

000640100 - 2020/10

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

Hendry County Hospital Authority			Pro	Provider Number : 000640100				
Hendry Regional Convenient Care Center			Dat	Date: 09/24/2020				
450 S. Main Stre	et, Suite 1	Fiscal Year End : N/A						
Labelle, FL 3393	35		Auc	Audit Status : N/A				
Provider Type:				Current Rate	New Rate	Effective Date		
Rura	al Health Clinic			124.52	126.89	10/01/2020		
Swir	ng-Bed Provider							
Fede	erally Qualified Health Centers							
Hos	pice Provider							
#	651 / H51 Routine Home Care (1-60)	)						
#	651a / H5L Routine Home Care (61	+)						
#	652 / H52 Continuous Home Care							
#	0551 / 0561 Continuous Home Care	- SIA						
#	655 / H55 Inpatient Respite Care							
	656 / H56 General Inpatient Care							
#	659 Room and Board							
Basis :		Rate	тур	e:				
	Budget		Χ	Prospect	ive			
-	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
X	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate			Settleme	nt based on cost	ts		
	Hendry							

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

W.Rydell Samuel, Administrator

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Medicaid Cost Reimbursement Analysis



000707900 - 2020/10

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

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Adventist Health System			Pr	ovider Number : 000707900						
Family Practice Center of Avon Park				Da	Date: 09/24/2020					
1006 W. Pleasant Street				Fis	scal Ye	ear End : N	I/A			
Αv	on Park, FL 338	3252966		Audit Status : N/A						
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date		
	Rural	Health Clinic				84.89	86.50	10/01/2020		
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospi	ce Provider								
	#6	51 / H51 Routine Home Care (1-60	)							
	#6	51a / H5L Routine Home Care (61	+)							
	#6	52 / H52 Continuous Home Care								
	#0	551 / 0561 Continuous Home Care	e - SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
	Basis :	7	Rate	Ту	pe :	]				
		Budget		Χ		Prospect	ive			
		Unaudited costs				Total Pro	spective			
		Desk audited costs				- Prospect	ive Adjusted for	New costs		
		Field audited costs				_				
		Medicare - Prospective				Interim				
	X	Payment System Rate				Total Inte	erim			
		Average Nursing Home Rate				Settleme	nt based on cost	ts		
		Highlands								
	Distribution	<u>ı:</u>	\ \	۷.R <sup>۰</sup>	vdell S	amuel. Ad	ministrator #	?		
	Fiscal Agent		_		•		oursement Analys	sis		
	Contract Man	agement								
	Permanent Fi	le								
	Program Dev	elopment:								



002351900 - 2020/10

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

		Modical Rollingarcomone 1 of Br	Jiii itatoo		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	titutiona.	10110010		
Live Oak HMA, LLC			Provider Number: 002351900						
Shands Live Oak RHC 1426 Canyon Avenue, NE, Unit B				Date: 09/24/2020					
				Fiscal Year End : N/A					
Liv	e Oak, FL 3206	4		Audit Status : N/A					
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date	
	Rural	Health Clinic				142.88	145.60	10/01/2020	
	Swing	-Bed Provider							
	Federa	ally Qualified Health Centers							
	Hospid	ce Provider							
	#6	51 / H51 Routine Home Care (1-60)	)						
	#6	51a / H5L Routine Home Care (61	+)						
	#6	52 / H52 Continuous Home Care							
	#0	551 / 0561 Continuous Home Care	- SIA						
	#6	55 / H55 Inpatient Respite Care							
	#6	56 / H56 General Inpatient Care							
	#6	59 Room and Board							
	Basis :	]	Ra	te Typ	oe :	]			
'		Budget		Х		Prospect	ive		
		Unaudited costs				Total Pro	spective		
•		Desk audited costs				- Prospect	ive Adjusted for	New costs	
•		Field audited costs				=			
•		Medicare - Prospective				Interim			
	X	Payment System Rate				Total Inte	erim		
		Average Nursing Home Rate				Settleme	nt based on cost	s	
		Suwannee				_			
	Distribution	· ·	<u> </u>	W.R	/dell S	amuel. Ad	ministrator #	,	
	Fiscal Agent						ursement Analys	sis	
	Contract Mana	agement					<b>,</b>		
	Permanent Fil	le							
	Program Deve	elopment:							



