



Florida Agency for Health Care Administration

000162500 - 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

First Coast Primary Care, Inc.

Provider Number : 000162500

Date : 10/01/2015

3772 West Third Street

Fiscal Year End : N/A

Hilliard, FL 32046

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.18 76.94 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 sections containing various options like Budget, Unaudited costs, Medicare - Prospective, etc.

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

000255800 - 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

The Health Clinic

Provider Number : 000255800

1351 South Blvd

Date : 10/01/2015

Chipley, FL 32428

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

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 (#651-#658).

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type options include Prospective (checked), 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:

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Program Development:

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Florida Agency for Health Care Administration

000387200 - 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

Acute Care Pediatrics of Palm Coast, PA
397 SW Palm Coast Parkway, #309
Palm Coast, FL 32137

Provider Number : 000387200
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: X Rural Health clinic, 76.18, 76.94, 10/01/2015. Other rows include Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various care codes (#651-#658).

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

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

000997400 - 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

Healthflo Medical Clinic, Inc.
Ridge Manor Medical Clinic
34498 Cortez Blvd
Ridge Manor, FL 335238908

Provider Number : 000997400
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 (#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

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For information Only (No Change in rate)



Florida Agency for Health Care Administration

001165800 - 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

Little Pine Pediatrics, PLLC
1211 North Center Street
Perry, FL 32347

Provider Number : 001165800
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 (#651-#658).

Form with two sections: Basis (listing options like Budget, Unaudited costs, etc.) and Rate Type (listing options like Prospective, Total Prospective, etc.).

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

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Program Development:

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Florida Agency for Health Care Administration

001263800 - 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

Roger C. Roque, MD PA
St. Francis Primary Care Clinic
720 North Bay Street, Suite 8
Eustis, FL 32726

Provider Number : 001263800
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 (#651-#658).

Table 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

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Florida Agency for Health Care Administration

001524200 - 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

Avon Park Pediatrics, PA
1571 US Hwy 27 North
Avon Park, FL 33825

Provider Number : 001524200
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 (#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

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Program Development:

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Florida Agency for Health Care Administration

001532500 - 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

North Florida Pediatrics - Lake City

Provider Number : 001532500

Date : 10/01/2015

1859 SW Newland Way

Fiscal Year End : N/A

Lake City, FL 320256966

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health clinic	80.49	81.30 ✓	10/01/2015
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<table border="0"> <tr><td>Basis :</td><td></td></tr> <tr><td>_____</td><td>Budget</td></tr> <tr><td>_____</td><td>Unaudited costs</td></tr> <tr><td>_____</td><td>Desk audited costs</td></tr> <tr><td>_____</td><td>Field audited costs</td></tr> <tr><td>_____</td><td>Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	<input checked="" type="checkbox"/> _____	Payment System Rate	_____	Average Nursing Home Rate	<table border="0"> <tr><td>Rate Type :</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> _____</td><td>Prospective</td></tr> <tr><td>_____</td><td>Total Prospective</td></tr> <tr><td>_____</td><td>Prospective Adjusted for New costs</td></tr> <tr><td>_____</td><td>Interim</td></tr> <tr><td>_____</td><td>Total Interim</td></tr> <tr><td>_____</td><td>Settlement based on costs</td></tr> </table>	Rate Type :		<input checked="" type="checkbox"/> _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

- Fiscal Agent
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Florida Agency for Health Care Administration

001534800 - 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

North Florida Pediatrics - Jasper

Provider Number : 001534800

Date : 10/01/2015

1117 US Highway 41 NW, Suite B

Fiscal Year End : N/A

Jasper, FL 320525856

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 80.49 81.30 ✓ 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

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

W.Rydell Samuel, Administrator

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

001589500 - 2015/10

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates, PA
Suncoast Primary Care Specialists - Inverness
3733 Gulf To Lake Hwy.
Inverness, FL 344534830

Provider Number : 001589500
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

<input checked="" type="checkbox"/>	Rural Health clinic	76.16	76.92 ✓	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; width: 150px;">Basis :</td><td></td></tr><tr><td style="border-bottom: 1px solid black; width: 150px;"></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;"><input checked="" type="checkbox"/></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	<input checked="" type="checkbox"/>	Payment System Rate		Average Nursing Home Rate	<table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 150px;">Rate Type :</td><td></td></tr><tr><td style="border-bottom: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></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 :		<input checked="" type="checkbox"/>	Prospective		Total Prospective		Prospective Adjusted for New costs		Interim		Total Interim		Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Florida Agency for Health Care Administration

001768600 - 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

Tri County Primary Care, Inc.

Provider Number : 001768600

Tri County Primary Care - Dixie Co.

Date : 10/01/2015

306 NE Hwy 351

Fiscal Year End : N/A

Cross City, FL 32628

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.16 76.92 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 (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

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

002070500 - 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

Access Health Care - Lake Panasoffkee

Provider Number : 002070500

1310 N. County Road 470

Date : 10/01/2015

Lake Panasoffkee, FL 335386102

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.17 76.93 ✓ 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>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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Program Development:

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Florida Agency for Health Care Administration

002070600 - 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

Access Health Care - Beverly Hills

Provider Number : 002070600

Date : 10/01/2015

6279 N. Lecanto Hwy

Fiscal Year End : N/A

Beverly Hills, FL 344652503

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.17 76.93 ✓ 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>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

002074400 - 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 Urgent Care and Diagnostic Ctr PLC

Provider Number : 002074400

2615 Crawfordville Hwy, Suite 103

Date : 10/01/2015

Crawfordville, FL 323272169

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.17 76.93 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

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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

002295300 - 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

Ernest R Gonzalez, MD

Provider Number : 002295300

800 Zeagler Drive, Suite 600

Date : 10/01/2015

Palatka, FL 321772867

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.17 76.93 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

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Florida Agency for Health Care Administration

