

North Florida Medical Centers, Inc. Baker Family Medical Center 1321 Georgia Avenue Baker, FL 32531	Provider Fiscal Y Aud	000801300 10/01/2011 N/A N/A		
Provider Type:	: Current Rate New R			
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$102.89	\$103.20	10/01/2011	
Hospice Provider				
#651 Routine Home Care			<u>:</u>	
#652 Continuous Home Care				
#655 Inpatient Respite Care			<u> </u>	
#656 General Inpatient Care			· · · · · · · · · · · · · · · · · · ·	
#659 Room and Board		<u> </u>		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs	New Costs	······································	
Distribution: Fiscal Agent	W. Rydell Samuel, A Medicaid Cost Reimburso			
Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



Florida Dept of Health d/b/a Osceola Co. Health Dept.	Provider 1	000835600 10/01/2011	
105 Daviernlum Ave	Fiscal Y	N/A	
105 Doverplum Ave. Kissimmee, FL 34758		t Status:	N/A
Rissimmee, FL 34736	·		
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	:		
Swing-Bed Provider	:		
X Federally Qualified Health Centers	\$128.06	\$128.44	10/01/2011
Hospice Provider	:		<u></u>
#651 Routine Home Care			·
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Desk audited costs Field audited costs Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate Settleme W. R.	Prospective ctive Adjusted for N erim nt based on costs	lministrator /	FV
	aid Cost Reimburser		!



Florida Department of Health Citrus County Health Department 3700 W. Sovereign Path Lecanto, FL 34461	Provider Number: Date: Fiscal Year End: Audit Status:		000952900 10/01/2011 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	A = 440 ·	\$108.24	\$108.56	10/01/2011
Hospice Provider				·
#651 Routine Home Care				
#652 Continuous Home Care		i		
#655 Inpatient Respite Care		i		
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Int	Prospective ctive Adjusted for N erim nt based on costs	·	~
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		ydell Samuel, Ad aid Cost Reimburser		



Comprehensive Community Care Network, Inc. CCCnet		Provider 1	001182600 10/01/2011	
2330 S. Congress Ave.		Fiscal Y	ear End:	N/A
Palm Springs, FL 33406		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		· -	·	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$126.91	\$127.29	10/01/2011
Hospice Provider		-		
#651 Routine Home Care				
#652 Continuous Home Care	:			
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board			·	: •
Basis:	Rate Type :			
Budget X	Prospective	e		
Unaudited costs		ospective		
Desk audited costs	Prospec	tive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inter	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
		dell Samuel, Ac		R
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
For information Only (No Change in rate)				



Medicaid Reimbursemen	t Per Diem Rates for Non-Institut	<u>ional Provide</u>	<u>rs</u>		
Tampa Family Health Centers, Inc. #20	Provider 1	001276200			
	F' 137	10/01/2011			
4422 E. Columbus Drive	Fiscal Y	ear End: It Status:	N/A N/A		
Tampa, FL 33604	Audi	t Status.	IV/A		
Provider Type:	Current Rate	Current Rate New Rate			
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	\$118.77	\$119.13	10/01/2011		
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care			: : <u>!</u>		
#656 General Inpatient Care			:		
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs	lew Costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburser				
For information Only (No Change in rate)					



<u>Medicaid Keimburseme</u>	nt Per Diem Rates for Non-Institut				
Heart of Florida Health Center, Inc.	Provider Number: 001718 Date: 10/01/2				
	Eigen W	10/01/2011			
1025 SW 1st Ave.	Fiscal Y	ear End: t Status:	N/A N/A		
Ocala, FL 34471	Audi	i Status.	N/A		
Provider Type:	Current Rate	New Rate	Effective Date		
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	\$108.23	\$108.55	10/01/2011		
Hospice Provider	UAN-1994		:		
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care	:	AL MAN THE TAX	:		
#659 Room and Board			· <u> </u>		
Basis:	Rate Type:				
:					
Budget	X Prospective				
Unaudited costs	X Total Prospective Prospective Adjusted for N	Jan Casts			
Desk audited costs Field audited costs	Prospective Adjusted for it	New Costs			
Medicare - Prospective	Interim				
X Payment System Rate	Total Interim				
Average Nursing Home Rate	Settlement based on costs				
	W. D. I.N.C.				
	W. Rydell Samuel, Ac Medicaid Cost Reimburser		\		
Distribution					
<u>Distribution:</u> Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only (No Change in rate)					
					



Community Aids Resource, Inc. Care Resource 871 West Oakland Park Blvd. Fort Lauderdale, FL 33311	Provider Number: Date: Fiscal Year End: Audit Status:			003407900 10/01/2011 N/A N/A	
Provider Type:		Current Rate	Effective Date		
Rural Health Clinic					
Swing-Bed Provider		:			
X Federally Qualified Health Centers		\$139.69	\$140.11	10/01/2011	
Hospice Provider		:			
#651 Routine Home Care					
#652 Continuous Home Care	•				
#655 Inpatient Respite Care		!			
#656 General Inpatient Care	14000				
#659 Room and Board					
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	ProspeInterimTotal Int	Prospective ctive Adjusted for N	Jew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser			
For information Only (No Change in rate)					



Collier Health Services - Marion E. Fether		Provider 1	Date:	029152803 10/01/2011
1454 Madison Avenue		Fiscal Y	ear End: t Status:	N/A
Immokalee, FL 33934		Augi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				:
#652 Continuous Home Care				· !
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	Iew Costs	Zv
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		dell Samuel, Ad id Cost Reimburser		



Collier Health Services - East Naples Medical Ctr	Provider 1		029152805 10/01/2011	
	E:1 X/	Date: Fiscal Year End:		
1454 Madison Avenue		ear End: t Status:	N/A N/A	
Immokalee, FL 33962	Audi	t Status.	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic	:		:	
Swing-Bed Provider			•	
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011	
Hospice Provider	:			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	:			
#659 Room and Board	:			
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for Noterim Total Interim Settlement based on costs	lew Costs		
Distribution: Fiscal Agent Contract Management	W. Rydell Samuel, Ac Medicaid Cost Reimburser	lministrator nent Analysis		
Permanent File Program Development:				
For information Only (No Change in rate)				



Provider I Fiscal Y Audi Provider I Fiscal Y Audi Provider I	Date:	029152806 10/01/2011 N/A N/A Effective Date
Audi	New Rate	N/A Effective Date
urrent Rate	New Rate	Effective Date
\$143.69	\$144.12	10/01/2011
\$143.69	\$144.12	10/01/2011
\$143.69	\$144.12	10/01/2011
		:
e Adjusted for N	New Costs	
		
	ised on costs	e Adjusted for New Costs



<u>Medicaid Reimburseme</u>	<u>nt Per Dien</u>	n Rates for	Non-Institut	ional Provide	<u>ers</u>	
Collier Health Services - Children's Health Ne	twork		Provider 1		029152807	
			Fiscal Y	Date:	10/01/2011	
1454 Madison Avenue				t Status:	N/A N/A	
Immokalee, FL 34103						
Provider Type:		Cı	irrent Rate	New Rate	Effective Date	
Rural Health Clinic					:	
Swing-Bed Provider					:	
X Federally Qualified Health Centers		!	\$143.69	\$144.12	10/01/2011	
Hospice Provider				<u>.</u>		
#651 Routine Home Care						
#652 Continuous Home Care					1	
#655 Inpatient Respite Care						
#656 General Inpatient Care					:	
#659 Room and Board						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution:	Inter	rospective Total Prosp Prospective rim Fotal Interim Settlement ba W. Rydel	e Adjusted for N	lministrator	R	
Fiscal Agent Contract Management Permanent File Program Development:						
For information Only (No Change in rate)						



Medicaid Reimbursemen	it Per Diem Rates	s for Non-Institut	<u>ional Provide</u>	<u>:rs</u>
Collier Health Services - Marco Island Pediatric	cs	Provider 1		029152809
		T) 157	Date:	10/01/2011
1454 Madison Avenue			ear End: it Status:	N/A
Immokalee, FL 34145		Audi	it Status:	N/A
Provider Type:	-	Current Rate	New Rate	Effective Date
Rural Health Clinic	· · · · · ·			·
Swing-Bed Provider				:
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				:
#651 Routine Home Care				
#652 Continuous Home Care		:		· :
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		:		1
Basis:	Rate Type :			
DASIS.	react Type:			
Budget	X Prospective			
Unaudited costs		Prospective	I	
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
		ydell Samuel, Ac		F
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



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

2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Collier Health Services - Immokalee FCC		Provider 1	Number: Date:	029152 8 10 10/01/2011
1454 Madison Avenue		Fiscal Y		N/A
Immokalee, FL 34142		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	***			
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Interim	rospective ctive Adjusted for N	lew Costs	R
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)		ydell Samuel, Ad nid Cost Reimburser		



<u>Medicaid Reimburseme</u>	<u>nt Per Diem Rates for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Trenton Medical Center, Inc.	Provider 1		029506001
	T. 137	Date:	10/01/2011
911 S. Main St	Fiscal Y	ear End: t Status:	N/A N/A
Trenton, FL 32693	Auui	i Status.	N/A.
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		- 102	
Swing-Bed Provider			
X Federally Qualified Health Centers	\$93.07	\$93.35	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care		·	
#655 Inpatient Respite Care			:
#656 General Inpatient Care			,
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad Medicaid Cost Reimbursen	ministrator	R
Program Development: For information Only (No Change in rate)			



Current Rate	Date: ear End: it Status:	029506007 10/01/2011 N/A N/A
Audi Current Rate	ear End: it Status:	N/A N/A
Audi Current Rate	t Status:	N/A
Current Rate		
	New Rate	Effective Date
		:
\$93.07	\$93.35	10/01/2011
ective stal Prospective ospective Adjusted for N	lew Costs	
		R .
p o	al Interim lement based on costs V. Rydell Samuel, Ad	pective otal Prospective rospective Adjusted for New Costs



Trenton Medical Center - Pediatrics TMC Pediatrics 2010 N. Young Blvd. Chiefland, FL 32626	Provider l Fiscal Y Audi	Date:	029506009 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		·-	
Swing-Bed Provider			
X Federally Qualified Health Centers	\$93.07	\$93.35	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburser		
For information Only (No Change in rate)			



Trenton Medical Center - Healthcare TMC Healthcare 630 N. Main Street Williston, FL 32696	Provider I Fiscal Y Audi	Date:	029506011 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$93.07	\$93.35	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			:
#659 Room and Board			:
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type: X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Add Medicaid Cost Reimburser	ministrator	R.
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



Medicaid Reimbursemen	nt Per Diem Kates for Non-Institut		
Trenton Medical Center - Palms Pediatrics	Provider l		029506013
Palms Pediatrics	Ti1 W	Date:	10/01/2011
PO Box 640	Fiscal Y	ear Eng: it Status:	N/A
Trenton, FL 32693	Aud	ii Status.	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			!
X Federally Qualified Health Centers	\$93.07	\$93.35	10/01/2011
Hospice Provider			
#651 Routine Home Care			:
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis:	Rate Type:		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective	Interim		
X Payment System Rate Average Nursing Home Rate	Total Interim Settlement based on costs		
	Settlement based on costs		7 -
	W. Rydell Samuel, Ac		
	Medicaid Cost Reimburser	nent Analysis	•
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only (No Change in anta)			
For information Only (No Change in rate)			



Current Rate	New Rate \$93.35	Effective Date
\$93.07	\$93.35	10/01/2011
\$93.07	\$93.35	10/01/2011
\$93.07	\$93.35	10/01/2011
		;
re Prospective ctive Adjusted for N erim erim nt based on costs	Jew Costs	
	rospective ctive Adjusted for N crim at based on costs	rospective ctive Adjusted for New Costs crim