002352500 - 2020/10

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

		Modical Rollingar Compiler of Br	Jiii itatoo i	0	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	titutiona.	TO VIGOTO	
Starke HMA, LLC Shands Starke RHC			Provider Number: 002352500					
				Date: 09/24/2020				
1550 S. Water Street				Fis	scal Ye	ear End : N	I/A	
Sta	arke, FL 320914	511		Audit Status : N/A				
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic				176.42	179.77	10/01/2020
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	Hospid	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)	)					
	#6	51a / H5L Routine Home Care (61 -	+)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rat	е Тур	oe :	]		
		Budget		Χ		Prospect	ive	
•		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospect	ive Adjusted for	New costs
		Field audited costs				_		
•		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	ts
		Bradford						
	Distribution	<u>.</u>		W.R	vdell S	amuel. Ad	ministrator #	~
	Fiscal Agent						ursement Analy	sis
	Contract Mana	agement					<b>-</b>	
	Permanent Fil	le						
	Program Deve	elopment:						



002954700 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

#### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Provider Type:	Current Rate New Rate Effective Date					
Wauchula, FL 338733407	Audit Status : N/A					
515 Carlton Street	Fiscal Year End : N/A					
Florida Hospital Wauchula Pioneer Medical Center	Date: 09/24/2020					
Adventist Health Systems- FL Hosp. Heartland Med Ctr	Provider Number : 002954700					

Provider Type:	<b>Current Rate</b>	New Rate	Effective Date
Rural Health Clinic	120.42	122.71	10/01/2020
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 / H51 Routine Home Care (1-60)			
#651a / H5L Routine Home Care (61 +)			
#652 / H52 Continuous Home Care			
#0551 / 0561 Continuous Home Care - SIA			
#655 / H55 Inpatient Respite Care			
#656 / H56 General Inpatient Care			
#659 Room and Board			

Basis :	7	Rate Type :	]
	Budget	X	Prospective
	Unaudited costs		Total Prospective
	Desk audited costs		Prospective Adjusted for New costs
	Field audited costs		_
	Medicare - Prospective		- Interim
X	Payment System Rate		Total Interim
	Average Nursing Home Rate		Settlement based on costs
	— Hardee		-

<u>Distribution:</u>
Fiscal Agent
Contract Management
Permanent File
Program Development:
For information Only (No Change in rate)

 $W. Rydell \ Samuel, \ Administrator$ 

Medicaid Cost Reimbursement Analysis



002954704 - 2020/10

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

dventist Health System Sunbelt			Provider Number : 002954704					
orida Hospital Wauchula Frostproof Family Health Da			Da	ate: 09/24/2020				
00 S Scenic High	nway		Fiscal Year End : N/A Audit Status : N/A					
ostproof, FL 33	8843							
ovider Type:				Current Rate	New Rate	Effective Dat		
Rural	Health Clinic			122.39	124.71	10/01/202		
Swing	g-Bed Provider							
Feder	ally Qualified Health Centers							
Hosp	ice Provider							
#6	551 / H51 Routine Home Care (1-60)							
#6	651a / H5L Routine Home Care (61 +)							
#6	552 / H52 Continuous Home Care							
#0	9551 / 0561 Continuous Home Care -	SIA						
#6	555 / H55 Inpatient Respite Care							
#6	556 / H56 General Inpatient Care							
#6	59 Room and Board							
Basis :		Rate	Тур	e:				
	Budget		X	Prospect	ive			
	Unaudited costs			Total Pro	spective			
	Desk audited costs			Prospect	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
Χ	Payment System Rate			Total Inte	erim			
	Average Nursing Home Rate Polk			Settleme	nt based on cost	s		
Distribution	<u>1:</u>	V	V.Ry	dell Samuel, Ad	ministrator #	~		
Fiscal Agent		<u></u>	/ledio	caid Cost Reimb	ursement Analys	sis		
Contract Mar	nagement							
Permanent F	ile							
Program Dev	relopment:							



005955000 - 2020/10

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

Ca	Ihoun Liberty H	ospital Assoc.		Pro	vider Number :	005955000		
Calhoun Liberty Hospital Primary Care Clinic Da			Dat	ate: 09/24/2020				
20370 NE Burns Ave.			Fis	cal Year End : I	N/A			
Blo	ountstown, FL 3	324241045		Audit Status : N/A				
Pr	ovider Type:				Current Rate	New Rate	Effective Date	
	Rural	Health Clinic			86.75	88.40	10/01/2020	
	Swing	<sub>J</sub> -Bed Provider						
	Feder	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 +	)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rate	Тур	e:			
<b>'</b>		Budget		Χ	Prospec	tive		
,		Unaudited costs			Total Pro	ospective		
,		Desk audited costs			Prospec	tive Adjusted for	New costs	
		Field audited costs						
•		Medicare - Prospective			Interim			
	Χ	Payment System Rate			Total Int	erim		
'		Average Nursing Home Rate			Settleme	ent based on cost	s	
		Calhoun						
	Distribution	l <u>1:</u>	V	V.Rv	rdell Samuel, Ad	dministrator #	,	
	Fiscal Agent		_			bursement Analys	sis	
	Contract Man	agement						
	Permanent F	ile						
	Program Dev	elopment:						



