



Florida Agency for Health Care Administration

000640100 - 2015/10

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
Hendry Regional Convenient Care Center
450 S. Main Street, Suite 1
Labelle, FL 33935

Provider Number : 000640100
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). Includes checkboxes and lines for selection.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

000707900 - 2015/10

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

Adventist Health System
Family Practice Center of Avon Park
1006 W. Pleasant Street
Avon Park, FL 338252966

Provider Number : 000707900
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

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

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

002351900 - 2015/10

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

Live Oak HMA, LLC
Shands Live Oak RHC
1426 Canyon Avenue, NE, Unit B
Live Oak, FL 32064

Provider Number : 002351900
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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

For information Only (No Change in rate)



Florida Agency for Health Care Administration

002352500 - 2015/10

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

Starke HMA, LLC
Shands Starke RHC
1550 S. Water Street
Starke, FL 320914511

Provider Number : 002352500
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

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

Table with 2 columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

002954700 - 2015/10

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

Adventist Health Systems- FL Hosp. Heartland Med Ctr
Florida Hospital Wauchula Pioneer Medical Center
515 Carlton Street
Wauchula, FL 338733407

Provider Number : 002954700
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). Includes checkboxes and an 'X' mark.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

003227500 - 2015/10

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

Campbellton-Graceville Hospital
Campbellton Graceville Hospital Physicans Office
5429 College Drive, Suite B
Graceville, FL 32440

Provider Number : 003227500
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

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

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

005955000 - 2015/10

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

Calhoun Liberty Hospital Assoc.

Provider Number : 005955000

Calhoun Liberty Hospital Primary Care Clinic

Date : 10/01/2015

20370 NE Burns Ave.

Fiscal Year End : N/A

Blountstown, FL 324241045

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic

81.57

82.38

10/01/2015

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

008004300 - 2015/10

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

Sacred Heart Medical Group on the Gulf

Provider Number : 008004300

55 Avenue E

Date : 10/01/2015

Apalachicola, FL 323201763

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate	New Rate	Effective Date
114.63	115.77 ✓	10/01/2015

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

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
---	---

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

010834300 - 2015/10

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
159 N 3rd Street
Macclenny, FL 320632103

Provider Number : 010834300
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

Medicaid Cost Reimbursement Analysis

For information Only (No Change in rate)



Florida Agency for Health Care Administration

253668401 - 2015/10

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 Family Care Ctr
Forbes Family Care Ctr
500 West Sagamore Ave
Clewiston, Fl 33440

Provider Number : 253668401
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

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

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

372384401 - 2015/10

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

Healthmark of Walton

Provider Number : 372384401

4415 US Hwy 331

Date : 10/01/2015

DeFuniak Springs, Fl 32435

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic 145.80 147.26 10/01/2015

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

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

660005100 - 2015/10

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

Chipley RHC
P.O. Box 918
Chipley, Fl 32428

Provider Number : 660005100
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Interim, etc.). Includes checkboxes for selection.

W.Rydell Samuel, Administrator [Signature]

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

Medicaid Cost Reimbursement Analysis

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660037900 - 2015/10

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

Blountstown Family Practice

Provider Number : 660037900

17808 NE Charley Johns St
Blountstown, FL 32424

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic 79.56 80.36 10/01/2015

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

Form with Basis and Rate Type sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), and Average Nursing Home Rate. Rate Type includes Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660037901 - 2015/10

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

Monticello Family Medicine

Provider Number : 660037901

1549. S. Jefferson St

Date : 10/01/2015

Monticello, FL 32344

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic 79.56 80.36 ✓ 10/01/2015

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

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Basis :</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 100px;"></td> <td>Budget</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Unaudited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Desk audited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Field audited costs</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Medicare - Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">X</td> <td>Payment System Rate</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Average Nursing Home Rate</td> </tr> </table>	Basis :			Budget		Unaudited costs		Desk audited costs		Field audited costs		Medicare - Prospective	X	Payment System Rate		Average Nursing Home Rate	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Rate Type :</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">X</td> <td>Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Total Prospective</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Prospective Adjusted for New costs</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Interim</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Total Interim</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Settlement based on costs</td> </tr> </table>	Rate Type :		X	Prospective		Total Prospective		Prospective Adjusted for New costs		Interim		Total Interim		Settlement based on costs
Basis :																															
	Budget																														
	Unaudited costs																														
	Desk audited costs																														
	Field audited costs																														
	Medicare - Prospective																														
X	Payment System Rate																														
	Average Nursing Home Rate																														
Rate Type :																															
X	Prospective																														
	Total Prospective																														
	Prospective Adjusted for New costs																														
	Interim																														
	Total Interim																														
	Settlement based on costs																														

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660037902 - 2015/10

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

Quincy Medical Group

Provider Number : 660037902

178 LaSalle Dr

Date : 10/01/2015

Quincy, FL 32351

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic 79.56 80.36 ✓ 10/01/2015

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

<p>Basis :</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
---	---

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660037903 - 2015/10

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

Wakulla Family Medicine
15 Council Moore Rd
Crawfordville, Fl 32327

Provider Number : 660037903
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two sections: Basis (Budget, Unaudited costs, etc.) and Rate Type (Prospective, Total Prospective, etc.). Includes checkboxes for selection.

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660049201 - 2015/10

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

Gateway Medical Clinic - Crestview
127-C Redstone Ave
Crestview, FL 32539

Provider Number : 660049201
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

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

Form with two sections: Basis (with checkboxes for Budget, Unaudited costs, etc.) and Rate Type (with checkboxes for Prospective, Total Prospective, etc.).

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

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

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660074300 - 2015/10

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

Center for Family Health
P.O. Box 2177
Arcadia, Fl 34265

Provider Number : 660074300
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

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

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660092100 - 2015/10

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

Doctor's Memorial Hospital
Steinhatchee Family Center
1209 First Ave S.
Steinhatchee, Fl 32359

Provider Number : 660092100
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Table with 3 columns: Provider Type, Current Rate, New Rate, Effective Date. Includes rows for Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various home care codes (#651-#658).

Form with two sections: Basis (Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate) and Rate Type (Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs).

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
Contract Management
Permanent File
Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660124300 - 2015/10

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

Doctor's Memorial Family Practice

Provider Number : 660124300

1702 S. Jefferson St
Perry, Fl 32348

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Rural Health clinic 104.01 105.05 10/01/2015

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

Table with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type includes Prospective (marked with X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

660137500 - 2015/10

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

Nature Coast Family Health Services

Provider Number : 660137500

125 S.W. 7th Street
Williston, FL 32696

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Table with 4 columns: Current Rate, New Rate, Effective Date. Row 1: Rural Health clinic, 117.44, 118.61, 10/01/2015

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

Form with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

Permanent File

Program Development:

_____ For information Only (No Change in rate)



Florida Agency for Health Care Administration

660138300 - 2015/10

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

Doctor's Memorial Internal Medicine
402 E. Ash St
Perry, FL 32347

Provider Number : 660138300
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Rows include Rural Health clinic, Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various care codes like #651 Routine Home Care.

Form with two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), and Average Nursing Home Rate. Rate Type options include Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]
Medicaid Cost Reimbursement Analysis

Distribution:
Fiscal Agent
Contract Management
Permanent File
Program Development:

For information Only (No Change in rate)