Medicaid Reimburseme	ent Per Diem Rat	es for Non-Institut	ional Provide	rs
Suncoast Community Health Center - Dover I	Health Center	Provider 1		029523001
4.4410.00 D. 1.5774		Fiscal Y	Date:	10/01/2011
14618 State Road 574			t Status:	N/A N/A
Dover, FL 33527		11001		19/21
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$139.08	\$139.50	10/01/2011
Hospice Provider				
#651 Routine Home Care		·		!
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prosp Interim Total Is	tive Prospective pective Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		Rydell Samuel, Ad caid Cost Reimbursen		
For information Only (No Change in rate)				



<u>Medicald Reimbursement</u>	Fer Diem Kates			13
Jessie Trice Community Health Center - Flamin	igo	Provider 1		029540000
		Tr' 137	Date:	10/01/2011
700 S. Royal Poinciana Blvd, Suite 300		Fiscal Y	ear Eng: t Status:	N/A N/A
Miami Springs, FL 33166		Audi	i Siaius.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		:		
X Federally Qualified Health Centers		\$125.16	\$125.54	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				· ·
#655 Inpatient Respite Care				
#656 General Inpatient Care				:
#659 Room and Board				
Basis:	Rate Type :			
	N. Dunanti			
Budget Unaudited costs	X Prospectiv	rospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs		J		
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
			1	R V
		ydell Samuel, Ad aid Cost Reimburser		
	Medica	ild Cost Keililoursei	ileiit Aliaiysip	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
110grain Development				
For information Only (No Change in rate)				



Medicaid Reimbursemen	t Fer Diem Kates		-	<u>13</u>
Jessie Trice Community Health Center - Main		Provider l		029541800
			Date:	10/01/2011
700 S. Royal Poinciana Blvd, Suite 300		Fiscal Y		N/A
Miami Springs, FL 33166		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$125.16	\$125.54	10/01/2011
Hospice Provider		-	1. May 21. 2	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int	erim nt based on costs		
	Settleme	in based on costs	•	
		ydell Samuel, Ac aid Cost Reimburser		
	Medic	alu Cost Kellilbursei	nent Amarysip	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Jessie Trice Community Health Center - North		Provider 1	Number: Date:	
700 S. Royal Poinciana Blvd		Fiscal Y		N/A
Miami Springs, FL 33166		Audı	t Status:	N/A
Provider Type:	C	urrent Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				i
X Federally Qualified Health Centers		\$125.16	\$125.54	10/01/2011
Hospice Provider	:			
#651 Routine Home Care	:			
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				;
Budget X Unaudited costs X Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interim Settlement ba	e Adjusted for N	ministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			y - - -	



Jessie Trice Community Health Center - Cope North	Provider 1	Number:	029541804
	Fiscal Y	Date:	10/01/2011 N/A
700 S. Royal Poinciana Blvd Suite 300		t Status:	N/A N/A
Miami Springs, FL 33166	7 1001		
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			<u> </u>
Swing-Bed Provider			· ·
X Federally Qualified Health Centers	\$125.16	\$125.54	10/01/2011
Hospice Provider			
#651 Routine Home Care	:		
#652 Continuous Home Care			
#655 Inpatient Respite Care			-
#656 General Inpatient Care			!
#659 Room and Board			:
Budget X Unaudited costs X Desk audited costs Field audited costs Medicare - Prospective	Prospective Total Prospective Prospective Adjusted for Nonterim	lew Costs	
X Payment System Rate Average Nursing Home Rate	Total Interim Settlement based on costs		



Medicaid Reimbursement Per Diem			
Jessie Trice Community Health Center - Northshore	Provider 1	Number: Date:	029541806
700 C. David Dainaiana Dlvd	Fiscal Y		10/01/2011 N/A
700 S. Royal Poinciana Blvd Miami Springs, FL 33166		t Status:	N/A
	· · · · · · · · · · · · · · ·		
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$125.16	\$125.54	10/01/2011
Hospice Provider			
#651 Routine Home Care	:		
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	:		
Deta Te			
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Set	spective Fotal Prospective Prospective Adjusted for N	ministrator	F [*]
Budget X Pro Unaudited costs X Desk audited costs Field audited costs Medicare - Prospective Interior X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent	spective Total Prospective Prospective Adjusted for N m tal Interim ttlement based on costs W. Rydell Samuel, Ad	ministrator	F [*]
Budget X Pro Unaudited costs X Desk audited costs Field audited costs Medicare - Prospective Interior X Payment System Rate To Average Nursing Home Rate Set	spective Total Prospective Prospective Adjusted for N m tal Interim ttlement based on costs W. Rydell Samuel, Ad	ministrator	



Jessie Trice Community Health Center - Norland HC			029541808
Jessie Thee Community Health Center Horizana He		Date:	10/01/2011
700 S. Royal Poinciana Blvd		ear End:	N/A
Miami Springs, FL 33166	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	:		
X Federally Qualified Health Centers	\$125.16	\$125.54	10/01/2011
Hospice Provider	·		
#651 Routine Home Care			
#652 Continuous Home Care		ner.	·
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Ac Medicaid Cost Reimburser	lministrator	F.
For information Only (No Change in rate)			



Medicaid Reimbursement	Per Diem Rate	s ior Non-Institut	ionai Provide	<u>rs</u>
Jessie Trice Community Health Center - Charles	s Drew Elem	Provider 1		029541810
		77' 1.37	Date:	10/01/2011
700 S. Royal Poinciana Blvd		Fiscal Y	ear End: t Status:	N/A
Miami Springs, FL 33166		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				: :
Swing-Bed Provider				:
X Federally Qualified Health Centers		\$125.16	\$125.54	10/01/2011
Hospice Provider				<u>:</u>
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				· ·
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total In Settleme	ive Prospective ective Adjusted for N	ministrator	<u>F</u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only (No Change in rate)				



	Provider N		
		Date:	10/01/2011
			N/A
	Audi	t Status:	N/A
	Current Rate	New Rate	Effective Date
1			·
			:
	\$125.16	\$125.54	10/01/2011
			·
X Prospe X Tot Pro Pro Interim Total	ctive al Prospective spective Adjusted for N Interim	ew Costs	
	X Prospe X Tot Pro Interim Total Settle	Rate Type: X Prospective X Total Prospective Prospective Adjusted for Notal Interim Total Interim Settlement based on costs W. Rydell Samuel, Ad	Rate Type: X Prospective Y Total Prospective Adjusted for New Costs Interim Total Interim Date: Fiscal Year End: Audit Status: S125.16 New Rate New Rate



Medicaid Reimbursement	<u>Per Diem Rate</u>	<u>s for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Jessie Trice Community Health Center - James S	cott Satellite	Provider 1		029542600
700 G D 1 D 1 1 C 1 200		Fiscal Y	Date:	10/01/2011 N/A
700 S. Royal Poinciana Blvd, Suite 300			t Status:	N/A N/A
Miami Springs, FL 33166				:
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$125.16	\$125.54	10/01/2011
Hospice Provider			···	: : : :
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				:
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Int	Prospective ective Adjusted for N	ministrator	<u>R</u>
For information Only (No Change in rate)				



<u>Medicaid Reimbursemen</u>	it Per Diem Kates	i lor Non-Institut	ional Provide	<u>rs</u>
Rural Health Care - Main		Provider l		029543400
		Fiscal Y	Date:	10/01/2011
P.O. Box 817			t Status:	N/A N/A
Palatka, FL 32178				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		:		
X Federally Qualified Health Centers		\$118.82	\$119.18	10/01/2011
Hospice Provider		:		!
#651 Routine Home Care		:		
#652 Continuous Home Care		:		:
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		:		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Interim Settleme W. R	Prospective ctive Adjusted for N	ministrator	
For information Only (No Change in rate)				



Rural Health Care - Palatka Family Medical Ce	enter	Provider 1	Number: Date:	029543401
P.O. Box 817		Fiscal Y		10/01/2011 N/A
Palatka, Fl 32178			t Status:	N/A
·				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		
Swing-Bed Provider		:		
X Federally Qualified Health Centers		\$118.82	\$119.18	10/01/2011
Hospice Provider				
#651 Routine Home Care		:		: ! !
#652 Continuous Home Care				
#655 Inpatient Respite Care				:
#656 General Inpatient Care	_	:		
#659 Room and Board	·	:		
Basis:	Rate Type:	· ···		
Budget	X Prospectiv	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		K
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only (No Change in rate)				



Wiedicaid Reimbursement	rer Diem Rates for i			
Rural Health Care - Interlachen Family Med. Cer	nter	Provider N		029543402
		Tr. 137	Date:	10/01/2011
P.O. Box 817		Fiscal Yo	ear End: t Status:	N/A
Palatka, Fl 32178		Audi	i Status.	N/A
Provider Type:	Cur	rrent Rate	New Rate	Effective Date
Rural Health Clinic				:
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.82	\$119.18	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				. :
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Dudost	X Prospective			
Budget Unaudited costs	X Total Prosper	ctive		
Desk audited costs		Adjusted for N	ew Costs	
Field audited costs		_		
Medicare - Prospective	Interim			
Average Nursing Home Rate	Total Interim			
Average Nuising Home Rate	Settlement base	ed on costs		
	W. Rvdell	Samuel, Ad	ministrator	\mathbb{R}^{\prime}
		st Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Rural Health Care - Crescent City Family Me	ed. Center	Provider 1	Number:	029543403
			Date:	10/01/2011
P.O. Box 817 P.O. Box 146		Fiscal Y		N/A
Palatka, Fl 32178		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			÷	
X Federally Qualified Health Centers		\$118.82	\$119.18	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Rasis	Pate Tyr			
Basis: Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X To Pr Interim Tota	ective tal Prospective ospective Adjusted for N I Interim ement based on costs	ew Costs	



Medicaid Reimbursemen	t Per Diem Rates for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Rural Health Care - Keystone Family Med. Cer	nter Provider 1	Number: Date:	029543405 10/01/2011
P.O. Box 817	Fiscal Y		N/A
Palatka, Fl 32178	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.82	\$119.18	10/01/2011
Hospice Provider			
#651 Routine Home Care			:
#652 Continuous Home Care			
#655 Inpatient Respite Care	:		· ! !
#656 General Inpatient Care			:
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs W. Rydell Samuel, Additional Cost Reimburser	Iministrator	F
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			
For information Only (No Change in rate)			



<u>Medicaid Reimbursemen</u>	t Fer Diem Kates			13
Rural Health Care - Hawthorne Family Med. Co	enter	Provider 1		029543406
		E' 137	Date:	10/01/2011
P.O. Box 817		Fiscal Y	ear End: t Status:	N/A N/A
Palatka, Fl 32178		Audi	t Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				<u> </u>
X Federally Qualified Health Centers	•	\$118.82	\$119.18	10/01/2011
Hospice Provider				
#651 Routine Home Care				:
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
	W D			
Budget Unaudited costs	X Prospectiv	rospective		
Desk audited costs		tospective ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
		ydell Samuel, Ac aid Cost Reimburser		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
гтодгат Бечеторинени.				
For information Only (No Change in rate)				



	at Per Diem Rates for Non-Ins		
Rural Health Care - Palatka Family Medical C	enter Provi	der Number:	029543407
D O D 017	Fisc	Date: al Year End:	10/01/2011 N/A
P.O. Box 817		Audit Status:	N/A N/A
Palatka, FL 32178			
Provider Type:	Current R	ate New Rate	Effective Date
Rural Health Clinic			<u>. </u>
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.	82 \$119.18	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Rate Type: X Prospective X Total Prospective Prospective Adjusted Interim Total Interim Settlement based on cos		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel Medicaid Cost Reimb		F
For information Only (No Change in rate)			