008004300 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Sa	cred Heart Medio	cal Group on the Gulf		Pro	vider	Number :	008004300	
			Da	te : 09	9/24/2020			
55 Avenue E				Fis	cal Y	ear End : N	I/A	
Ар	alachicola, FL 3	23201763		Audit Status : N/A				
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	Rural I	Health Clinic				121.91	124.23	10/01/2020
	Swing	Bed Provider						'
	Federa	Illy Qualified Health Centers						
	Hospic	e Provider						
	#65	51 / H51 Routine Home Care (1-60)						
	#65	51a / H5L Routine Home Care (61 +	-)					
	#65	52 / H52 Continuous Home Care						
	#05	551 / 0561 Continuous Home Care	- SIA					
	#65	55 / H55 Inpatient Respite Care						
	#65	66 / H56 General Inpatient Care						
	#65	9 Room and Board						
	Basis :		Rate	Тур	e :	]		
'		Budget		Χ		Prospect	ive	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				- Prospect	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				_ Interim		
	X	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	ts
		Franklin				_		
	Distribution	<u> </u>	V	V.Ry	dell S	Samuel, Ad	ministrator #	
	Fiscal Agent		_				ursement Analy	rsis
	Contract Mana	agement					·	
	Permanent Fil	e						
	Program Deve	elopment:						
	For i	nformation Only (No Change in rate)						



010834300 - 2020/10

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

Baker County Medical Services Baker Rural Health Clinic				Pro	vider N	Number :	010834300			
Ва	ker Rural Health	Clinic		Dat	te : 09/	24/2020				
159	N 3rd Street			Fiscal Year End : N/A						
Ма	cclenny, FL 320	0632103		Aud	dit Stat	us : N/A				
Pro	ovider Type:				Curre	nt Rate	New Rate	Effective Date		
	Rural	Health Clinic				121.90	124.22	10/01/2020		
	Swing	-Bed Provider								
	Federa	ally Qualified Health Centers								
	Hospid	ce Provider								
	#6	51 / H51 Routine Home Care (1-60)								
	#6	51a / H5L Routine Home Care (61 +	-)							
	#6									
	#0	551 / 0561 Continuous Home Care	- SIA							
	#6	55 / H55 Inpatient Respite Care								
	#6	56 / H56 General Inpatient Care								
	#6	59 Room and Board								
ſ	Basis :		Rate	Тур	e :					
٠		Budget		Χ		Prospect	ive			
-		Unaudited costs				Total Pro	spective			
-		Desk audited costs				Prospect	ive Adjusted for	New costs		
-		Field audited costs								
-		Medicare - Prospective				Interim				
	Χ	Payment System Rate				Total Inte	erim			
•		Average Nursing Home Rate				Settleme	nt based on cost	ts		
_		Baker								
	Distribution	<u>.</u>	\	W.Rv	dell Sa	ımuel. Ad	ministrator #	~		
	Fiscal Agent		_				ursement Analy			
	Contract Mana	agement								
	Permanent Fil	le								
	Program Deve	elopment:								



106170600 - 2020/10

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

Fra	anklin County Bo	CC		Prov	vider Number :	106170600	
We	eems Med Ctr W	/est		Date	e: 09/24/2020		
PC	Box 580			Fisc	al Year End : I	N/A	
Ар	alachicola, FL 3	2329		Aud	it Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	Rural	Health Clinic			86.31	87.95	10/01/2020
	Swing	-Bed Provider					
	Federa	ally Qualified Health Centers					
	Hospie	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)				·	
	#6	51a / H5L Routine Home Care (61 +	.)				
	#6	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA				
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
	Basis :		Rate	Туре	e :		
'		Budget	<u> </u>	Χ	Prospec	tive	
•		Unaudited costs			Total Pro	ospective	
•		Desk audited costs			Prospec	tive Adjusted for	New costs
•		Field audited costs					
		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
•		Average Nursing Home Rate			Settleme	ent based on cost	s
,		 Franklin					
	Distribution	<u> </u> <u>:</u>	V	V.Rvo	dell Samuel, Ad	dministrator #	
	Fiscal Agent		_			oursement Analys	
	Contract Mana	agement					
	Permanent Fil	le					
	Program Deve	elopment:					



