:	9	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.03	\$76.01	10/01/2014
Swing-Bed Provider			Ψ, 0.01	10/01/2011
Federally Qualified Health Centers				
Hospice Provider			· ·	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
			·i	
Basis:	Rate Type :			
Budget				
Unaudited costs	X Prospectiv	e rospective		
Desk audited costs		tive Adjusted for Ne	w Costs	
Field audited costs			W C0313	
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
Distribution: Fiscal Agent Contract Management Permanent File		dell Samuel, Adn d Cost Reimburseme	ninistrator	<u>Z</u>
Program Development:				
For information Only (No Change in rate)				



Sunrise Primary Care - St Johns Ave		Provider 1	Number:	660236300
219 N Palm Ave		Fiscal V	Date: ear End:	10/01/2014 N/A
Palatka, FL 32177			t Status:	N/A
Provider Type:		C1 D . 1	NT IN	
		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$72.58	\$73.52	10/01/2014
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#658 Room and Board				
			-	
Basis:	Rate Type :			
Budget	X Prospectiv	e		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	tive Adjusted for No	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	rim		
Average Nursing Home Rate	Settlement	based on costs		
		dell Samuel, Adr d Cost Reimbursem		2/
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				