Rural Health Care - Family Medical & Dental Co	Medical & Dental Centers Provider Number: Date:			029543409 10/01/2011
P.O. Box 817		Fiscal Y		N/A
Palatka, FL 32178		Audi	t Status:	N/A
Provider Type:	Cu	rrent Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				:
X Federally Qualified Health Centers		\$118.82	\$119.18	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				!
#655 Inpatient Respite Care				
#656 General Inpatient Care			·	
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Interim Settlement bas W. Rydell	Adjusted for N	ministrator	
For information Only (No Change in rate)				



Medicaid Reimbursemen		<u>-</u>		
Rural Health Care - Family Med & Dental Ctr - Elm Street		Provider Number: 029543411		
D O D 014		Date: Fiscal Year End:		10/01/2011 N/A
P.O. Box 817			t Status:	N/A N/A
Palatka, FL 32177				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			,	
Swing-Bed Provider			···	· · · · · · · · · · · · · · · · · · ·
X Federally Qualified Health Centers		\$118.82	\$119.18	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				:
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type	:		
Budget	X Prospec	tive		
Unaudited costs	X Total	Prospective		
Desk audited costs	Pros	pective Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total In	nterim ent based on costs		
				Z/
		Rydell Samuel, Ad caid Cost Reimburser		
D' 4 th 4th				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change in rate)				



Rural Health Care, Inc. Eastside Family Dental Center PO Drawer 817 Palatka, FL 32178	Provider Number: Date: Fiscal Year End: Audit Status:		029543413 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.82	\$119.18	10/01/2011
Hospice Provider			
#651 Routine Home Care			: ! :
#652 Continuous Home Care			:
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File Program Development:	X	lministrator	F
For information Only (No Change in rate)			



<u>Medicaid Reimbursemen</u>	t Per Diem Rates	s for Non-Institut	ional Provide	<u>rs</u>
Miami Beach Community Health Center - Stanley C. Myers		Provider Number: 029544200		
		Dissal W	Date:	10/01/2011
710 Alton Road		Fiscal Y	ear Enu: t Status:	N/A N/A
Miami, FL 33139		Audi	i Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			_ .	
X Federally Qualified Health Centers		\$118.94	\$119.30	10/01/2011
Hospice Provider				: : :
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			<u>.</u>	
#656 General Inpatient Care			-	
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospecti	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ective Adjusted for New Costs		
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Int			
Average Nursing From Nate	Settleme	nt based on costs		
	W. R	ydell Samuel, Ad	ministrator	K
		aid Cost Reimburser		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
Particle Color (No Change in mate)				
For information Only (No Change in rate)				



Medicaid Reimbursement Per Diem i					
Miami Beach Community Health Center - Beverly Press	Provider I	Provider Number: 029544201			
	Fiscal Y	Date:	10/01/2011 N/A		
710 Alton Road		t Status:	N/A N/A		
Miami, FL 33139	11441	· Status:	17/1		
Provider Type:	Current Rate	Current Rate New Rate I			
Rural Health Clinic	:	·- ·-			
Swing-Bed Provider					
X Federally Qualified Health Centers	\$118.94	\$119.30	10/01/2011		
Hospice Provider			! !		
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care			: 		
#656 General Inpatient Care			: 		
#659 Room and Board			·		
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Tot	pective otal Prospective rospective Adjusted for N	Jew Costs			
$\overline{\mathbf{N}}$	V. Rydell Samuel, Ad Medicaid Cost Reimburser				
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)					



Medicaid Reimbursement	t Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Miami Beach Community Health Center - Dr. Sol Lichter				029544205
		Fired V	Date:	10/01/2011
710 Alton Road		Fiscal Y	t Status:	N/A N/A
Miami, FL 33139		Audi	t Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				·
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.94	\$119.30	10/01/2011
Hospice Provider				
#651 Routine Home Care	<u></u>		***	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Inte	rospective ctive Adjusted for N	lministrator	
For information Only (No Change in rate)				



<u>Medicaid Reimbursement Per Diem Ra</u>	tes for Non-Institut	ionai Provide	<u>rs</u>
Miami Beach Community Health Center - Nanay Health Cen	ter Provider	Number: Date:	029544207 10/01/2011
GIOAR D. I	Fiscal Y		N/A
710 Alton Road		t Status:	N/A
Miami, FL 33139			
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			-
Swing-Bed Provider		••=	
X Federally Qualified Health Centers	\$118.94	\$119.30	10/01/2011
Hospice Provider	<u></u>		
#651 Routine Home Care			-
#652 Continuous Home Care			:
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			·
Desk audited costs Field audited costs Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate Settle		lministrator	F.
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



Miami Beach Community Health Center - Beverly Press Annex			029544209 10/01/2011
710 Alten Danid	Fiscal Y		N/A
710 Alton Road Miami, FL 33139		t Status:	N/A
Ivitaini, FL 33139			
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		. V mar	:
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.94	\$119.30	10/01/2011
Hospice Provider	:		
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	:		
Basis: Rate Type :			
Budget X Prospect	ive		
	Prospective		
Desk audited costs Field audited costs	ective Adjusted for N	lew Costs	
Medicare - Prospective Interim			
X Payment System Rate Total In			
Average Nursing Home Rate Settleme	ent based on costs		
	Rydell Samuel, Accaid Cost Reimburser		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			
For information Only (No Change in rate)			



Medicaid Reimbursement Per	Diem Rates	<u>for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Miami Beach Community Health Center - 2nd Ave		Provider Number: Date:		029544211 10/01/2011
710 Alton Road		Fiscal Y		N/A
Miami, FL 33139		Audi	t Status:	N/A
Provider Type:		Current Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.94	\$119.30	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	: :			
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
BudgetX	Prospec Interim Total Inter	ospective tive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad d Cost Reimbursen		
For information Only (No Change in rate)				



iviedicald Reimbursement	Tel Dieni Rates			
Community Health Centers, Inc.		Provider 1	Number: Date:	029545100 10/01/2011
P.O. Box 1249	Fiscal Year End:			N/A
Apopka, FL 32704			t Status:	N/A
Арорка, Г. 32704				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$136.44	\$136.85	10/01/2011
Hospice Provider		:		
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		:		
#656 General Inpatient Care				
#659 Room and Board				
<u></u>				
Basis:	Rate Type :			
Budget	X Prospective X Total F	ve Prospective		
Unaudited costs Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs		elive Aujusted for P	ew costs	
Medicare - Prospective	Interim			
X Payment System Rate		erim		
Average Nursing Home Rate	Settleme	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		R
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
Togram Development.				
For information Only (No Change in rate)				



Community Health Centers, Inc Winter Garden Child Hlth WG Childrens Health P.O. Box 2329 Apopka, FL 32704	Provider I Fiscal Y	Number: Date:	029545108 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$136.44	\$136.85	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			:
#655 Inpatient Respite Care			, !
#656 General Inpatient Care			
#659 Room and Board			: :
Desk audited costs Field audited costs Medicare - Prospective Interim X Payment System Rate Total I Average Nursing Home Rate Settler W.	<u></u>	ministrator	
Program Development: For information Only (No Change in rate)			



Community Health Centers - Southlake Fmly Hlth Southlake Family Health P.O. Box 2329 Apopka, FL 32704	Provider l Fiscal Y Audi	Date:	029545110 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	:		
X Federally Qualified Health Centers	\$136.44	\$136.85	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate T	rospective Total Prospective Prospective Adjusted for N	lministrator	F
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)			



Community Health Centers - Winter Garden Fm WG Family Health Center P.O. Box 2329 Apopka, FL 32704	lly Hlth	Provider I Fiscal Y Audi	Date:	029545111 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				:
Swing-Bed Provider				
X Federally Qualified Health Centers		\$136.44	\$136.85	10/01/2011
Hospice Provider				
#651 Routine Home Care				: : : :
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interim Settleme W. R	Prospective ctive Adjusted for N	ministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development: For information Only (No Change in rate)				



Community Health Centers - Leesburg Leesburg Community P.O. Box 2329 Apopka, FL 32704	Provider Number: Date: Fiscal Year End: Audit Status:		029545112 10/01/2011 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	<u></u>	:		
X Federally Qualified Health Centers		\$136.44	\$136.85	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board			·	<u> </u>
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac		
For information Only (No Change in rate)				



Tallahassee, Florida 32308

Community Health Centers - Apopka Fmly Hlth Apopka Family Health P.O. Box 2329 Apopka, FL 32704	Provider Number: Date: Fiscal Year End: Audit Status:		029545113 10/01/2011 N/A N/A	
Provider Type:	Current	Rate	New Rate	Effective Date
Rural Health Clinic			···	
Swing-Bed Provider				
X Federally Qualified Health Centers	\$13	36.44	\$136.85	10/01/2011
Hospice Provider	:			
#651 Routine Home Care				
#652 Continuous Home Care	:			:
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type: X Prospective X Total Prospective Prospective Adjust Interim Total Interim Settlement based on		ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Sam Medicaid Cost Rei			R
For information Only (No Change in rate)				



Medicaid Reimbursemen	t Per Diem Rates			<u>rs</u>
Community Health Centers, Inc Apopka Childrens Hlth		Provider 1	029545114	
		Fiscal Y	Date: ear End:	10/01/2011 N/A
P.O. Box 2329			t Status:	N/A N/A
Apopka, FL 32704				,
Provider Type:	***	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			····	
X Federally Qualified Health Centers		\$136.44	\$136.85	10/01/2011
Hospice Provider				
#651 Routine Home Care				:
#652 Continuous Home Care				:
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
240.0				
Budget	X Prospective			
Unaudited costs		Prospective	Jany Casts	
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	iew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	W. R	ydell Samuel, Ad	ministrator	A V
		aid Cost Reimburser		<del></del>
Di.4.ib.aio				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



<u>viedicald Reimbursemen</u>	t Per Diem Rates for Non-Institu		<u>ers</u>
Community Health Centers, Inc Pine Hills	Provider	Number: Date:	029545115
	Figure 1	10/01/2011	
P.O. Box 2329		ear End: lit Status:	N/A N/A
Apopka, FL 32704	Auc	it Status.	IN/ A
Provider Type:	Current Rate	Effective Date	
Rural Health Clinic			
Swing-Bed Provider	:		
X Federally Qualified Health Centers	\$136.44	\$136.85	10/01/2011
Hospice Provider	:		
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			<u>.</u>
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs  W. Rydell Samuel, A Medicaid Cost Reimburse	dministrator	F.
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)			



Community Health Centers - Zellwood	Provider Number: Date:		029545117 10/01/2011	
P.O. Box 2329	Fiscal Year End:		N/A	
Apopka, FL 32704	Α	udit Status:	N/A	
Provider Type:	Current Ra	te New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$136.4	\$136.85	10/01/2011	
Hospice Provider				
#651 Routine Home Care			· 	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			:	
#659 Room and Board			· · · · · · · · · · · · · · · · · · ·	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective  X Total Prospective Prospective Adjusted for the second sec	s Administrator	Z	
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



Community Health Centers - Lake Ellenor	Provider Number: 02954511  Date: 10/01/20		
P.O. Box 2329	Fiscal Y	N/A	
Apopka, FL 32704	Audi	N/A	
Provider Type:	Current Rate	Effective Date	
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$136.44	\$136.85	10/01/2011
Hospice Provider			:
#651 Routine Home Care		***	
#652 Continuous Home Care			
#655 Inpatient Respite Care		- <u></u>	:
#656 General Inpatient Care			
#659 Room and Board			· !
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs	New Costs	~
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburser		
For information Only ( No Change in rate)			