106362400 - 2020/10

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

Fra	Franklin County BoCC Weems Med Ctr East			Prov	vider Number :	106362400	
We	eems Med Ctr Ea	ast		Date	e: 09/24/2020		
PC	) Box 580			Fisc	al Year End : N	N/A	
Ар	alachicola, FL 3	2329		Aud	it Status : N/A		
Pre	ovider Type:				Current Rate	New Rate	Effective Date
	Rural	Health Clinic			86.31	87.95	10/01/2020
	Swing	-Bed Provider					
	Federa	ally Qualified Health Centers					
	Hospie	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					
	#6	51a / H5L Routine Home Care (61 +	.)				
	#6	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care	- SIA				
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
	Basis :		Rate	Туре	e :		
١		Budget	L	Χ	Prospec	tive	
•		Unaudited costs			Total Pro	ospective	
•		Desk audited costs			Prospec	tive Adjusted for	New costs
•		Field audited costs					
•		Medicare - Prospective			Interim		
	X	Payment System Rate			Total Inte	erim	
•		Average Nursing Home Rate			Settleme	ent based on cost	s
•		 Franklin					
	Distribution	<u> </u> <u>:</u>	V	N.Rva	dell Samuel, Ad	dministrator #	
	Fiscal Agent		_			oursement Analys	
	Contract Mana	agement					
	Permanent Fil	le					
	Program Deve	elopment:					



253668401 - 2020/10

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

		Wedicald Kellindursellient Fer Die	tili ivates	S IOI INC	<u>/11-1115</u>	ilulionai	FIOVIU <del>CI S</del>	
Не	ndry Family Car	e Ctr		Pro	ovider	Number :	253668401	
Fo	rbes Family Car	e Ctr		Da	te : 09	/24/2020		
50	0 West Sagamo	re Ave		Fis	cal Ye	ar End : N	I/A	
Cle	ewiston, FI 3344	10		Au	dit Sta	tus : N/A		
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic				148.71	151.53	10/01/2020
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)	)					
	#6	51a / H5L Routine Home Care (61	+)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :	7	R	ate Typ	ре :	]		
,		Budget		Х		Prospect	ive	
•		Unaudited costs				Total Pro	spective	
•		Desk audited costs				- Prospect	ive Adjusted for	New costs
		Field audited costs				-		
		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
•		Average Nursing Home Rate				Settleme	nt based on cost	s
•		Hendry				-		
	Distribution	<u>.</u>		W.R\	/dell S	amuel. Ad	ministrator #	
	Fiscal Agent						oursement Analys	sis
	Contract Mana	agement		- 2			<b>,</b>	
	Permanent Fil	le						
	Program Deve	elopment:						



660037900 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Blo	ountstown Famil	y Practice		Pro	vider Number :	660037900	
				Date	e: 09/24/2020		
17	808 NE Charley	Johns St		Fisc	al Year End : N	I/A	
Blo	ountstown, FL 3	2424		Aud	it Status : N/A		
Pr	ovider Type:				Current Rate	New Rate	Effective Date
	Rural	Health Clinic			84.62	86.22	10/01/2020
	Swing	-Bed Provider					
	Federa	ally Qualified Health Centers					
	Hospi	ce Provider					
	#6	51 / H51 Routine Home Care (1-60)					
	#6	51a / H5L Routine Home Care (61 +	.)				
	#6	52 / H52 Continuous Home Care					
	#0	551 / 0561 Continuous Home Care -	- SIA				
	#6	55 / H55 Inpatient Respite Care					
	#6	56 / H56 General Inpatient Care					
	#6	59 Room and Board					
	Basis :	Rate	Тур	e :			
		Budget		X	——— Prospect	ive	
		Unaudited costs			Total Pro	spective	
		Desk audited costs			Prospect	ive Adjusted for	New costs
		Field audited costs					
		Medicare - Prospective			Interim		
	Χ	Payment System Rate			Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cos	ts
		Calhoun					
	Distribution	<u> </u> <u> :</u>		V.Rvo	dell Samuel, Ac	Iministrator	 R
	Fiscal Agent					oursement Analy	rsis
	Contract Man	agement				,	
	Permanent Fi	le					
	Program Dev	elopment:					
	For	information Only (No Change in rate)					



660037901 - 2020/10

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

Мо	nticello Family N		Pro	vider Numbe	r : 6	60037901		
				Dat	e: 09/24/202	20		
154	49. S. Jefferson	St		Fisc	cal Year End	: N/	A	
Мо	nticello, FL 323	44		Auc	lit Status : N/	Ά		
Pro	ovider Type:				Current Rat	е	New Rate	Effective Date
	Rural	Health Clinic			84.	62	86.22	10/01/2020
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	Hospid	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 +	-)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
[	Basis :		Rate	Тур	e :			
١		Budget		Χ	Prosp	ectiv	⁄e	
-		Unaudited costs			Total I	ros	pective	
-		Desk audited costs			Prosp	ectiv	e Adjusted for	New costs
-		Field audited costs						
-		Medicare - Prospective			Interin	1		
	Χ	Payment System Rate			Total I	nter	im	
-		Average Nursing Home Rate			Settle	men	t based on cos	ts
-		Jefferson						
	Distribution	<u> </u>	\	N.Rv	dell Samuel,	Adr	ninistrator <i>M</i>	Σ
	Fiscal Agent		_					
	Contract Mana	agement					,	
	Permanent Fil	e						
	Program Deve	elopment:						