002335400 - 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

Sun n Lake Medical Group - Lake Placid
 511 West Interlake Blvd.
 Lake Placid, FL 33852

Provider Number : 002335400
 Date : 10/01/2015
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:

Current Rate	New Rate	Effective Date
76.17	76.93 ✓	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

<table border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Budget</td></tr> <tr><td>_____</td><td>Unaudited costs</td></tr> <tr><td>_____</td><td>Desk audited costs</td></tr> <tr><td>_____</td><td>Field audited costs</td></tr> <tr><td>_____</td><td>Medicare - Prospective</td></tr> <tr><td>X _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td>X _____</td><td>Prospective</td></tr> <tr><td>_____</td><td>Total Prospective</td></tr> <tr><td>_____</td><td>Prospective Adjusted for New costs</td></tr> <tr><td>_____</td><td>Interim</td></tr> <tr><td>_____</td><td>Total Interim</td></tr> <tr><td>_____</td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		X _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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- Program Development:

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Florida Agency for Health Care Administration

002952100 - 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

Pediatric & Internal Medicine Specialists, PA

Provider Number : 002952100

PO Box 2066

Date : 10/01/2015

Lecanto, FL 34461

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.32 77.08 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 (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

Medicaid Cost Reimbursement Analysis

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

002983100 - 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

PRQ, Inc.

Provider Number : 002983100

Pediatric Partners of Winter Haven

Date : 10/01/2015

550 Pope Ave NW

Fiscal Year End : N/A

Winter Haven, FL 33881

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.12 76.88 ✓ 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>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

002983300 - 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

Dorothy J. Ray, MD
Pediatric Associates of Lakeland
2140 East Edgewood Drive
Lakeland, FL 33803

Provider Number : 002983300
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 types like #651 Routine Home Care.

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

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

- Distribution:
Fiscal Agent
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Permanent File
Program Development:

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Florida Agency for Health Care Administration

003129100 - 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

West Florida Medical Associates, PA

Provider Number : 003129100

402 W. Highland Blvd.

Date : 10/01/2015

Inverness, FL 344524718

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.32 77.08 ✓ 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>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Fiscal Agent

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Program Development:

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Florida Agency for Health Care Administration

003198500 - 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

Premier Pediatrics, LLC

Provider Number : 003198500

7960 SW 60th Ave.

Date : 10/01/2015

Ocala, FL 344766457

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.35 77.11 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 (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

Handwritten signature

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

003198505 - 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

Premier Pediatrics - Dunnellon

Provider Number : 003198505

7960 SW 60th Ave, Ste 100

Date : 10/01/2015

Ocala, FL 344768307

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.59 77.36 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 two columns: 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). X is marked for Basis and Prospective.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

003432700 - 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

High Springs Pediatrics, LLC

Provider Number : 003432700

210 NW 1st Ave.

Date : 10/01/2015

High Springs, FL 326431002

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

<input checked="" type="checkbox"/>	Rural Health clinic	76.32	77.08 ✓	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			

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

003492200 - 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

Romulo J. Camogliano, MD PA

Provider Number : 003492200

1400 N US Highway 441, Bldg 900, Suite 902

Date : 10/01/2015

The Villages, FL 321598975

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.32 77.08 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 (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:

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For information Only (No Change in rate)



Florida Agency for Health Care Administration

003557700 - 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

Grace Healthcare Solutions, Inc.

Provider Number : 003557700

7368 State Road 15, US 441

Date : 10/01/2015

Pahokee, FL 334761736

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.34 77.10 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 (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

Medicaid Cost Reimbursement Analysis

Distribution:

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For information Only (No Change in rate)



Florida Agency for Health Care Administration

003682000 - 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

West Florida Medical Associates, PA
Suncoast Primary Care Specialists - Homasassa
7991 S. Suncoast Blvd.
Homasassa, FL 344465005

Provider Number : 003682000
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 (#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

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Fiscal Agent
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Florida Agency for Health Care Administration

004510300 - 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

West Florida Medical Associates
Nature Coast Family Medical Clinic
PO Box 640573
Beverly Hills, FL 344533838

Provider Number : 004510300
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 (#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

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Florida Agency for Health Care Administration

004567100 - 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

Ira Fialko, DO, PA

Provider Number : 004567100

Date : 10/01/2015

6171 West Gulf to Lake Highway

Fiscal Year End : N/A

Crystal River, FL 344292679

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.55 77.32 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 two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

004690000 - 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

Horizon Pediatrics LLC
611 Demorest Street SE
Live Oak, FL 320643322

Provider Number : 004690000
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. Row 1: X Rural Health clinic, 76.55, 77.32, 10/01/2015. Other rows list various provider types like Swing-Bed provider, Federally Qualified Health Centers, etc.

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

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

004770700 - 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

Mohammad Afzal, MD
Professional Pediatrics
1050 US HWY 27N Suite 5
Clermont, FL 34714

Provider Number : 004770700
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 (#651-#658).

Table with 2 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

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Permanent File
Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

004771000 - 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

Afzal Mohammad MD
Tavares Pediatrics Inc
2523 Dora Ave
Tavares, FL 32778

Provider Number : 004771000
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.55 77.32 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 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

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

005919400 - 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

West Florida Medical Assoc. PA

Provider Number : 005919400

3775 N. Lecanto Hwy

Date : 10/01/2015

Beverly Hills, FL 344653504

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.55 77.32 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 (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

005951500 - 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

West Florida Medical Associates, PA

Provider Number : 005951500

Deven Medical Center

Date : 10/01/2015

11707 N. Williams Street, Suite 2

Fiscal Year End : N/A

Dunellon, FL 34432

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.55 77.32 ✓ 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>_____ Budget</p> <p>_____ Unaudited costs</p> <p>_____ Desk audited costs</p> <p>_____ Field audited costs</p> <p>_____ Medicare - Prospective</p> <p>X _____ Payment System Rate</p> <p>_____ Average Nursing Home Rate</p>	<p>Rate Type :</p> <p>X _____ Prospective</p> <p>_____ Total Prospective</p> <p>_____ Prospective Adjusted for New costs</p> <p>_____ Interim</p> <p>_____ Total Interim</p> <p>_____ Settlement based on costs</p>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

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Florida Agency for Health Care Administration

006247200 - 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

Kids Health Alliance, PA
2650 NW 2nd Street, Suite 100
Ocala, FL 344756234

Provider Number : 006247200
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 (#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:

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Florida Agency for Health Care Administration

006309100 - 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

Dynamic Health Centers
2806 W. US Highway 90, Suite 102
Lake City, FL 320554745

Provider Number : 006309100
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. Row 1: X Rural Health clinic, 76.55, 77.32, 10/01/2015. Other rows list provider types like Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various care codes (#651-#658).