Community Health Centers, Inc. Apopka Dental PO Box 2839 Apopka, FL 32704		Provider Number: Date: Fiscal Year End: Audit Status:		029545121 10/01/2011 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic				:	
Swing-Bed Provider					
X Federally Qualified Health Centers		\$136.44	\$136.85	10/01/2011	
Hospice Provider				:	
#651 Routine Home Care					
#652 Continuous Home Care				!	
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Inte	Prospective ctive Adjusted for N	ew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen			
For information Only ( No Change in rate)	ı				



Medicaid Reimbursemer	nt Per Diem Kate			<u>rs</u>
Community Health Centers		Provider 1		029545123
Bithlo Family Health Center		Date: Fiscal Year End:		10/01/2011
PO Box 2329		** * * * * * * * * * * * * * * * * * * *	ear End: t Status:	N/A N/A
Apopka, FL 32704		Auu	i Status.	IV/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		<del></del>
Swing-Bed Provider				
X Federally Qualified Health Centers		\$136.44	\$136.85	10/01/2011
Hospice Provider		-		1
#651 Routine Home Care				
#652 Continuous Home Care		:		
#655 Inpatient Respite Care				· ·
#656 General Inpatient Care		:		
#659 Room and Board		· i		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe	ve Prospective ective Adjusted for N	Jew Costs	<b>Z</b> .
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser		
For information Only ( No Change in rate)				



# Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Thomas E. Langley Medical Center	Provider Number: Date:			029547700 10/01/2011		
1425 S. U.S. Hwy 301	Fiscal Year End:			N/A		
Sumterville, FL 33585	Audit Status:			N/A		
Provider Type:	Curr	ent Rate	New Rate	Effective Date		
Rural Health Clinic						
Swing-Bed Provider		. <u>.</u>				
X Federally Qualified Health Centers	:	\$125.31	\$125.69	10/01/2011		
Hospice Provider	<u> </u>					
#651 Routine Home Care						
#652 Continuous Home Care						
#655 Inpatient Respite Care						
#656 General Inpatient Care						
#659 Room and Board						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospect Prospective A  Interim Total Interim Settlement based	djusted for N	New Costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell S Medicaid Cos		lministrator	<b>F</b>		
For information Only ( No Change in rate)						



<u>Medicaid Reimbursemen</u>	t Fer Dieni Rates for Non-Institut		13
Family Medical Center at the Shores	Provider Number: 029547702		
	<b></b>	Date:	10/01/2011
1425 S. U.S. Hwy 301	Fiscal Y		N/A
Sumterville, FL 33585	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$125.31	\$125.69	10/01/2011
Hospice Provider			:
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			-
#659 Room and Board			
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs  Field audited costs	Prospective Adjusted for N	lew Costs	
Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		R
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File Program Development:			
1 logiani Development.			
For information Only ( No Change in rate)			



<u>Medicaid Reimbursemen</u>	t Per Diem Rates for Non-Institut		15
Tampa Community Health Center - Peter D	Provider Number: 0295 Date: 10/0		
	Fiscal Y	10/01/2011	
PO Box 82969		it Status:	N/A N/A
Tampa, FL 33682	Tiuu	n Biatas.	IN/A
Provider Type:	Current Rate	Effective Date	
Rural Health Clinic	· ·		
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.77	\$119.13	10/01/2011
Hospice Provider	!		
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis:	Rate Type :	<del></del>	
Budget	X Prospective X Total Prospective		
Unaudited costs  Desk audited costs	Prospective Adjusted for N	Jew Costs	
Field audited costs	Frospective Najusted for F	1011 00315	
Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
		,,,,,,	7/
	W. Rydell Samuel, Ac	lministrator	
	Medicaid Cost Reimburse	ment Analysis	N
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
Fourier Communication Control (No Change in 1945)			
For information Only ( No Change in rate)			



Tampa Community Health Center - Salvation Art	,		Number: Date:	029548502 10/01/2011
PO Box 82969	Fis		ear End:	N/A
Tampa, FL 33682		Audi	t Status:	N/A
Provider Type:	Current	Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$11	8.77	\$119.13	10/01/2011
Hospice Provider	:		<u></u>	. <u></u>
#651 Routine Home Care			<u></u> .	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:  X Prospective			
Unaudited costs	X Total Prospective			
Desk audited costs Field audited costs	Prospective Adjuste	ed for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Interim Settlement based on c	osts		
	W. Rydell Samu Medicaid Cost Rein			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursement	Per Diem Rates for Non-Institut		
Tampa Community Health Center - Sine Domus	Provider 1		029548503
	D' 137	Date:	10/01/2011
PO Box 82969	Fiscal Y	ear End: t Status:	N/A
Tampa, FL 33682	Audi	t Status.	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.77	\$119.13	10/01/2011
Hospice Provider			: :
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ac	lministrator	R/
	Medicaid Cost Reimburser		<del>                                     </del>
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only ( No Change in rate)			



	Provider		029548504
Tampa Community Health Center - Lee Davis	Trovider	Date:	10/01/2011
PO Box 82969	Fiscal Y	N/A	
Tampa, FL 33682	Aud	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		· <b></b> -	
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.77	\$119.13	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective  X Total Prospective Prospective Adjusted for North Interim Total Interim Settlement based on costs	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ac Medicaid Cost Reimburse		
For information Only ( No Change in rate)			



Tallahassee, Florida 32308

Tampa Community Health Center - 131st Ave	Р	rovider l	Date:	029548505 10/01/2011
PO Box 82969		Fiscal Year End:		
Tampa, FL 33682		Audi	t Status:	10/01/2011 N/A N/A  118 Effective Date  13 10/01/2011
Provider Type:	Curre	nt Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$	118.77	\$119.13	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				: 
#656 General Inpatient Care				
#659 Room and Board			·	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File	X Prospective X Total Prospective Prospective Adjusting Interim Total Interim Settlement based of W. Rydell San Medicaid Cost F	on costs	ministrator	F
Program Development:  For information Only ( No Change in rate)				



## Florida Agency for Health Care Administration

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Tampa Community Health Center - Rome Ave		Provider 1		029548506 10/01/2011
PO Box 82969		Fiscal Y		N/A
Tampa, FL 33682		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				· · · · · · · · · · · · · · · · · · ·
Swing-Bed Provider				· · · · · · · · · · · · · · · · · · ·
X Federally Qualified Health Centers		\$118.77	\$119.13	10/01/2011
Hospice Provider				·
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Interim Settlemen	Prospective ctive Adjusted for N	ministrator	F.
For information Only ( No Change in rate)				



<u>Medicaid Reimbursemen</u>	<u>it Per Diem Rates</u>	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Tampa Community Health Center - Waters Av	Tampa Community Health Center - Waters Ave		Provider Number: 029	
DO D. 00060		Fiscal Y	Date:	10/01/2011 N/A
PO Box 82969			t Status:	N/A N/A
Tampa, FL 33682				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.77	\$119.13	10/01/2011
Hospice Provider			<u>_</u>	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Int Settleme W. R	Prospective ctive Adjusted for N	Iministrator	F.
For information Only ( No Change in rate)				



# Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Tampa Community Health Center Mobil Dental Van PO Box 82969 Tamp, FL 33682	Provider Number: Date: Fiscal Year End: Audit Status:			029548516 10/01/2011 N/A N/A
Provider Type:	: (	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.77	\$119.13	10/01/2011
Hospice Provider	:			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				: !
#659 Room and Board				: : 
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interi Settlement W. Ryd	we Adjusted for N m based on costs ell Samuel, Ad	ministrator	R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medicaio	Cost Reimburser	nent Analysis	



<u>Medicaid Reinibursemei</u>	it Fer Diem Rates for Non-Institu		
Tampa Family Health Center #11	Provider	Number:	029548517
	F:1 X	Date:	10/01/2011
PO Box 82969		Year End: lit Status:	N/A N/A
Tampa, FL 33682	Auc	nt Status.	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.77	\$119.13	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			····
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs	Prospective Adjusted for	New Costs	
Field audited costs			
Medicare - Prospective	Interim		
Average Nursing Home Rate	Total Interim Settlement based on costs		
	W. Rydell Samuel, A	dministrator	R
	Medicaid Cost Reimburse	ment Analysis	<b>V</b> —
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only ( No Change in rate)			



# Florida Agency for Health Care Administration

## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Tampa Family Health Center #27	···	Provider Number: Date:	
PO Box 82969		ear End:	N/A N/A
Tampa, FL 33682	Auc	Audit Status:	
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			<del></del> -
X Federally Qualified Health Centers	\$118.77	\$119.13	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board	·		
Basis:	Rate Type:		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs Field audited costs	Prospective Adjusted for	New Costs	
Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, A Medicaid Cost Reimburse		P
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			
For information Only ( No Change in rate)			



Tampa Family Health center #26	Provider 1		029548520 10/01/2011
PO Box 82969 Tampa, FL 33682		Date: Fiscal Year End: Audit Status:	
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			:
X Federally Qualified Health Centers	\$118.77	\$119.13	10/01/2011
Hospice Provider			
#651 Routine Home Care	:		<del>.</del> .
#652 Continuous Home Care			
#655 Inpatient Respite Care	:		
#656 General Inpatient Care	:		
#659 Room and Board		,	
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Tot	pective  Total Prospective  Trospective Adjusted for N	Jew Costs	······································
	V. Rydell Samuel, Ad Medicaid Cost Reimburser		



Tampa Family Health Centers #25	Provider	Number: Date:	— 029548521 10/01/2011
PO Box 82969	Fiscal Y	ear End:	N/A
Tampa, FL 33682	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.77	\$119.13	10/01/2011
Hospice Provider			! 
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care		·	
#656 General Inpatient Care			
#659 Room and Board		***************************************	
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for I  Interim Total Interim Settlement based on costs	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburse		
For information Only ( No Change in rate)			



Tampa Family Health Centers #24	t i di sololi italia	Provider 1		029548522
Tampa Faimy Heatin Centers #24			Date:	10/01/2011
PO Box 82969		Fiscal Y	ear End:	N/A
Tampa, FL 33682		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.77	\$119.13	10/01/2011
Hospice Provider				
#651 Routine Home Care		:		: !
#652 Continuous Home Care				
#655 Inpatient Respite Care		-		: 
#656 General Inpatient Care		:		
#659 Room and Board				
		, <u></u>		
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	iew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Adaid Cost Reimburser		F
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
1 logiam bevolopmone.				
For information Only ( No Change in rate)				



Central Florida Health Care, Inc Frostproof	Provider 1	Number: Date:	029549300
100 W W. II C.	Fiscal Y	10/01/2011 N/A	
109 West Wall Street		t Status:	N/A
Frostproof, FL 33843	<u> </u>		
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	:		
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburser		



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Central Florida Health Care - Wachula		Provider Number: Date:		029549301 10/01/2011	
204 E. Palmetto Street		Fiscal Y		N/A	
Wauchula, FL 33873		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care				:	
#655 Inpatient Respite Care		:			
#656 General Inpatient Care					
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Inte	Prospective ctive Adjusted for N	lew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		F	
For information Only ( No Change in rate)					