660037902 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Qι	uincy Medical Gr	oup		Pr	ovider N	umber :	660037902	
				Da	ate: 09/2	24/2020		
17	8 LaSalle Dr			Fis	scal Yea	r End : N	I/A	
Qι	uincy, FI 32351			Au	ıdit Statu	ıs : N/A		
Pr	ovider Type:				Curren	t Rate	New Rate	Effective Date
	Rural	Health Clinic				84.62	86.22	10/01/202
	Swing	-Bed Provider						
	Feder	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)	)					'
	#6	51a / H5L Routine Home Care (61	+)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Ra	te Ty	pe :			
		_J Budget		X		Prospect	ive	
		Unaudited costs				Γotal Pro	spective	
		Desk audited costs			F	Prospect	ive Adjusted for	New costs
		Field audited costs						
		Medicare - Prospective			ı	nterim		
	Χ	Payment System Rate			-	Γotal Inte	erim	
		Average Nursing Home Rate			Settlement based on cost		ts	
		 Gadsden						
	Distribution	<u></u>	<u> </u>	W.R	vdell Saı	muel. Ad	ministrator #	
	Fiscal Agent	Medicaid Cost Reimbursement Analysis						
	Contract Man	agement			-		,	
	Permanent Fi	le						
	Program Dev	elopment:						
	For	information Only (No Change in rate	١					



660037903 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

W	akulla Family Me	edicine		Pro	ovider	Number :	660037903	
				Da	te : 09	9/24/2020		
15	Council Moore	Rd		Fis	cal Ye	ear End : N	I/A	
Cr	awfordville, Fl 3	2327		Au	dit Sta	atus : N/A		
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Dat
	Rural	Health Clinic				84.62	86.22	10/01/202
	Swing	-Bed Provider						
	Feder	ally Qualified Health Centers						
	Hospi	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)					,	
	#6	51a / H5L Routine Home Care (61 +	-)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rate	Тур	oe :	1		
		 Budget		Х		ם Prospect	ive	
		Unaudited costs				- Total Pro	spective	
		Desk audited costs				- Prospect	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	ts
		Wakulla						
	Distribution		V	V.Rv	/dell S	amuel, Ad	ministrator #	 Z
	Fiscal Agent						ursement Analy	sis
	Contract Man	agement					·	
	Permanent Fi	ile						
	Program Dev	elopment:						
	For	information Only (No Change in rate)						



660049201 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Ga	ateway Medical C	linic - Crestview		Pro	ovider	Number :	660049201			
_	,					9/24/2020				
12	7-C Redstone Av	/e		Fis	Fiscal Year End : N/A					
Cr	estview, FL 3250		Aud	dit Sta	atus : N/A					
Pr	ovider Type:			Curr	ent Rate	New Rate	Effective Date			
	Rural I	Health Clinic				85.66	87.29	9 10/01/2020		
	Swing-	Bed Provider								
	Federa	Illy Qualified Health Centers								
	Hospic	e Provider								
	#65	51 / H51 Routine Home Care (1-60)					ı			
	#65	61a / H5L Routine Home Care (61 +	.)							
	#65	52 / H52 Continuous Home Care								
	#05	551 / 0561 Continuous Home Care	- SIA							
	#65	55 / H55 Inpatient Respite Care								
	#65	66 / H56 General Inpatient Care								
	#65	9 Room and Board								
	Basis :	Rate	Тур	e :	7					
		Budget	<u> </u>	Х		⊐ Prospect	ve			
		Unaudited costs				– Total Pro	spective			
		Desk audited costs				- Prospect	ve Adjusted for	New costs		
		Field audited costs				_				
		Medicare - Prospective				Interim				
	Χ	Payment System Rate			Total Interim		rim			
		Average Nursing Home Rate				Settleme	nt based on cos	sts		
		Okaloosa								
	Distribution	l <u>:</u>	V	V.Ry	dell S	Samuel, Ad	ministrator 7			
	Fiscal Agent	Medicaid Cost Reimbursement Analysis								
	Contract Mana	agement								
	Permanent File	е								
	Program Deve	elopment:								
	For i									