Table with 2 columns: Basis, Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked with X), Average Nursing Home Rate. Rate Type options include Prospective (marked with X), 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

006441200 - 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

Gulf Coast Healthcare System
Urgent and Convenient Care Center
700 South Main Street
LaBelle, FL 339354440

Provider Number : 006441200
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. Row 1: X Rural Health clinic, 76.55, 77.32, 10/01/2015. Other rows list provider types like Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various care codes.

Table with 2 columns: Basis, Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (marked X), Average Nursing Home Rate. Rate Type includes Prospective (marked X), 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

006449300 - 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

Sonnis Pediatrics PA

Provider Number : 006449300

1125 South Sixth Avenue

Date : 10/01/2015

Wauchula, FL 33873

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.55 77.32 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 (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

006480000 - 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

Sunshine Pediatrics of Ocala, PA

Provider Number : 006480000

1900 SW 20th Place

Date : 10/01/2015

Ocala, FL 344717870

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.55 77.32 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 two columns: Basis and Rate Type. 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 (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

007197500 - 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

Louis J. Radnothy, DO

Provider Number : 007197500

390 S. Central Ave.

Date : 10/01/2015

Umatilla, FL 327842325

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.49 77.26 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

Table with Basis and Rate Type columns. 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

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Florida Agency for Health Care Administration

007210600 - 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

Weirsdale Family Health Center Inc.

Provider Number : 007210600

16400 South Highway 25

Date : 10/01/2015

Wiersdale, FL 321952442

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.49 77.26 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

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

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

007395100 - 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

Access Health Care Physicians LLC

Provider Number : 007395100

14690 Spring Hill Dr. #101

Date : 10/01/2015

Spring Hill, FL 346098102

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.49 77.26 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

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W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

007864900 - 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

A Womans Place, Inc.

Provider Number : 007864900

1415 NW 23rd Ave.

Date : 10/01/2015

Chiefland, FL 326440058

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.49 77.26 ✓ 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

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W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

008413600 - 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

University of Florida College of Nursing

Provider Number : 008413600

Archer Family Health Care

Date : 10/01/2015

16939 SW 134th Ave

Fiscal Year End : N/A

Archer, FL 326185413

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.50 77.26 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

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

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Florida Agency for Health Care Administration

008611300 - 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

Dr. Dale Mitchum

Provider Number : 008611300

Southern Health Clinic

Date : 10/01/2015

2910 Hospital Drive

Fiscal Year End : N/A

Bonifay, FL 32425

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.49 77.26 ✓ 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

<table border="1"> <tr><td>Basis :</td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td>Rate Type :</td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

009115200 - 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

OB & GYN OF NE FL, PA

Provider Number : 009115200

Date : 10/01/2015

PO Box 658

Fiscal Year End : N/A

Palatka, FL 321770658

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.49 77.26 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

Table with Basis and Rate Type columns. 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

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Florida Agency for Health Care Administration

009192900 - 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

Three Rivers Medical, Inc.
208 Suwannee Ave NW
Branford, FL 320083265

Provider Number : 009192900
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.

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

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

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Florida Agency for Health Care Administration

009615800 - 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 Medical Group PA

Provider Number : 009615800

130 SW 7th Street

Date : 10/01/2015

Williston, FL 326962404

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Provider Type	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health clinic	76.50	77.26 ✓	10/01/2015
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

009634300 - 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

Magnolia Pediatrics LLC

Provider Number : 009634300

1140 SW Bascom Norris Drive Ste 104

Date : 10/01/2015

Lake City, FL 320251329

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.49 77.26 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

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

009872600 - 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

AIDS Healthcare Foundation
Positive Healthcare Mobile Clinic
1001 N Martel Ave
West Hollywood, CA 900466611

Provider Number : 009872600
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 (#651-#658).

Table 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

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Florida Agency for Health Care Administration

010139400 - 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

Pioneer Health Alliance Inc
Sumter Medical Center
1580 Santa Barbara Blvd, Ste B
The Villages, FL 321596828

Provider Number : 010139400
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 (#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:
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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

010332700 - 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

Healthflo Medical Clinics

Provider Number : 010332700

Bushnell Medical Clinic

Date : 10/01/2015

117 W Belt Ave, Ste A

Fiscal Year End : N/A

Bushnell, FL 33513

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 77.98 78.76 ✓ 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>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010633400 - 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

Grace Pediatrics PL

Provider Number : 010633400

4196 W US Highway 90 STE 105

Date : 10/01/2015

Lake City, FL 320558834

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.59 77.36 ✓ 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>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010697700 - 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

Origins Family Medical & Weight Loss Clinic
194 SW Wall Ter
Lake City, FL 320255086

Provider Number : 010697700
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 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

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Florida Agency for Health Care Administration

010748000 - 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

Dynamic Health Centers - Lake Butler

Provider Number : 010748000

10348 SW 32nd Ave

Date : 10/01/2015

Gainesville, FL 32054

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.59 77.36 ✓ 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

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<input type="checkbox"/> Desk audited costs																
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<input type="checkbox"/> Prospective Adjusted for New costs																
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<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