<u>Medicaid Reimburseme</u>	nt Per Diem Rates for Non-Institut		e <u>rs</u>
Central Florida Health Call - Avon Park	Provider l		029549304 10/01/2011 N/A N/A
	Pier-1 37	Date:	
400 South Lake Avenue		ear End: it Status:	
Avon Park, FL 33825	Audi	it Diatus.	
Provider Type:	Current Rate	Effective Date	
Rural Health Clinic			<u></u>
Swing-Bed Provider			<del>:</del>
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	X Total Prospective	_	
Desk audited costs	Prospective Adjusted for N	New Costs	•
Field audited costs  Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ac Medicaid Cost Reimburser		K
<u>Distribution:</u>			
Fiscal Agent Contract Management			
Permanent File			
Program Development:			
•			
For information Only ( No Change in rate)			



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Premier Community HC Group - Pasco		Provider 1	Number: Date:	029550700 10/01/2011
37946 CHURCH AVE		Fiscal Y		N/A
Dade City, FL 33525		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$140.38	\$140.80	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				· ·
#659 Room and Board				
Basis:	Rate Type:	<u></u> . <u></u>		
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs		····
		ydell Samuel, Ac aid Cost Reimburser		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimburseme	nt Per Diem Rates for Non-Insti		<u>:rs</u>
Premier Community HC Group - Zephyrhills	Provid	er Number:	029550701
	Figgs	Date: l Year End:	10/01/2011 N/A
37946 CHURCH AVE		udit Status:	N/A N/A
Dade City, FL 33525	***	ddir Status.	14/21
Provider Type:	Current Ra	te New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$140.3	8 \$140.80	10/01/2011
Hospice Provider	:		
#651 Routine Home Care	:		
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			: :
#659 Room and Board			
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs	Prospective Adjusted for	or New Costs	
Field audited costs			
Medicare - Prospective	Interim		
X Payment System Rate Average Nursing Home Rate	Total Interim		
Average Nursing Frome Nate	Settlement based on costs	<u></u>	
	W. Rydell Samuel, Medicaid Cost Reimbu	Administrator	F
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only ( No Change in rate)			



Medicaid Reimbursemen	<u>t Per Diem Rates</u>	for Non-Institut	<u>ional Provide</u>	rs
Premier Community HC Group - Summit		Provider 1		029550702
		Date: Fiscal Year End:		10/01/2011
37946 CHURCH AVE			t Status:	N/A N/A
Dade City, FL 33525				1 V/ F X
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			=	: :
X Federally Qualified Health Centers		\$140.38	\$140.80	10/01/2011
Hospice Provider		!		!
#651 Routine Home Care				
#652 Continuous Home Care		:		· · · · · · · · · · · · · · · · · · ·
#655 Inpatient Respite Care		:		· ·
#656 General Inpatient Care				
#659 Room and Board				·
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Interim Total Inte	Prospective ctive Adjusted for N	ministrator	<b>F</b>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Medicaid Reimbursement	Per Diem Rates		•	<u>rs</u>
Premier Community Healthcare Group - New Po	ort Richey	Provider 1		029550703
		Fiscal Y	Date:	10/01/2011 N/A
PO Box 232			t Status:	N/A N/A
Dade City, FL 33526		11001	. Status.	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		:		
X Federally Qualified Health Centers		\$140.38	\$140.80	10/01/2011
Hospice Provider		:		
#651 Routine Home Care		:		
#652 Continuous Home Care				
#655 Inpatient Respite Care		:		
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
	X Prospecti			
Budget Unaudited costs		Prospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs		J.		
Medicare - Prospective	Interim			
X Payment System Rate	Total Int			
Average Nursing Home Rate	Settleme	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		
Distributions				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



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

2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Premier Community Healthcare - Dade City	Provider Number: 0295507  Date: 10/01/20			
PO Box 232		Fiscal Year End:		
Dade City, FL 33526		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic	# N. M	-		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$140.38	\$140.80	10/01/2011
Hospice Provider			<u> </u>	
#651 Routine Home Care	·			
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		-	·····	,
#659 Room and Board				
#039 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Interim Settlement	Prospective ctive Adjusted for N	lministrator	
For information Only ( No Change in rate)				



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

2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Premier Community Health Care Group, Inc. Premier Community Health Care - Hudson PO Box 232 Dade City, FL 33526	Fiscal Y	ovider Number: 029550707 Date: 10/01/2011 iscal Year End: N/A Audit Status: N/A	
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider		<u></u>	
X Federally Qualified Health Centers	\$140.38	\$140.80	10/01/2011
Hospice Provider			· ·
#651 Routine Home Care	1		
#652 Continuous Home Care			
#655 Inpatient Respite Care	<u> </u>		
#656 General Inpatient Care			
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	W. Rydell Samuel, Ad Medicaid Cost Reimburse		



Tallahassee, Florida 32308

Central Florida Migrant & Community Health Center, Inc	Provider 1	Number: Date:	029551500 10/01/2011
2400 State Road 415	Fiscal Y	ear End:	N/A
Sanford, FL 32771	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider		-	· ·
X Federally Qualified Health Centers	\$107.20	\$107.52	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			: 
Desk audited costs Field audited costs  Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate  W. R	ive Prospective ective Adjusted for N	lministrator	F
For information Only ( No Change in rate)			



<u>Medicaid Reimbursemer</u>	nt Per Diem Rates for Non-Institut		<u>rs</u>
Central Florida Family Health - Alafaya	Provider 1	Number: Date:	029551502
	Fi1 37	10/01/2011	
18501 Washington Ave.	Fiscal Y	ear End: t Status:	N/A N/A
Bithlo, Fl 32820	Auu	i Status.	IN/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$107.20	\$107.52	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Additional Cost Reimburser	lministrator	R.
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			
For information Only ( No Change in rate)			



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Central Florida Family Health - Underhill Road	···	Provider Number: Date:		029551504 10/01/2011	
2400 County Rd 415-A		Fiscal Y		N/A	
Sanford, FL 32771		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic				:	
Swing-Bed Provider					
X Federally Qualified Health Centers		\$107.20	\$107.52	10/01/2011	
Hospice Provider		!	· . <del></del>		
#651 Routine Home Care				1	
#652 Continuous Home Care					
#655 Inpatient Respite Care		:			
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type:		<u></u>		
Budget Unaudited costs		Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Int	erim			
Average Nursing Home Rate	Settleme	nt based on costs			
		ydell Samuel, Ac aid Cost Reimburser		F	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Central Florida Family Health Center - Lake Ellenor	Provider N	Number: Date:	029551506 10/01/2011	
2400 County Rd 415-A	Fiscal Yo		N/A	
Sanford, FL 32771	Audr	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic			!	
Swing-Bed Provider				
X Federally Qualified Health Centers	\$107.20	\$107.52	10/01/2011	
Hospice Provider	:		:	
#651 Routine Home Care		15.46		
#652 Continuous Home Care			<u> </u>	
#655 Inpatient Respite Care				
#656 General Inpatient Care	·			
#659 Room and Board				
Basis: Rat	e Type :			
Budget X	Prospective			
Unaudited costs X	Total Prospective			
Desk audited costs	Prospective Adjusted for N	ew Costs		
Field audited costs  Medicare - Prospective	nterim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs			
	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		R	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



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Family Health Center of Columbia County, Inc.	Provider I	Number: Date:	029552300 10/01/2011
P.O. Box 249	Fiscal Y		N/A
Lake City, FL 32056	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$95.72	\$96.01	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care	:		
#655 Inpatient Respite Care			: 
#656 General Inpatient Care			
#659 Room and Board			· ·
Basis:  Rate Type:  X Prospect	<b></b>		<u></u>
	Prospective		
	ective Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective  Interim			
X Payment System Rate Total In	terim		
Average Nursing Home Rate Settleme	ent based on costs		
Media	Rydell Samuel, Accaid Cost Reimburser		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			
For information Only ( No Change in rate)			



Tallahassee, Florida 32308

Helen B. Bentley Family Health Center, Inc.			Date:	029553100 10/01/2011	
3090 SW 37th Ave		Fiscal Y		N/A	
Miami, FL 33133	,	Audit Status:  Current Rate New Rate		N/A	
Provider Type:				Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$143.02	\$143.45	10/01/2011	
Hospice Provider				! 	
#651 Routine Home Care					
#652 Continuous Home Care		· .		·	
#655 Inpatient Respite Care		: :			
#656 General Inpatient Care					
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inte	rospective ctive Adjusted for Nerim nt based on costs	ministrator		
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medica	aid Cost Reimburser	nent Analysik		



Borinquen Health Care Center, Inc.	Provider 1	Number: Date:	029554000 10/01/2011	
3601 Federal Highway 3rd Floor	Fiscal Y		N/A	
Miami, FL 33137	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic	<u> </u>		:	
Swing-Bed Provider				
X Federally Qualified Health Centers	\$121.36	\$121.72	10/01/2011	
Hospice Provider				
#651 Routine Home Care		A 40 70		
#652 Continuous Home Care		<u></u> -	·	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	: . <u></u>			
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  X Tot	spective  Total Prospective  Trospective Adjusted for N	lew Costs		
Average Nursing Home Rate Set	tlement based on costs  W. Rydell Samuel, Ac  Medicaid Cost Reimburser	lministrator	<b>F</b>	
For information Only ( No Change in rate)				



	It Fer Diem Rates for Non-Institut		
Borinquen Health Care - Federal Hwy	Provider 1	029554002	
	Fiscal Y	10/01/2011 N/A	
3601 Federal Highway 3rd Floor		t Status:	N/A N/A
Miami, FL 33137	r tudi	it Diatas.	14/71
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$121.36	\$121.72	10/01/2011
Hospice Provider			
#651 Routine Home Care		·· <del>-</del>	
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			! 
#659 Room and Board			
Basis:	Rate Type:		
. :			
Budget	X Prospective		
Unaudited costs	Total Prospective  Prospective Adjusted for N	Jan Costs	
Desk audited costs Field audited costs	Prospective Adjusted for F	New Costs	
Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
			77 .
	W. Rydell Samuel, Ac	lministrator	<b>A</b>
	Medicaid Cost Reimburse	ment Analysis	<b>1</b>
D' ( '1 - d'			
<u>Distribution:</u> Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
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Tallahassee, Florida 32308

Borinquen Health Care Center, SW 8th Street		Provider Number: 029554003  Date: 10/01/2011  Fiscal Year End: N/A			
3601 Federal Highway, 3rd Floor Finance			Fiscal Year End: N/A Audit Status: N/A		
Miami , FL 33137		Cumont Data Now Data		<u>-</u>	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		:		:	
Swing-Bed Provider		:	····	<del>!</del>	
X Federally Qualified Health Centers		\$121.36	\$121.72	10/01/2011	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type :				
Budget	X Prospectiv	ve			
Unaudited costs		rospective			
Desk audited costs  Field audited costs	Prospe	ctive Adjusted for N	lew Costs		
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte				
Average Nursing Home Rate	Settlemen	nt based on costs		-	
		/dell Samuel, Adaid Cost Reimburser		R'	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



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Borinquen Health Care Center Borinquen - Paul W. Bell Middle School 3601 Federal Highway Miami, FL 33175	Provider Number: Date: Fiscal Year End: Audit Status:		029554008 10/01/2011 N/A N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$121.36	\$121.72	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			·	
#655 Inpatient Respite Care			·	
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs  W. Rydell Samuel, A Medicaid Cost Reimburs	Administrator	F	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



Borinquen Health Care Center Brent Tree Elementary 3601 Federal Highway Miami, FL 33175	Provider Number: Date: Fiscal Year End: Audit Status:		029554010 10/01/2011 N/A N/A	
Provider Type:		Current Rate	Effective Date	
Rural Health Clinic		:	10.500	
Swing-Bed Provider		:		· ·
X Federally Qualified Health Centers		\$121.36	\$121.72	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			A AMERICA	
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe  Interim  Total Int	Prospective ctive Adjusted for N	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		
For information Only ( No Change in rate)				