660058100 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

N	Okaloosa Medic	al Center	iii itatot	Dro	ovider Number :	660058100	
IN.	Ckaloosa Medic	ai Gentei			te: 09/24/2020	000030100	
10	45 US Hwy 331,	Sto D			scal Year End : N	Ι/Δ	
	Funiak, FL 3243				dit Status : N/A	I/	
De	Fulliak, FL 3240	) 		Au	uit Status . N/A		
Pr	ovider Type:				<b>Current Rate</b>	New Rate	Effective Date
	Rural I	Health Clinic			85.66	87.29	10/01/2020
	Swing-	Bed Provider					
	Federa	Illy Qualified Health Centers					
	Hospic	e Provider					
	#65	51 / H51 Routine Home Care (1-60)					
	#65	51a / H5L Routine Home Care (61 +	)				
	#65	52 / H52 Continuous Home Care					
	#05	551 / 0561 Continuous Home Care	- SIA				
	#65	55 / H55 Inpatient Respite Care					
	#65	66 / H56 General Inpatient Care					
	#65	9 Room and Board					
	Basis :	7	R	ate Typ	pe :		
		_l Budget		X	Prospect	ive	
		Unaudited costs			Total Pro		
		_ Desk audited costs				ive Adjusted for	New costs
		Field audited costs				,	
		– Medicare - Prospective			Interim		
	X	Payment System Rate	-		 Total Inte	erim	
		Average Nursing Home Rate			Settleme	nt based on cost	ts
		– Walton					
	Distribution	<u> </u>		W.Ry	/dell Samuel, Ad	ministrator #	~
	Fiscal Agent			Medi	caid Cost Reimb	ursement Analys	sis
	Contract Mana	agement					
	Permanent Fil	e					
	Program Deve	elopment:					
	For i	nformation Only (No Change in rate)					



660083200 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

La	ke Butler Hospit	tal RHC		Pro	vider	Number :	660083200	
				Dat	te : 09	9/24/2020		
85	0 E Main St			Fise	cal Y	ear End : N	I/A	
La	Basis:  Basis:  Basis:  Basis:  Butler, FL 32054  Brovider Type:  Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #655 / H55 Inpatient Respite Care  #659 Room and Board			Aud	dit Sta	atus : N/A		
Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date
	Rural	Health Clinic				168.14	171.33	10/01/2020
	Swing	g-Bed Provider						
	Feder	ally Qualified Health Centers						
	Hospi	ice Provider						
	#6	51 / H51 Routine Home Care (1-60)						
	#6	51a / H5L Routine Home Care (61 +	-)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	559 Room and Board						
	Basis :		Rate	Тур	e :	7		
ı		Budget		Χ		□ Prospecti	ive	
		Unaudited costs				Total Pro	spective	
		Desk audited costs				Prospecti	ive Adjusted for	New costs
		Field audited costs				_		
		Medicare - Prospective				Interim		
	Χ	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cos	ts
		Union				_		
	Distribution	<u>ı:</u>	V	V.Ry	dell S	Samuel, Ad	ministrator M	 R
	Fiscal Agent		_				ursement Analy	rsis
	Contract Mar	nagement					•	
	Permanent F	ile						
	Program Dev	relopment:						
	For	information Only (No Change in rate)						



660092100 - 2020/10

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

		Modicala Rombarcomont For Bro	om racoo r	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iliationai i	10110010	
Do	ctor's Memorial		Pro	ovider	Number :	660092100		
Ste	einhatchee Fami	ly Center		Da	te : 09	/24/2020		
12	09 First Ave S.			Fis	cal Ye	ar End : N	I/A	
Ste	einhatchee, FI 3	2359		Audit Status : N/A  Current Rate New Rate Effective				
Pr	ovider Type:				Curre	ent Rate	New Rate	Effective Date
	Rural	Health Clinic				294.76	300.36	10/01/2020
	Swing	-Bed Provider						
	Federa	ally Qualified Health Centers						
	Hospid	ce Provider						
	#6	51 / H51 Routine Home Care (1-60)	)					
	#6	51a / H5L Routine Home Care (61	+)					
	#6	52 / H52 Continuous Home Care						
	#0	551 / 0561 Continuous Home Care	- SIA					
	#6	55 / H55 Inpatient Respite Care						
	#6	56 / H56 General Inpatient Care						
	#6	59 Room and Board						
	Basis :		Rat	е Тур	oe :	]		
'		Budget		Χ		Prospect	ive	
		Unaudited costs				Total Pro	spective	
•		Desk audited costs				Prospect	ive Adjusted for	New costs
•		Field audited costs				_		
		Medicare - Prospective				Interim		
	X	Payment System Rate				Total Inte	erim	
		Average Nursing Home Rate				Settleme	nt based on cost	ts
•		Taylor				_		
	Distribution	<u>:</u>	<u> </u>	W.R	/dell S	amuel. Ad	ministrator #	ζ
	Fiscal Agent						ursement Analy	sis
	Contract Mana	agement						
	Permanent Fil	le						
	Program Deve							