010801000 - 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

Williston Rural Health and Wellness Clinic

Provider Number : 010801000

300A NW 1st Ave

Date : 10/01/2015

Williston, FL 32696

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.49 77.26 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

Table with Basis and Rate Type columns. 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

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Florida Agency for Health Care Administration

010855400 - 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

Premier Medical Pediatric Clinic

Provider Number : 010855400

315 East Ash Street

Date : 10/01/2015

Perry, FL 323472029

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.18 76.94 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 (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

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Florida Agency for Health Care Administration

012588500 - 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

Emory Medical Corp
Womens Center of Florida
PO Box 1646
Lake City, FL 320561646

Provider Number : 012588500
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 (#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
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Florida Agency for Health Care Administration

013075500 - 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

Graceville Family Medicine

Provider Number : 013075500

Date : 10/01/2015

PO Box 36

Fiscal Year End : N/A

Graceville, FL 324400036

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.59 77.36 ✓ 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 with Basis and Rate Type columns. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

014637300 - 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

First Coast Obstetrics & Gynecology

Provider Number : 014637300

Date : 10/01/2015

PO Box 519

Fiscal Year End : N/A

Palatka, FL 32178-0519

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.59 77.36 ✓ 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 with two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

[Signature]

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Florida Agency for Health Care Administration

014683500 - 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

Sumter Pediatrics
Mohammad Afzal
265 Citrus Tower Blvd Ste 102
Clermont, Fl 34711

Provider Number : 014683500
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. Row 1: X Rural Health clinic, 76.59, 77.36, 10/01/2015. Other rows list various provider types like Swing-Bed provider, Federally Qualified Health Centers, etc.

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 X), Average Nursing Home Rate. Rate Type includes Prospective (marked X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator
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Florida Agency for Health Care Administration

029506000 - 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

Trenton Medical Center

Provider Number : 029506000

911 S. Main St

Date : 10/01/2015

Trenton, FL 32693

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 81.95 82.77 ✓ 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 border="1"> <tr><td>Basis :</td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td>Rate Type :</td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

029511600 - 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

Advent Christian Home

Provider Number : 029511600

23730 Park Circle Dr

Date : 10/01/2015

Dowling Park, FL 32064

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 75.15 75.91 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 2 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.

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Florida Agency for Health Care Administration

060245101 - 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

Acorn Rural Health Clinic
23320 North State Road 235
Brooker, FL 32622

Provider Number : 060245101
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. Row 1: X Rural Health clinic, 79.24, 80.03, 10/01/2015. Other rows list provider types like Swing-Bed provider, Federally Qualified Health Centers, etc.

Form with two sections: Basis and Rate Type. Basis options include Budget, Unaudited costs, etc. Rate Type options include Prospective, Total Prospective, etc.

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Florida Agency for Health Care Administration

063363101 - 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

Kid's Care Pediatrics

Provider Number : 063363101

Date : 10/01/2015

6910 Old Wolf Bay Rd

Fiscal Year End : N/A

Palatka, FL 32177

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 80.49 81.30 ✓ 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>
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W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

251469901 - 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

Heartland Pediatrics of L.W

Provider Number : 251469901

1356 State Rd 60 East

Date : 10/01/2015

Lake Wales, Fl 33853

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 71.46 72.17 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 options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

253535101 - 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

Heartland Pediatrics of L. P

Provider Number : 253535101

Date : 10/01/2015

344 East Royal Palm St, Ste 3

Fiscal Year End : N/A

Lake Placid, Fl 33852

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 71.45 72.16 ✓ 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 border="1"> <tr><td>Basis :</td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td>Rate Type :</td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

259715200 - 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

MJS Trust

Provider Number : 259715200

3750 US 27 North
Sebring, FL 33870

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.77 77.53 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 (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

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Florida Agency for Health Care Administration

259716100 - 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

Sebring Medical Walk-In Clinic

Provider Number : 259716100

343 South Commerce Ave

Date : 10/01/2015

Sebring, FL 33870

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 73.12 73.85 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 (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

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Florida Agency for Health Care Administration

370861601 - 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

Children's Medical Clinic
1002 SW 11th Street
Live Oak, FL 32064

Provider Number : 370861601
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 (#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

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Permanent File
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For information Only (No Change in rate)



Florida Agency for Health Care Administration

370861604 - 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

Children's Medical Center

Provider Number : 370861604

789 West Duval Street

Date : 10/01/2015

Lake City, FL 32055

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 71.28 72.00 ✓ 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 border="1"> <tr><td>Basis :</td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td>Rate Type :</td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

372143401 - 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

Jack M. Matheny RHC

Provider Number : 372143401

Date : 10/01/2015

205 Zeagler Drive, Suite #101

Fiscal Year End : N/A

Palatka, FL 32177

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 80.49 81.30 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 (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). X is marked next to Payment System Rate and Prospective.

W.Rydell Samuel, Administrator [Signature]

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Medicaid Cost Reimbursement Analysis



Florida Agency for Health Care Administration

375159701 - 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

Milla Pediatrics

Provider Number : 375159701

426 SW Commerce Dr, Suite 101

Date : 10/01/2015

Lake City, FL 32025

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 79.70 80.50 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 two columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type options include Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

377682401 - 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

Sebring Pediatrics

Provider Number : 377682401

1550 Lakeview Dr.

Date : 10/01/2015

Sebring, FL 33870

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 75.27 76.02 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 (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

377827401 - 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

Shoreline Medical Group

Provider Number : 377827401

419 Baltzell Avenue

Date : 10/01/2015

Port St. Joe, FL 32456

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 78.86 79.65 ✓ 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>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration

660018200 - 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

Heartland Pediatric Associates

Provider Number : 660018200

7215 US Hwy 27 North

Date : 10/01/2015

Sebring, FL 33870

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 75.73 76.49 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 two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