Vieutcald Remibursemen	itt i et Diem itates	101 110H-Institut	_	
Borinquen Health Care Center		Provider l		029554012
Howard A Doolin Middle School		Fiscal Y	Date:	10/01/2011
3601 Federal Highway			t Status:	N/A N/A
Miami, FL 33137		Audi	i Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		·		
Swing-Bed Provider		· ·		
X Federally Qualified Health Centers		\$121.36	\$121.72	10/01/2011
Hospice Provider			· <del></del>	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		<u>:</u>		
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	New Costs	
Field audited costs				
Medicare - Prospective	Interim	•		
X Payment System Rate Average Nursing Home Rate	Total Inte	erim nt based on costs		
		ydell Samuel, Ac	Iministrator	<b>R</b>
		aid Cost Reimburser		<del></del>
Distri <u>bution:</u>				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



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Borinquen Health Care Center MS Douglas Elementary 3601 Federal Highway Miami, FL 33175	Provider Number: Date: Fiscal Year End: Audit Status:		029554014 10/01/2011 N/A N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$121.36	\$121.72	10/01/2011	
Hospice Provider	_			
#651 Routine Home Care			·	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		<del></del> .		
#659 Room and Board			· · · · · · · · · · · · · · · · · · ·	
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Sett	pective otal Prospective rospective Adjusted for N	lministrator	K	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



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

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Borinquen Health Care Center - 16	Provider Number: Date: Fiscal Year End:		029554016 10/01/2011	
3601 Federal Hwy, 6th Floor			N/A	
Miami, FL 33137	Au	dit Status:	N/A	
<u></u>	Current Date	Current Rate New Rate		
Provider Type:	Current Nau	. Item Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider	0.104.07	0101.50	10/01/2011	
X Federally Qualified Health Centers	\$121.36	\$121.72	10/01/2011	
Hospice Provider		<u> </u>	•	
#651 Routine Home Care				
#652 Continuous Home Care	·			
#655 Inpatient Respite Care			:	
#656 General Inpatient Care				
#659 Room and Board			· ·	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs  W. Rydell Samuel, A Medicaid Cost Reimburs	Administrator	F-	
For information Only ( No Change in rate)				



Borinquen Health Care Center - 19	it ter Diem Rates	Provider 1	-	029554019
Borniquen Health Care Center - 17		11071001	10/01/2011 N/A	
3601 Federal Highway		Fiscal Year End:		
Miami, FL 33137		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				:
Swing-Bed Provider				· <u>······</u>
X Federally Qualified Health Centers	· -	\$121.36	\$121.72	10/01/2011
Hospice Provider				:
#651 Routine Home Care		:		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				. :
#659 Room and Board				:
Basis:	Rate Type :			
Budget Unaudited costs	X Prospective X Total I	ve Prospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs		••••••••••••••••••••••••••••••••••••••		
Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
				R/
		ydell Samuel, Ac		<del></del>
	Medic	aid Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
rtogram bevelopment.				
For information Only ( No Change in rate)				
Tot information only ( No change in fate)				



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Borinquen Health Care Center - 21		Provider 1	Number: Date:	029554021 10/01/2011
3601 Federal Highway, 6th Floor Miami, FL 33137		Fiscal Ye Audi	N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$121.36	\$121.72	10/01/2011
Hospice Provider			····	•
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File	Interim Total Inte	rospective ctive Adjusted for N	lministrator	<u> </u>
Program Development:  For information Only ( No Change in rate)				



Borinquen Health Care Center - 23	Provider N	Number: Date:	029554023 10/01/2011
3601 Federal Highway	Fiscal Ye		N/A
Miami, FL 33137	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$121.36	\$121.72	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Ad	ministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medicaid Cost Reimbursen	nent Analysı <b>s</b>	



Borinquen Health Care Center - 25	Provider	Date:	029554025 10/01/2011
3601 Federal Highway		ear End: it Status:	N/A N/A
Miami, FL 33137	Aud	n siaius.	IN/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	:	<u>.</u>	
Swing-Bed Provider			
X Federally Qualified Health Centers	\$121.36	\$121.72	10/01/2011
Hospice Provider			!
#651 Routine Home Care			! 
#652 Continuous Home Care	· · · · · · · · · · · · · · · · · · ·		
#655 Inpatient Respite Care			
#656 General Inpatient Care			!
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for I  Interim Total Interim Settlement based on costs		<b>T</b>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	W. Rydell Samuel, Ad Medicaid Cost Reimburse		<del></del>



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Borinquen Health Care Center - 27	P	rovider 1	Number: 029554027 Date: 10/01/2011	
3601 Federal Hwy, 6th Floor		Fiscal Y		N/A
Miami, FL 33137	Audit Status:		N/A	
Provider Type:	Curre	nt Rate	New Rate	Effective Date
Rural Health Clinic				!
Swing-Bed Provider				
X Federally Qualified Health Centers	\$	121.36	\$121.72	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		-		
#655 Inpatient Respite Care				
#656 General Inpatient Care				:
#659 Room and Board				
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjustification Interim Total Interim Settlement based of	usted for N	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell San Medicaid Cost R			
For information Only ( No Change in rate)				



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Borinquen Health Care Center - 29		II TO DIEM IMICS IOI	Provider 1	Number: Date:	029554029 10/01/2011 N/A
360	1 Federal Highway, Suite 200		Fiscal Y		
Mia	mi, FL 33137		Audı	t Status:	N/A
Pr	ovider Type:	Cu	rrent Rate	New Rate	Effective Date
	Rural Health Clinic	1150			
	Swing-Bed Provider	<del></del>			
X	Federally Qualified Health Centers		\$121.36	\$121.72	10/01/2011
	Hospice Provider				<u> </u>
	#651 Routine Home Care			· · ·	
	#652 Continuous Home Care				
	#655 Inpatient Respite Care				
	#656 General Inpatient Care	<del></del>			
	#659 Room and Board				
	Basis:	Rate Type :			
	Budget	X Prospective			
_	Unaudited costs	X Total Prospe			
-	Desk audited costs Field audited costs	Prospective	Adjusted for N	lew Costs	
_	Medicare - Prospective	Interim			
	X Payment System Rate Average Nursing Home Rate	Total Interim			
	Average Nursing Home Rate	Settlement bas	ed on costs		
			Samuel, Acost Reimburser	lministrator nent Analysis	R
Ι	Distribution:				
-	Fiscal Agent				
	Contract Management Permanent File				
]	Program Development:				
_	For information Only ( No Change in rate)				



<u>Medicaid Reimbursemen</u>	it Per Diem Rates			<u>rs</u>
Suncoast Community HCC - Ruskin		Provider 1		029557400
		Date: 10/01/2011 Fiscal Year End: N/A		
P.O. Box 1349			t Status:	N/A N/A
Ruskin, FL 33570		7 144		10/11
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$139.08	\$139.50	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				<u>.</u>
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File	Interim Total Interim Settlement	Prospective ctive Adjusted for N	lministrator	<b>F</b>
Program Development:  For information Only ( No Change in rate)				



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Suncoast Community Health Centers Women and Children Community Health Center PO Box 2096 Plant City, FL 33563	Provider l Fiscal Y Audi	Date:	029557401 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			:
Swing-Bed Provider	:		· ·
X Federally Qualified Health Centers	\$139.08	\$139.50	10/01/2011
Hospice Provider			:
#651 Routine Home Care	:		
#652 Continuous Home Care			
#655 Inpatient Respite Care			:
#656 General Inpatient Care			
#659 Room and Board			
Desk audited costs Field audited costs  Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate Settlement	ive Prospective ective Adjusted for N terim ent based on costs		· · · · · · · · · · · · · · · · · · ·
	Rydell Samuel, Accaid Cost Reimburser		



Medicaid Reimbursement	rei Diem Kates	<del></del> "		
Suncoast Community HCC - Plant City		Provider 1	Number: Date:	029557402 10/01/2011
508 N. Maryland Avenue P.O. Box 2096		Fiscal Ye		N/A
•			t Status:	N/A
Plant City, Fl 33566		÷ .		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic	<u></u>			:
Swing-Bed Provider				-
X Federally Qualified Health Centers		\$139.08	\$139.50	10/01/2011
Hospice Provider			···	
#651 Routine Home Care		:		
#652 Continuous Home Care		1		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				· ·
Basis:	Rate Type :			
Budget	X Prospective			
Unaudited costs		Prospective	Iour Costs	
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	iew Cosis	
Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		Z.
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Suncoast Community HCC - Mobley Street		III I OI DIEM RUCE	Provider 1				
P.O. Box 1349			Fiscal Year End: N/A				
Rusl	kin, FL 33	575		Audi	t Status:	N/A	
Pro	vider Type	<b>:</b>		Current Rate	New Rate	Effective Date	
	Rural He	alth Clinic		!			
	Swing-Be	d Provider		:			
X	Federally	Qualified Health Centers		\$139.08	\$139.50	10/01/2011	
	Hospice P	rovider					
	#651 R	outine Home Care		1			
	#652 C	ontinuous Home Care			. <u></u>		
	#655 In	patient Respite Care				: -	
	#656 G	eneral Inpatient Care					
•	#659 R	oom and Board					
	Basis:		Rate Type :				
_	Budge	et	X Prospecti				
_		lited costs		Prospective ective Adjusted for N	Jew Costs		
_		audited costs audited costs	Prospe	ctive Adjusted for r	New Costs		
	Medic	are - Prospective	Interim				
_		ent System Rate ge Nursing Home Rate	Total Int				
. =			Settleme	nt based on costs			
				ydell Samuel, Ac			
n	istribu <u>tion</u>	•					
F	iscal Agent						
	Contract Managermanent File						
	ermanent File rogram Devel						
_	For infor	mation Only ( No Change in rate)					



Suncoast Community Health Centers Jovce Ely Community Health Center PO Box 1349 Ruskin, FL 33575	Provider l Fiscal Y Audi	029557405 10/01/2011 N/A N/A	
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	· ·		· ——
X Federally Qualified Health Centers	\$139.08	\$139.50	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care	:		<del></del>
#656 General Inpatient Care		<u></u>	
#659 Room and Board			<u> </u>
Budget X Unaudited costs X Desk audited costs Field audited costs	Type:  Prospective Total Prospective Prospective Adjusted for Neterim Total Interim Settlement based on costs	New Costs	
<u><b>Distribution:</b></u> Fiscal Agent	W. Rydell Samuel, Ac Medicaid Cost Reimburser		<b>F</b>
Contract Management Permanent File Program Development:  For information Only ( No Change in rate)			



<u>Medicaid Reimbursemer</u>	it Per Diem Rates	s for Non-Institut	ional Provide	<u>ers</u>	
Suncoast Community Health Centers, Inc.		Provider 1	Provider Number:		
Brandon Community Health Center		Date: 10/01/201		10/01/2011	
PO Box 40			ear End:	N/A N/A	
Dover, FL 33527		Audi	Audit Status:		
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$139.08	\$139.50	10/01/2011	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care		!		1	
#655 Inpatient Respite Care					
#656 General Inpatient Care				:	
#659 Room and Board			m	: 1	
Basis:	Rate Type :	<u></u>			
Budget	X Prospectiv	ve			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	New Costs		
Field audited costs	<del></del>				
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate	Settleme	nt based on costs			
			,	RV.	
		ydell Samuel, Ac			
	Medica	aid Cost Reimburser	nent Analysis	N .	