660122700 - 2020/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Northwest Florida Community Hospital				Provider Number : 660122700							
				Date: 09/24/2020							
32	3250 Main Street				Fiscal Year End : N/A						
Ve	Vernon, FL 32462					Audit Status : N/A					
Pr	ovider Type:				ent Rate	New Rate	Effective Date				
	Rural	Health Clinic				123.88	126.23	10/01/2020			
	Swing	g-Bed Provider						·			
	Feder	ally Qualified Health Centers									
	Hospi	ice Provider									
	#6	51 / H51 Routine Home Care (1-60)									
	#6	51a / H5L Routine Home Care (61 +	-)								
	#6	52 / H52 Continuous Home Care									
	#0	551 / 0561 Continuous Home Care	- SIA								
	#6	55 / H55 Inpatient Respite Care									
	#6	56 / H56 General Inpatient Care									
	#6	59 Room and Board									
	Basis :		Rate	Тур	e :	7					
		Budget	X			⊐ Prospecti	ve				
		Unaudited costs				Total Prospective					
		Desk audited costs				Prospect	ve Adjusted for	New costs			
		Field audited costs				_					
		Medicare - Prospective				Interim					
	Χ	Payment System Rate				Total Interim					
		Average Nursing Home Rate				Settleme	nt based on cos	ts			
						_					
	Distribution	<u>ı:</u>	V	V.Ry	dell S	Samuel, Ad	ministrator M	 R			
	Fiscal Agent			Medicaid Cost Reimbursement Analysis							
Contract Management							•				
	Permanent F	ile									
	Program Dev	relopment:									
	For	information Only (No Change in rate)									



Program Development:

\_ For information Only (No Change in rate)

# Florida Agency for Health Care Administration

660123500 - 2020/10

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

	Medicald Neillibursement Fer Dier	II IVales IOI IV	011-1115111	utionan	TIOVIUEIS			
Doctor's Memorial Family Medicine			rovider Number : 660123500					
DMH Mayo Family Medicine				Date : 09/24/2020				
P.O. Box 228	F	iscal Yea	r End : N	I/A				
Mayo, FI 32066		A	udit Statı	ıs : N/A				
Provider Type:	rovider Type:			nt Rate	New Rate	Effective Date		
Rural	Health Clinic			163.44	166.54	10/01/2020		
Swing	g-Bed Provider							
Feder	rally Qualified Health Centers							
Hosp	ice Provider							
#6	651 / H51 Routine Home Care (1-60)				,			
#6	651a / H5L Routine Home Care (61 +)							
#6	552 / H52 Continuous Home Care							
#(	0551 / 0561 Continuous Home Care -	SIA						
#6	655 / H55 Inpatient Respite Care							
#6	656 / H56 General Inpatient Care							
#6	659 Room and Board							
Basis :	Basis :		/pe :					
	Budget	X		Prospecti	ive			
_	Unaudited costs	•		Total Pro	spective			
	Desk audited costs			Prospecti	ive Adjusted for	New costs		
	Field audited costs							
	Medicare - Prospective			Interim				
X	Payment System Rate			Total Inte	erim			
-	Average Nursing Home Rate			Settleme	nt based on cost	s		
	Lafayette							
<u>Distributio</u>	_ <u>n:</u>	W.F	Rvdell Sa	muel. Ad	ministrator #			
Fiscal Agent				Medicaid Cost Reimbursement Analysis				
Contract Mar	nagement				<b>,</b>			
Permanent F	File							