660018201 - 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

Heartland Pediatric Associates

Provider Number : 660018201

120 Heartland Way

Date : 10/01/2015

Wauchula, FL 338375000

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 71.63 72.35 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 (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

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Florida Agency for Health Care Administration

660022100 - 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

Jay Medical Center

Provider Number : 660022100

14088 Alabama St

Date : 10/01/2015

Jay, FL 32565

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 82.19 83.02 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 (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]

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Florida Agency for Health Care Administration

660024700 - 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

Physicians Partners Network

Provider Number : 660024700

Date : 10/01/2015

605 Lamar Ave

Fiscal Year End : N/A

Brooksville, FL 34601

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 78.73 79.52 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 (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]

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Florida Agency for Health Care Administration

660026300 - 2015/10

State of Florida Office of Medicaid Cost Reimbursement planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Medical Ctr.-Deland

Provider Number : 660026300

1190 North Stone Street

Date : 10/01/2015

Deland, FL 32720

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 81.60 82.41 ✓ 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 (X), Average Nursing Home Rate. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

660026302 - 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

Comm. Medical Ctr.-Orange Cty.

Provider Number : 660026302

Date : 10/01/2015

810 Commed Boulevard

Fiscal Year End : N/A

Orange City, FL 32763

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.57 77.34 ✓ 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 border="1"> <tr><td>Basis :</td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td>Rate Type :</td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
Basis :																
<input type="checkbox"/> Budget																
<input type="checkbox"/> Unaudited costs																
<input type="checkbox"/> Desk audited costs																
<input type="checkbox"/> Field audited costs																
<input type="checkbox"/> Medicare - Prospective																
<input checked="" type="checkbox"/> Payment System Rate																
<input type="checkbox"/> Average Nursing Home Rate																
Rate Type :																
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<input type="checkbox"/> Total Prospective																
<input type="checkbox"/> Prospective Adjusted for New costs																
<input type="checkbox"/> Interim																
<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660027100 - 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

N. Fl. Pediatrics RHC
4316 Fifth Avenue
Marianna, FL 32446

Provider Number : 660027100
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.

Table with 2 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

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Florida Agency for Health Care Administration

660034400 - 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

Century Medical Center

Provider Number : 660034400

Date : 10/01/2015

PO Box 400

Fiscal Year End : N/A

Century, FL 32535

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 79.15 79.94 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 (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660039500 - 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

Yunus Rural Health Clinic
 Mohammad Yunus, MD
 404 East Hwy 90
 Bonifay, FL 32425

Provider Number : 660039500
 Date : 10/01/2015
 Fiscal Year End : N/A
 Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health clinic	80.49	81.30 ✓	10/01/2015
<input type="checkbox"/> Swing-Bed provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #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>
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W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

660041700 - 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

PAK Rural Health Clinic

Provider Number : 660041700

1376 Brickyard Rd

Date : 10/01/2015

Chipley, FL 32428

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 77.89 78.67 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 (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

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Florida Agency for Health Care Administration

660041701 - 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

Ikram U. Qureshi RHC

Provider Number : 660041701

812 S. Weeks St

Date : 10/01/2015

Bonifay, FL 32425

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 77.89 78.67 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 (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

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Florida Agency for Health Care Administration

660046800 - 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

Richard A. Campbell RHC

Provider Number : 660046800

Date : 10/01/2015

105 Tomoka Boulevard South

Fiscal Year End : N/A

Lake Placid, FL 33852

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 80.14 80.94 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 sections containing checkboxes for various reimbursement methods like Budget, Prospective, and Payment System Rate.

W.Rydell Samuel, Administrator [Signature]

Distribution:

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Florida Agency for Health Care Administration

660052200 - 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

Wimauma Family Health Center

Provider Number : 660052200

5121 State Rd 674

Date : 10/01/2015

Wimauma, FL 33598

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.20 76.96 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 (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). Payment System Rate is marked with an X.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660053100 - 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

Children's Clinic
1100 N. Main St
Belle Glade, FL 33430

Provider Number : 660053100
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: X Rural Health clinic, 80.49, 81.30, 10/01/2015. Other rows include Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various care codes (#651-#658).

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

W.Rydell Samuel, Administrator
Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration

660054900 - 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

Marion RHC dba Forest Family Health
15932 E. 40
Silver Springs, FL 34488

Provider Number : 660054900
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 (#651-#658).

Table with 2 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

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Florida Agency for Health Care Administration

660056500 - 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

Ahmad T. Ismail RHC

Provider Number : 660056500

Date : 10/01/2015

110 E. Byrd Avenue

Fiscal Year End : N/A

Bonifay, FL 32425

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- X Rural Health clinic 70.94 71.65 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 sections containing checkboxes for various reimbursement methods like Budget, Unaudited costs, Medicare - Prospective, etc.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660065400 - 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

Meena Nathan Medical Center

Provider Number : 660065400

840 South Bea Ave
Inverness, Fl 34452

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 74.46 75.20 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 options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type options include Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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- Fiscal Agent
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For information Only (No Change in rate)



Florida Agency for Health Care Administration

660069700 - 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

Florida Family Rural Hlth Care

Provider Number : 660069700

2398 N. Beach Dr., Suite 100

Date : 10/01/2015

Avon Park, Fl 33825

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 79.24 80.03 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 (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

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Florida Agency for Health Care Administration

660070100 - 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

Express Care of Belleview, Inc

Provider Number : 660070100

10762 S US Hwy 441

Date : 10/01/2015

Belleview, Fl 34420

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 79.52 80.32 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 (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
Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

660071900 - 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 Medical
Nature Coast Family
3400 N. Lecanto Hwy Suite A
Beverly Hills, Fl 34464

Provider Number : 660071900
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

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 (#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

Handwritten signature and checkmark

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660072700 - 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