**Distribution:** 

Fiscal Agent Contract Management Permanent File Program Development:



Medicaid Reimbursemen	t Per Diem Rates for Non-Institut		
Ianatee County Rural Health Services Provider N			029561200 10/01/2011
		Date:	
P.O. Box 499			N/A
Parrish, FL 34219	Audit Status.		N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.30	\$118.65	10/01/2011
Hospice Provider			
#651 Routine Home Care	:		
#652 Continuous Home Care			· ·
#655 Inpatient Respite Care			: 
#656 General Inpatient Care			-
#659 Room and Board			
Basis:	Rate Type :	·	
D. I. (	X Prospective		
Budget Unaudited costs	X Total Prospective		
Desk audited costs	Prospective Adjusted for New Costs		
Field audited costs	<u> </u>		
Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ac Medicaid Cost Reimburser		
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only ( No Change in rate)			



Provider N	Jumber:	029561201
		10/01/2011
Fiscal Y	ear End:	N/A
Audi	t Status:	N/A
Current Rate	New Rate	Effective Date
		-
£119.30	\$118.65	10/01/2011
\$110.50	\$110.03	10/01/2011
· ·		
		<u> </u>
		·
terim ent based on costs Rydell Samuel, Ac	lministrator	·
	Fiscal Ye Audi  Current Rate  \$118.30  ive Prospective ective Adjusted for Neterim ent based on costs	\$118.30 \$118.65



Manatee County Rural Health Svcs Hwy 301  P.O. Box 499  Review Fig. 24210	Provider Number: Date: Fiscal Year End: Audit Status:		Date: 10		
Parrish, FL 34219		Current Rate	New Rate	Effective Date	
Provider Type:		Jurrent Nate	New Nate	Effective Date	
Rural Health Clinic	<u> </u>				
Swing-Bed Provider		\$118.30	\$118.65	10/01/2011	
X Federally Qualified Health Centers	:	\$110.30	\$110.03	10/01/2011	
Hospice Provider			<u> </u>		
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care		<u> </u>		<u> </u>	
#656 General Inpatient Care #659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interi	ve Adjusted for N	New Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ell Samuel, Ad l Cost Reimburse			
For information Only ( No Change in rate)					



Medicaid Reimbursement	Per Diem Rates for Non-Institut		029561203	
Manatee County Rural Health Ser Lawton Chi	iles Provider l	Provider Number:		
	Fire-1 V	Date:	10/01/2011	
P.O. Box 499	Fiscal Y	ear End: t Status:	N/A N/A	
Parrish, FL 34219	Auui	i Status.	IN/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider		<u></u>		
X Federally Qualified Health Centers	\$118.30	\$118.65	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospective			
Unaudited costs	X Total Prospective			
Desk audited costs	Prospective Adjusted for N	lew Costs		
Field audited costs	•			
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Interim			
Average Nursing Frome Rate	Settlement based on costs	·		
	W. Rydell Samuel, Ac	ministrator	R/	
	Medicaid Cost Reimburser		<del></del>	
		, ,		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Manatee County Rural Health Ser - Southeast FHC	C	Provider N	Date:	029561204 10/01/2011
P.O. Box 499		Fiscal Ye		N/A
Parrish, FL 34203		Audi	t Status:	N/A
Provider Type:	C	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.30	\$118.65	10/01/2011
Hospice Provider	:			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				:
#659 Room and Board				
Basis:	Rate Type :			
Budget X	Prospective			
Unaudited costs	X Total Pro	-		
Desk audited costs	Prospecti	ve Adjusted for N	lew Costs	
Field audited costs	T			
Medicare - Prospective X Payment System Rate	Interim Total Interi	m		
Average Nursing Home Rate	<del></del>	based on costs		
		ell Samuel, Ad Cost Reimburser		Pr .
Distribution:				
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



<u>Medicaid Reimbursemen</u>	t Per Diem Rates			
Manatee County Rural Health Ser - East Manatee Health		Provider 1	029561205	
		Fiscal Y	Date:	10/01/2011 N/A
P.O. Box 499			t Status:	N/A
Parrish, FL 34208				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				<del>;</del>
Swing-Bed Provider				:
X Federally Qualified Health Centers		\$118.30	\$118.65	10/01/2011
Hospice Provider				· · · · · · · · · · · · · · · · · · ·
#651 Routine Home Care			<u> </u>	:
#652 Continuous Home Care				
#655 Inpatient Respite Care			<u> </u>	
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospecti	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		P
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
riogram Development.				
For information Only (No Change in rate)				
roi information only ( No Change in fate)				



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Manatee County Rural Health Ser - Myakka FH		Provider Number: 029: Date: 10/0		
P.O. Box 499		Year End:	N/A	
Parrish, Fl 34251	A	ıdit Status:	N/A	
Provider Type:	Current Ra	e New Rate	Effective Date	
Rural Health Clinic			·	
Swing-Bed Provider				
X Federally Qualified Health Centers	\$118.3	\$118.65	10/01/2011	
Hospice Provider				
#651 Routine Home Care	· 			
#652 Continuous Home Care	:			
#655 Inpatient Respite Care				
#656 General Inpatient Care			:	
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs  W. Rydell Samuel, Medicaid Cost Reimbu	Administrator	F	
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



<u>Medicaid Reimbursement P</u>	<u>er Diem Rates for Non-Institu</u>	tional Provide	ers	
Manatee County Rural Health Ser - Infectious Dis	ease Provider	Provider Number:		
	Figural V	Date: Fiscal Year End:		
P.O. Box 499		it Status:	N/A N/A	
Parrish, Fl 34203				
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider	: 			
X Federally Qualified Health Centers	\$118.30	\$118.65	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	<u> </u>			
#656 General Inpatient Care	:			
#659 Room and Board	;			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File	Prospective X Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs  W. Rydell Samuel, A Medicaid Cost Reimburse	dministrator	F	
Program Development:				
For information Only ( No Change in rate)				



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Manatee County Rural Health Ser North CHC Medical	Provider 1	Number: Date:	029561210 10/01/2011
P.O. Box 499	Fiscal Y		N/A N/A
Parrish, FL 34219			
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			· · · · · · · · · · · · · · · · · · ·
X Federally Qualified Health Centers	\$118.30	\$118.65	10/01/2011
Hospice Provider			
#651 Routine Home Care	1		
#652 Continuous Home Care			<u> </u>
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Desk audited costs Field audited costs  Medicare - Prospective Medicare - Prospective Total	<del>_</del>	New Costs	
	Rydell Samuel, Adlicaid Cost Reimburser		
For information Only ( No Change in rate)			



Medicaid Reimbursement Per Dien	n Rates for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Manatee Co. Rural Health Ser - Health Park OB/GYN	Provider 1	Date:	029561212 10/01/2011
P.O. Box 499	Fiscal Y		N/A
Parrish, FL 34219	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic		·	
Swing-Bed Provider	:	· · · ·	
X Federally Qualified Health Centers	\$118.30	\$118.65	10/01/2011
Hospice Provider			·
#651 Routine Home Care			
#652 Continuous Home Care			: 
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			: 
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  T	rospective  Total Prospective  Prospective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburser		
For information Only ( No Change in rate)			



Tallahassee, Florida 32308

Manatee County Rural Health Ser - Palametto FHC	Provider Number: Date:		029561214 10/01/2011	
P.O. Box 499	Fiscal Y		N/A	
Parrish, FL 34221	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider			·	
X Federally Qualified Health Centers	\$118.30	\$118.65	10/01/2011	
Hospice Provider				
#651 Routine Home Care			:	
#652 Continuous Home Care			:	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate Average Nursing Home Rate  W  W	ective tal Prospective ospective Adjusted for N  I Interim ement based on costs  C. Rydell Samuel, Addicaid Cost Reimburse	lministrator	F.	
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Carcaia Cost Remiodise	шен ғышу <b>ғ</b>		



Manatee County Rural Health Services - Westgar		Provider Number: Date:		
P.O. Box 499		Fiscal Y	ear End:	N/A
Parrish, FL 34219		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.30	\$118.65	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		:		!
#656 General Inpatient Care		· -	· ·	
#659 Room and Board				
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home RateAverage Nursing Home Rate	Interim Total Int Settleme W. R	Prospective octive Adjusted for N	lministrator	F.
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Manatee County Rural Health Services - Community Care HO	Provider 1	Date:	029561220 10/01/2011	
P.O. Box 499	Fiscal Y		N/A	
Parrish, FL 34219	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic			·	
Swing-Bed Provider			<u> i</u>	
X Federally Qualified Health Centers	\$118.30	\$118.65	10/01/2011	
Hospice Provider			:	
#651 Routine Home Care				
#652 Continuous Home Care	:			
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board			: 	
Basis: Rate Type				
Budget X Prospe				
	al Prospective spective Adjusted for I	Joyr Costs		
Desk audited costs Field audited costs Pros	spective Adjusted for i	New Costs		
Medicare - Prospective Interim				
	Interim			
Average rounsing from RateSettler	nent based on costs			
	Rydell Samuel, Adlicaid Cost Reimburse		F	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Tallahassee, Florida 32308

Manatee County Rural Health Services - Lakewoo	od Provider 1	Provider Number: Date:		
P.O. Box 499 Parrish, FL 34219	Fiscal Y Audi		10/01/2011 N/A N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider			: 	
X Federally Qualified Health Centers	\$118.30	\$118.65	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board			: 	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs	lew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ac Medicaid Cost Reimburser			
For information Only ( No Change in rate)				



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Man	natee Rural County Health Services - River	view	Provider 1	Date:	029561224 10/01/2011
P.O.	Box 499		Fiscal Y	ear Eng: t Status:	N/A N/A
Parr	ish, FL 34219		Audi	i Status.	N/A
Pro	ovider Type:		Current Rate	New Rate	Effective Date
	Rural Health Clinic				
	Swing-Bed Provider			· · · <u>- · · · · · · · · · · · · · · · ·</u>	
X	Federally Qualified Health Centers		\$118.30	\$118.65	10/01/2011
	Hospice Provider			<del></del>	:
	#651 Routine Home Care			_ <u>_</u>	: 
	#652 Continuous Home Care				: 
	#655 Inpatient Respite Care				
	#656 General Inpatient Care				
	#659 Room and Board				
	Basis:	Rate Type	<u> </u>		
	Budget	X Prospec	tive		
_	Unaudited costs		Prospective		
_	Desk audited costs	Prosp	ective Adjusted for N	lew Costs	
_	Field audited costs				
	Medicare - Prospective	Interim	. •		
_	X Payment System Rate Average Nursing Home Rate	Total Ir	ent based on costs		
	<del></del>		Rydell Samuel, Ac	lministrator	R.
		Medi	caid Cost Reimburser	nent Analysis	<del>-</del>
F C P	istribution: iscal Agent Contract Management termanent File trogram Development:				
_	For information Only ( No Change in rate)				



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Manatee Rural Health Center - Bradenton Chiro	practic	Provider 1	Number: Date:	029561226 10/01/2011
P.O. Box 499		Fiscal Y		N/A
Parrish, FL 34219		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.30	\$118.65	10/01/2011
Hospice Provider				<u> </u>
#651 Routine Home Care		:		
#652 Continuous Home Care				
#655 Inpatient Respite Care		:		
#656 General Inpatient Care				
#659 Room and Board				:
Basis:	Rate Type :			
Budget	X Prospective			
Unaudited costs  Desk audited costs		rospective ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte	erim it based on costs		
Distribution:		dell Samuel, Ac		R.
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Tallahassee, Florida 32308

Manatee Rural Health Center - Whole Child Pediatric	Provider 1	Provider Number: Date:	
P.O. Box 499	Fiscal Y		N/A
Parrish, FL 34219	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider	:		
X Federally Qualified Health Centers	\$118.30	\$118.65	10/01/2011
Hospice Provider			:
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care	:		
#659 Room and Board	!		· · · · · · · · · · · · · · · · · · ·
Basis: Ra	te Type :		
BudgetX	Prospective		
Unaudited costs X	<del></del>		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ac Medicaid Cost Reimburser		R.
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only ( No Change in rate)			