660124300 - 2020/10

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

,		-	Medicaid Reimbursement Per Di	<u>em F</u>	Rates for No	<u>on-Ins</u>	<u>titutional l</u>	<u>Providers</u>			
Fiscal Year End : N/A   Audit Status : N/A	Doctor's Memorial Family Practice										
Perry, FI 32348  Provider Type:  Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board  Rate Type:  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Taylor  Pistribution:  Fiscal Agent  Contract Management  Permanent File  Provider Rate  110.62  112.72  10/01/2020  112.72  10/01/2020  112.72  10/01/2020  112.72  10/01/2020  112.72  10/01/2020  112.72  10/01/2020  112.72  10/01/2020  112.72  10/01/2020  112.72  10/01/2020  112.72  10/01/2020  112.72  10/01/2020  112.72  10/01/2020  112.72  10/01/2020  112.72  10/01/2020  110.62  1											
Provider Type:  Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board    Rate Type:   X Prospective     Unaudited costs     Desk audited costs     Field audited costs     Medicare - Prospective     X Payment System Rate     Average Nursing Home Rate     Taylor     Total Interim     Settlement based on costs     Medicaid Cost Reimbursement Analysis     Medicaid Cost Reimbursement Analysis	17	02 S. Jefferson S	it		Fi	scal Y	ear End : N	/A			
Rural Health Clinic  Swing-Bed Provider  Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care  #656 / H56 General Inpatient Care  #659 Room and Board    Rate Type:   X Prospective   X Prospec	Pe	erry, FI 32348			Au	udit Sta	atus : N/A				
Swing-Bed Provider Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #659 Room and Board    Rate Type :	Pr	ovider Type:				Curr	ent Rate	New Rate	Effective Date		
Federally Qualified Health Centers  Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H51 Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #659 Room and Board    Rate Type:		Rural F	lealth Clinic				110.62	112.72	10/01/2020		
Hospice Provider  #651 / H51 Routine Home Care (1-60)  #651a / H5L Routine Home Care (61 +)  #652 / H52 Continuous Home Care  #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #659 Room and Board     Rate Type :		Swing-	Bed Provider								
#651 / H51 Routine Home Care (1-60) #651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #659 Room and Board    Rate Type :		Federa	lly Qualified Health Centers								
#651a / H5L Routine Home Care (61 +) #652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Rate Type:		Hospic	e Provider								
#652 / H52 Continuous Home Care #0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Basis :		#65	1 / H51 Routine Home Care (1-60	)							
#0551 / 0561 Continuous Home Care - SIA  #655 / H55 Inpatient Respite Care  #656 / H56 General Inpatient Care  #659 Room and Board    Rate Type :		#65	1a / H5L Routine Home Care (61	+)							
#655 / H55 Inpatient Respite Care #656 / H56 General Inpatient Care #659 Room and Board    Basis :		#65	2 / H52 Continuous Home Care								
#656 / H56 General Inpatient Care #659 Room and Board    Rate Type :		#05	51 / 0561 Continuous Home Care	e - SI	Α						
#659 Room and Board    Basis :		#65	5 / H55 Inpatient Respite Care								
Basis:  Budget  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Taylor  Distribution:  Fiscal Agent  Contract Management  Permanent File  Rate Type:  X Prospective  Interim  Total Interim  Settlement based on costs  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis		#65	6 / H56 General Inpatient Care								
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective Average Nursing Home Rate Taylor  Distribution: Fiscal Agent Contract Management Permanent File  Robert Audited costs Total Prospective Prospective Adjusted for New costs Total Interim Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		#65	9 Room and Board								
Unaudited costs  Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Total Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis  Contract Management Permanent File		Basis :	]		Rate Ty	pe :	7				
Desk audited costs Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Taylor  Distribution: Fiscal Agent Contract Management Permanent File  Prospective Adjusted for New costs  Interim Settlement Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			Budget	`	Х		Prospecti	ve			
Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate Total Interim Settlement based on costs  Taylor   Distribution: Fiscal Agent Contract Management Permanent File  Field audited costs  Medicare - Prospective Interim Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis	•		Unaudited costs			Total Prospective					
Medicare - Prospective X Payment System Rate Average Nursing Home Rate Total Interim Settlement based on costs  Taylor  Distribution: Fiscal Agent Contract Management Permanent File  Medicaid Cost Reimbursement Analysis	•		Desk audited costs				Prospective Adjusted for New costs				
X Payment System Rate Average Nursing Home Rate Total Interim Settlement based on costs  Taylor  Distribution: Fiscal Agent Contract Management Permanent File  Total Interim Settlement based on costs  Medicaid Cost Reimbursement Analysis			Field audited costs				_				
Average Nursing Home Rate Taylor  Distribution: Fiscal Agent Contract Management Permanent File  Settlement based on costs  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis			Medicare - Prospective				Interim	Interim			
Taylor  Distribution: Fiscal Agent Contract Management Permanent File  W.Rydell Samuel, Administrator Medicaid Cost Reimbursement Analysis		X	Payment System Rate				Total Interim				
Distribution:  Fiscal Agent  Contract Management  Permanent File  W.Rydell Samuel, Administrator  Medicaid Cost Reimbursement Analysis			Average Nursing Home Rate				Settleme	nt based on cost	s		
Fiscal Agent  Contract Management  Permanent File  Medicaid Cost Reimbursement Analysis	•		Taylor				_				
Fiscal Agent Medicaid Cost Reimbursement Analysis Contract Management Permanent File		l			W.Rydell Samuel, Administrator						
Contract Management  Permanent File											
								·,			
Program Development:		Permanent File	e								
		Program Deve	lopment:								