Rajendra P. Bellam MD

Provider Number : 660072700

11707 N. Williams St Suite 3

Date : 10/01/2015

Dunnellon, Fl 34432

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 77.79 78.57 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 two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

660075100 - 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

Charles S. Li MD

Provider Number : 660075100

7647 W. Gulf Lake Hwy

Date : 10/01/2015

Crystal River, Fl 34429

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 75.02 75.77 ✓ 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>X <input type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p>X <input 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>
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W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

660075101 - 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

Citrus Springs RHC
10489 N. Fl Ave
Citrus Springs, Fl 34434

Provider Number : 660075101
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

- X Rural Health clinic 75.02 75.77 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 2 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

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Florida Agency for Health Care Administration

660076000 - 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

WFMA- Beverly Hills Med Ctr

Provider Number : 660076000

Alugubelli & Patel MD

Date : 10/01/2015

3745 N Lecanto Hwy

Fiscal Year End : N/A

Beverly Hills, Fl 34465

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 78.76 79.55 ✓ 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>
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W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

660087500 - 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

Palm Glades Rural Hlth Assoc

Provider Number : 660087500

217 W Ave

Date : 10/01/2015

Belle Glade, Fl 33430

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 78.28 79.06 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 (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

[Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660089100 - 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

Hernando Medical Center

Provider Number : 660089100

10489 N Florida Ave

Date : 10/01/2015

Citrus Springs, Fl 34434

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 77.26 78.03 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 (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]

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Florida Agency for Health Care Administration

660100600 - 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

David A. Miller, MD, PA
Everglades Family Medicine
170 S. Barfield Hwy #102
Pahokee, FL 33476

Provider Number : 660100600
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, etc.) and Rate Type (Prospective, Total Prospective, etc.). Includes checkboxes for selection.

W.Rydell Samuel, Administrator

Handwritten signature of W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660103100 - 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

Lake Pediatrics

Provider Number : 660103100

Date : 10/01/2015

4880 N Hwy 19A

Fiscal Year End : N/A

Mt. Dora, Fl 32757

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 77.64 78.42 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 (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]

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Florida Agency for Health Care Administration

660109000 - 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

Raypar
Family Wellness Center
1064 North Broadway Ave
Bartow, Fl 33830

Provider Number : 660109000
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. Row 1: X Rural Health clinic, 73.97, 74.71, 10/01/2015. Other rows list provider types like Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, etc.

Form with two sections: 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

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Florida Agency for Health Care Administration

660111100 - 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

Rural Medical Associates, Inc

Provider Number : 660111100

411 N. Webster St

Date : 10/01/2015

Wildwood, Fl 34785

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 75.15 75.90 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 options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660121900 - 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

Birth & Beyond P.A

Provider Number : 660121900

1326 SR 100

Date : 10/01/2015

Grandin, Fl 32138

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 77.64 78.42 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>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660129400 - 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

Family Meidcal Group (Sebring)

Provider Number : 660129400

3420 US 27 North

Date : 10/01/2015

Sebring, FI 33870

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 78.39 79.17 ✓ 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>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660132400 - 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

Oak Hill Medical

Provider Number : 660132400

Date : 10/01/2015

185A North Rt. 1, PO Box 373

Fiscal Year End : N/A

Oak Hill, FL 32759

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.33 77.09 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 (X), Average Nursing Home Rate. Rate Type includes Prospective (X), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660135900 - 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

North Florida Pediatrics -Sneads

Provider Number : 660135900

7997 Hwy 90

Date : 10/01/2015

Sneads, FL 32460

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 80.49 81.30 ✓ 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>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660140500 - 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

Andres R. Villar, M.D.

Provider Number : 660140500

Date : 10/01/2015

P.O. Box 606

Fiscal Year End : N/A

Glen St. Mary, FL 32040

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.94 77.71 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 sections containing checkboxes for Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate, Average Nursing Home Rate, Prospective, Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660141300 - 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

Williston Pediatrics, PA

Provider Number : 660141300

223 N. Main Street

Date : 10/01/2015

Williston, FL 32696

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.20 76.96 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 (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660142100 - 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

Rajendra P. Bellam MD

Provider Number : 660142100

P.O. Box 69

Date : 10/01/2015

Inglis, FL 34449

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 61.32 61.93 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 sections. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), 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:

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Program Development:

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Florida Agency for Health Care Administration

660147200 - 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 Medical Ctr of Walton Co, PA

Provider Number : 660147200

Date : 10/01/2015

21 West Main St

Fiscal Year End : N/A

DeFuniak Springs, Fl 32435

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 80.69 81.50 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 (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:

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Florida Agency for Health Care Administration

660151100 - 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

Andres R. Villar, M.D
Children's Medical Ctr-Mt. Vernon
P.O. Box 606
Glen St. Mary, Fl 32040

Provider Number : 660151100
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

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 (#651-#658).

Table with 2 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:
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Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

660161800 - 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

Rural Health Network of Monroe Co.

Provider Number : 660161800

P.O. Box 500370

Date : 10/01/2015

Marathon, FL 33050

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.39 77.15 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 options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660162600 - 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

Putnam Obstetrics & Gynecology, Inc.
Putnam Obstetrics & Gynecology
6061 St. Johns Ave, Ste A
Palatka, FL 321776858

Provider Number : 660162600
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 columns: Basis and Rate Type. Basis options include Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), Average Nursing Home Rate. Rate Type options include 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:
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Florida Agency for Health Care Administration

660164200 - 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

Philip Colaizzo MD

Provider Number : 660164200

Date : 10/01/2015

170 S. Barfield Hwy

Fiscal Year End : N/A

Pahokee, Fl 33476

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.56 77.33 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 (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

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Florida Agency for Health Care Administration

660167700 - 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

Southern Family Healthcare, PA

Provider Number : 660167700

P.O. Box 692

Date : 10/01/2015

Chipley, FL 32428

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 75.11 75.87 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 (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660169300 - 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

Emmanuel Christian HC - Clermont
885 N. Powers Dr
Orlando, FL 32818

Provider Number : 660169300
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 (#651-#658).

Table with 2 columns: 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]
Medicaid Cost Reimbursement Analysis

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Program Development:

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Florida Agency for Health Care Administration

660170700 - 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

RHC of Monroe - St. Claires

Provider Number : 660170700

P.O. Box 500370

Date : 10/01/2015

Marathon, FL 33050

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.40 77.16 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 (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
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Florida Agency for Health Care Administration

660171500 - 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

RHC of Monroe - Ruth Ivins

Provider Number : 660171500

Date : 10/01/2015

P.O. Box 500370

Fiscal Year End : N/A

Marathon, FL 33050

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.40 77.16 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 (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

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Florida Agency for Health Care Administration

660174000 - 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

Children's Medical Center - Alachua
Children's Medical Center - Alachua
14681 N.W. Hwy 441
Alachua, FL 32615

Provider Number : 660174000
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

	Current Rate	New Rate	Effective Date
X Rural Health clinic	74.05	74.79 ✓	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 border="1"> <thead> <tr> <th colspan="2">Basis :</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Budget</td></tr> <tr><td>_____</td><td>Unaudited costs</td></tr> <tr><td>_____</td><td>Desk audited costs</td></tr> <tr><td>_____</td><td>Field audited costs</td></tr> <tr><td>_____</td><td>Medicare - Prospective</td></tr> <tr><td>X _____</td><td>Payment System Rate</td></tr> <tr><td>_____</td><td>Average Nursing Home Rate</td></tr> </tbody> </table>	Basis :		_____	Budget	_____	Unaudited costs	_____	Desk audited costs	_____	Field audited costs	_____	Medicare - Prospective	X _____	Payment System Rate	_____	Average Nursing Home Rate	<table border="1"> <thead> <tr> <th colspan="2">Rate Type :</th> </tr> </thead> <tbody> <tr><td>X _____</td><td>Prospective</td></tr> <tr><td>_____</td><td>Total Prospective</td></tr> <tr><td>_____</td><td>Prospective Adjusted for New costs</td></tr> <tr><td>_____</td><td>Interim</td></tr> <tr><td>_____</td><td>Total Interim</td></tr> <tr><td>_____</td><td>Settlement based on costs</td></tr> </tbody> </table>	Rate Type :		X _____	Prospective	_____	Total Prospective	_____	Prospective Adjusted for New costs	_____	Interim	_____	Total Interim	_____	Settlement based on costs
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660176600 - 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

Williston Family Practice

Provider Number : 660176600

Date : 10/01/2015

111 West Noble Ave

Fiscal Year End : N/A

Williston, FL 32696

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.40 77.16 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 sections containing various cost and reimbursement options.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660181200 - 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

Sunrise Primary Care - Summit Ave

Provider Number : 660181200

811 N. Summit St

Date : 10/01/2015

Crescent City, FL 32112

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.28 77.04 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 two columns: Basis and Rate Type. Basis includes Budget, Unaudited costs, Desk audited costs, Field audited costs, Medicare - Prospective, Payment System Rate (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

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Florida Agency for Health Care Administration

660182100 - 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

Pediatrics in Brevard - Cocoa Beach

Provider Number : 660182100

Pediatrics in Brevard, PA

Date : 10/01/2015

699 W. Cocoa Beach Cswy

Fiscal Year End : N/A

Cocoa Beach, FL 32931

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.25 77.01 ✓ 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 border="1"> <tr><td>Basis :</td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td>Rate Type :</td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

660183900 - 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

Pediatrics in Brevard - Hibiscus

Provider Number : 660183900

Pediatrics in Brevard, PA

Date : 10/01/2015

1755 Hibiscus Blvd

Fiscal Year End : N/A

Melbourne, FL 32901

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.25 77.01 ✓ 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>
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W.Rydell Samuel, Administrator

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Florida Agency for Health Care Administration

660184700 - 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

Pediatrics in Brevard - Woods Dr
Pediatrics in Brevard, PA
134 S. Woods Dr
Rockledge, FL 32955

Provider Number : 660184700
Date : 10/01/2015
Fiscal Year End : N/A
Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

Table with 4 columns: Provider Type, Current Rate, New Rate, Effective Date. Row 1: X Rural Health clinic, 76.25, 77.01, 10/01/2015. Other rows include Swing-Bed provider, Federally Qualified Health Centers, Hospice Provider, and various care codes (#651-#658).

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 (selected), and Average Nursing Home Rate. Rate Type options include Prospective (selected), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660187100 - 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

Sun 'Lake Medical Group, PA

Provider Number : 660187100

Sun 'N Lake Medical Group

Date : 10/01/2015

4958 Sun ' N Lake Blvd

Fiscal Year End : N/A

Sebring, FL 33872

Audit Status : N/A

Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health clinic	76.39	77.15 ✓	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			

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

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660189800 - 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

Northwest Florida Healthcare

Provider Number : 660189800

1360 Brickyard Rd.

Date : 10/01/2015

Chipley, FL 32428

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.28 77.04 ✓ 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>
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W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660191000 - 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

Panhandle Family Medicine

Provider Number : 660191000

877 3rd St #4

Date : 10/01/2015

Chipley, FL 32428

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.27 77.03 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 (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
Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660194400 - 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

Health Care Initiative - Citra FH

Provider Number : 660194400

Date : 10/01/2015

17805 US Hwy 301 N.

Fiscal Year End : N/A

Citra, FL 32113

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.25 77.01 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 (checked), and Average Nursing Home Rate. Rate Type includes Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

Distribution:

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Florida Agency for Health Care Administration

660200200 - 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

Garcia Medical Clinic
411 E. Nelson Avenue
Defuniak Springs, FL 32433

Provider Number : 660200200
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 (#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 (checked), and Average Nursing Home Rate. Rate Type options include Prospective (checked), Total Prospective, Prospective Adjusted for New costs, Interim, Total Interim, and Settlement based on costs.

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660201100 - 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

Quintessential Health Services
Crystal Family Practice
6152 W. Corporate Oaks Dr
Crystal River, FL 34429

Provider Number : 660201100
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 (#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

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Florida Agency for Health Care Administration

660204500 - 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

Chiefland Medical Center

Provider Number : 660204500

1113 N. W. 23rd Ave

Date : 10/01/2015

Chiefland, FL 32626

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 74.67 75.41 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 (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

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Florida Agency for Health Care Administration

660205300 - 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

The Medical Center LLC

Provider Number : 660205300

20454 N.E. Finley Ave

Date : 10/01/2015

Blountstown, FL 32424

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.10 76.86 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 (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]
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Program Development:

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Florida Agency for Health Care Administration

660209600 - 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

Clark Clinic

Provider Number : 660209600

Date : 10/01/2015

212 S. Florida St

Fiscal Year End : N/A

Bushnell, FL 33513

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.06 76.82 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 border="1"> <tr><td>Basis :</td></tr> <tr><td><input type="checkbox"/> Budget</td></tr> <tr><td><input type="checkbox"/> Unaudited costs</td></tr> <tr><td><input type="checkbox"/> Desk audited costs</td></tr> <tr><td><input type="checkbox"/> Field audited costs</td></tr> <tr><td><input type="checkbox"/> Medicare - Prospective</td></tr> <tr><td><input checked="" type="checkbox"/> Payment System Rate</td></tr> <tr><td><input type="checkbox"/> Average Nursing Home Rate</td></tr> </table>	Basis :	<input type="checkbox"/> Budget	<input type="checkbox"/> Unaudited costs	<input type="checkbox"/> Desk audited costs	<input type="checkbox"/> Field audited costs	<input type="checkbox"/> Medicare - Prospective	<input checked="" type="checkbox"/> Payment System Rate	<input type="checkbox"/> Average Nursing Home Rate	<table border="1"> <tr><td>Rate Type :</td></tr> <tr><td><input checked="" type="checkbox"/> Prospective</td></tr> <tr><td><input type="checkbox"/> Total Prospective</td></tr> <tr><td><input type="checkbox"/> Prospective Adjusted for New costs</td></tr> <tr><td><input type="checkbox"/> Interim</td></tr> <tr><td><input type="checkbox"/> Total Interim</td></tr> <tr><td><input type="checkbox"/> Settlement based on costs</td></tr> </table>	Rate Type :	<input checked="" type="checkbox"/> Prospective	<input type="checkbox"/> Total Prospective	<input type="checkbox"/> Prospective Adjusted for New costs	<input type="checkbox"/> Interim	<input type="checkbox"/> Total Interim	<input type="checkbox"/> Settlement based on costs
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<input type="checkbox"/> Medicare - Prospective																
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<input type="checkbox"/> Prospective Adjusted for New costs																
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<input type="checkbox"/> Total Interim																
<input type="checkbox"/> Settlement based on costs																

W.Rydell Samuel, Administrator

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660212600 - 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

Mohammad Afzal/Excel Pediatrics & Family Care
265 Citrus Tower Blvd
Clermont, FL 347111908

Provider Number : 660212600
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. Row 1: X Rural Health clinic, 80.73, 81.53, 10/01/2015. Other rows list various provider types like Swing-Bed provider, Federally Qualified Health Centers, etc.

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

W.Rydell Samuel, Administrator [Signature]

Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660218500 - 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

Dwight Peter Tiu/Acute Care Pediatrics

Provider Number : 660218500

1301 Reid St

Date : 10/01/2015

Palatka, FL 32178

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.06 76.82 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 (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

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660219300 - 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

Family Medical Group, P.A.

Provider Number : 660219300

105 Tomoka Blvd South

Date : 10/01/2015

Lake Placid, FL 33852

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.06 76.82 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 (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

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Medicaid Cost Reimbursement Analysis

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Florida Agency for Health Care Administration

660220700 - 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

DFS Walk-In Clinic

Provider Number : 660220700

Date : 10/01/2015

9 W. Orange Ave

Fiscal Year End : N/A

Defuniak Springs, FL 32435

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.06 76.82 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 (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

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Florida Agency for Health Care Administration

660226600 - 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

DJRJ2 Inc

Provider Number : 660226600

484 SW Commerce Drive
Lake City, FL 320251508

Date : 10/01/2015

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.06 76.82 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 (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

Handwritten signature and checkmark

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

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Program Development:

For information Only (No Change in rate)



Florida Agency for Health Care Administration

660230400 - 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

Express Care of Leesburg

Provider Number : 660230400

2500 Citrus Blvd

Date : 10/01/2015

Leesburg, FL 34748

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.06 76.82 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 (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

Handwritten signature and checkmark

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

660232100 - 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

Dawn Rene, Inc
Vernon Family Health Center
3027 Main St
Vernon, FL 32462

Provider Number : 660232100
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 (#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:
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Contract Management
Permanent File
Program Development:

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Florida Agency for Health Care Administration

660233900 - 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

Jackson County Hospital

Provider Number : 660233900

4318 5th Avenue

Date : 10/01/2015

Marianna, FL 32446

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 76.01 76.77 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 (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
Medicaid Cost Reimbursement Analysis

Distribution:

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Contract Management
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Program Development:

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Florida Agency for Health Care Administration

660236300 - 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

Sunrise Primary Care - St Johns Ave

Provider Number : 660236300

219 N Palm Ave

Date : 10/01/2015

Palatka, FL 321772627

Fiscal Year End : N/A

Audit Status : N/A

Provider Type:

Current Rate New Rate Effective Date

X Rural Health clinic 73.52 74.26 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

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

W.Rydell Samuel, Administrator

Handwritten signature

Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent

Contract Management

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Program Development:

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