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Manatee Rural Health Center - General Surgery	Provider Number: Date: Fiscal Year End:		029561230 10/01/2011 N/A	
P.O. Box 499				
Parrish, FL 34219	Audit Status:		N/A Effective Date	
Provider Type:	Current Rate			
Rural Health Clinic				
Swing-Bed Provider		<u></u>		
X Federally Qualified Health Centers	\$118.30	\$118.65	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for Notal Interim Total Interim Settlement based on costs  W. Rydell Samuel, Add Medicaid Cost Reimburser	lministrator	<u>F</u>	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Manatee County Rural Health Services, Inc.		Provider 1	Number:	029561232		
Readi-Care Plus	Date:		10/01/2011			
PO Box 499		Fiscal Year End:		N/A N/A		
Parrish, FL 34219		Audit Status:				
Provider Type:		Current Rate New Rate				
Rural Health Clinic				·		
Swing-Bed Provider	<del></del>					
X Federally Qualified Health Centers	:	\$118.30	\$118.65	10/01/2011		
Hospice Provider						
#651 Routine Home Care						
#652 Continuous Home Care				!		
#655 Inpatient Respite Care						
#656 General Inpatient Care	<u> </u>					
#659 Room and Board						
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution:  Eigel A cont	Interim Total Inte Settlemen W. Ry	rospective tive Adjusted for N	lministrator	R.		
Fiscal Agent Contract Management Permanent File Program Development:						
For information Only ( No Change in rate)						



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Manatee County Rual Health Services River Landings OB/GYN PO Box 499 Parrish, FL 34219	Provider Number: Date: Fiscal Year End: Audit Status:		029561233 10/01/2011 N/A N/A		
Provider Type:	Current Rate	Current Rate New Rate			
Rural Health Clinic	:				
Swing-Bed Provider	·				
X Federally Qualified Health Centers	\$118.30	\$118.65	10/01/2011		
Hospice Provider					
#651 Routine Home Care			<del></del>		
#652 Continuous Home Care	:		·		
#655 Inpatient Respite Care			: 		
#656 General Inpatient Care					
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs	New Costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ac Medicaid Cost Reimburser				
For information Only ( No Change in rate)					



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Manatee County Rural Health Services North County Family Vision Center PO Box 499 Parrish, FL 34219	Provider Number: Date: Fiscal Year End: Audit Status:		029561236 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$118.30	\$118.65	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			· ·
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburser		
For information Only ( No Change in rate)			



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Manatee Count Rural Health Services, Inc.	Provider Number: Date:		029561238 10/01/2011	
PO Box 499	Fiscal Year End:			N/A
Parrish, FL 34219		Audi	t Status:	N/A
Provider Type:	Current Rate New Rate Effe			Effective Date
Rural Health Clinic		:		
Swing-Bed Provider		:		
X Federally Qualified Health Centers		\$118.30	\$118.65	10/01/2011
Hospice Provider		:		· ·
#651 Routine Home Care		:		: 
#652 Continuous Home Care		:		·
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective		ve Prospective ctive Adjusted for N	lew Costs	
X Payment System Rate Average Nursing Home Rate	Total Int			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. R	nt based on costs  ydell Samuel, Ad  aid Cost Reimburser		
For information Only ( No Change in rate)				



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Community HC - JR Clarke	Provider Number: Date: Fiscal Year End:		029565500 10/01/2011	
1310 22nd Avenue South				N/A
St. Petersburg, FL 33705		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			Mer.	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$107.00	\$107.32	10/01/2011
Hospice Provider				· .
#651 Routine Home Care			<u></u>	: :
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for I	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Acid Cost Reimburser		



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Community HC - Mother & Child Care of Clea	rwater	Provider 1	Number: Date:	029565501 10/01/2011
1020 Lakeview Rd		Fiscal Y		N/A
Clearwater, FL 33756		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		
Swing-Bed Provider				
X Federally Qualified Health Centers	-	\$107.00	\$107.32	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		:		,, <u></u>
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution:	Interim Total Int Settleme W. R.	Prospective ctive Adjusted for N	ministrator	F.
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Community HC at Pinellas Pk - Womens & Childrens HC	Provider 1	Date:	029565503 10/01/2011
6237 66th St North	Fiscal Y		N/A
Pinellas Park, FL 33781	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			·
X Federally Qualified Health Centers	\$107.00	\$107.32	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care		Alba	
#656 General Inpatient Care			·
#659 Room and Board			· · · · · · · · · · · · · · · · · · ·
Desk audited costs Field audited costs  Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate  Settle  W.	<del></del>	lministrator/	
For information Only ( No Change in rate)			



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Community Health Center - Largo	Provider Number: Date:		029565512 10/01/2011	
12420 - 130th Ave	Fiscal Y	N/A		
Largo, FL 33774	Aud	Audit Status:		
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic		110111111111111111111111111111111111111		
Swing-Bed Provider				
X Federally Qualified Health Centers	\$107.00	\$107.32	10/01/2011	
Hospice Provider	<b>\$107.00</b>	\$107.02	10,01,201	
#651 Routine Home Care		1.2	<u>:</u>	
#652 Continuous Home Care	<u></u>		<u>'                                      </u>	
#655 Inpatient Respite Care	· · · · · · · · · · · · · · · · · · ·			
#656 General Inpatient Care			<del></del> .	
#659 Room and Board		<del></del> .	-	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for 1  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Advised Type  W. Rydell Samuel, Advised Type  Total Interim Settlement based on costs		<b>7</b>	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Medicaid Cost Reimburse		<del>1</del> —	
For information Only ( No Change in rate)				



ommunity Health Center - Tarpon Springs Provider Numb		Number: Date:	029565514 10/01/2011	
301 S. Disston Avenue		Fiscal Year End:		
Tarpon Springs, FL 34689	Audit Status:		N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic			: 	
Swing-Bed Provider				
X Federally Qualified Health Centers	\$107.00	\$107.32	10/01/2011	
Hospice Provider				
#651 Routine Home Care	:		<del>-</del>	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget X P Unaudited costs X  Desk audited costs Field audited costs  Medicare - Prospective Intex X Payment System Rate	Prospective Total Prospective Prospective Adjusted for Nerim Total Interim Settlement based on costs W. Rydell Samuel, Ad		FX	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medicaid Cost Reimburser		<del>                                     </del>	



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North Fl. Medical Ctr., Inc Wewahitchka Me	edical Ctr	Provider 1	029568000 10/01/2011	
255 W. River Road		Fiscal Y	Date: ear End:	N/A
Wewahitchka, FL 32465		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$102.89	\$103.20	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	• • • • • • • • • • • • • • • • • • • •			
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Prospo	ve Prospective ective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser		
For information Only ( No Change in rate)				



Waku 255 V	n Fl. Medical Ctr. Inc Wakulla Medical Ctr Illa Medical Center V. River Road ahitchka, FL 32465	Provider N Fiscal Yo Audi	Date:	029568001 10/01/2011 N/A N/A
Prov	vider Type:	Current Rate	New Rate	Effective Date
-	Rural Health Clinic			
	Swing-Bed Provider			
X	Federally Qualified Health Centers	\$102.89	\$103.20	10/01/2011
	Hospice Provider	:		
	#651 Routine Home Care			
	#652 Continuous Home Care			· · · · · · · · · · · · · · · · · · ·
	#655 Inpatient Respite Care			
	#656 General Inpatient Care			·
	#659 Room and Board			
	Budget X  Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective  X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Ad Medicaid Cost Reimburser	ministrator	<b>R</b>
Fis Co Pe	ocal Agent ontract Management rmanent File ogram Development:			
	For information Only ( No Change in rate)			



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

2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

North Fl. Medical Ctr., Inc Tri County FHCC Tri County Family Health Care 255 W. River Road Wewahitchka, FL 32465		Provider N Fiscal Yo Audi	Date:	029568005 10/01/2011 N/A N/A
Provider Type:	Cu	rrent Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$102.89	\$103.20	10/01/2011
Hospice Provider	:			
#651 Routine Home Care				:
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				<u>:</u>
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective  X Total Prosp Prospective  Interim Total Interim Settlement base	Adjusted for N	Jew Costs	<b>7</b>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		l Samuel, Ad ost Reimbursen	ministrator	
For information Only ( No Change in rate)				



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

North Fl. Medical Ctrs., Inc Mayo		Provider 1	029568009	
Mayo Health Services	Date:		10/01/2011	
255 W. River Road		Fiscal Year End:		N/A
Wewahitchka, FL 32465		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		i		
X Federally Qualified Health Centers		\$102.89	\$103.20	10/01/2011
Hospice Provider		<u>i</u>		:
#651 Routine Home Care			-	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		:		
#659 Room and Board		:		
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs		Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	New Costs	
Field audited costs	<b>T</b>			
Medicare - Prospective X Payment System Rate	Interim Total Inte	anim		
Average Nursing Home Rate		nt based on costs		
	W. R	ydell Samuel, Ac	lministrator	K-
		aid Cost Reimburser	<del></del>	<del></del>
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

North Fl. Medical Ctrs., Inc Family Medical I		Provider 1		029568012
•			Date:	10/01/2011
255 W. River Road		Fiscal Yo		N/A
Wewahitchka, FL 32465		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		:		<u>.</u>
X Federally Qualified Health Centers		\$102.89	\$103.20	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				·
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Int	Prospective ective Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen		
For information Only ( No Change in rate)				



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

North Fl. Medical Ctrs., Inc Gadsden Medical Center		Provider l	029568013		
Gadsden Medical Center		E'1 <b>V</b>	10/01/2011		
255 W. River Road		Fiscal Y	ear End: It Status:	N/A N/A	
Wewahitchka, FL 32465		Audi	14/11		
Provider Type:	C	urrent Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$102.89	\$103.20	10/01/2011	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care				· ·	
#656 General Inpatient Care					
#659 Room and Board				·	
Basis:	Rate Type:				
Budget	X Prospective				
Unaudited costs	X Total Pros	spective			
Desk audited costs	Prospectiv	e Adjusted for N	New Costs		
Field audited costs	Interim				
Medicare - Prospective X Payment System Rate	Total Interin	n			
Average Nursing Home Rate		ased on costs			
		·		7	
	W. Ŕyde	ell Samuel, Ac	lministrator		
	Medicaid	Cost Reimburser	nent Analysis	V	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
i rogiam Development.					
For information Only (No Change in rate)					



North Fl. Medical Center, Inc Gadsden Dental Center	Provider 1	Number:	029568015
	Fiscal Y	Date:	10/01/2011 N/A
255 W. River Road		t Status:	N/A N/A
Wewahitchka, FL 32465			
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	·		<del>;</del>
Swing-Bed Provider			<u> </u>
X Federally Qualified Health Centers	\$102.89	\$103.20	10/01/2011
Hospice Provider			
#651 Routine Home Care	:		: ! !
#652 Continuous Home Care			
#655 Inpatient Respite Care			! :
#656 General Inpatient Care	:		
#659 Room and Board			•
Desk audited costs Field audited costs  Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate  Settle  Distribution: Fiscal Agent Contract Management Permanent File		lministrator	
Program Development:  For information Only ( No Change in rate)			



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

East	point Medi		cal Center	Provider		029568030 10/01/2011 N/A
	W. River R vahitchka,	Load Eastpoint Medical Cent FL 32465	er		it Status:	N/A
Pro	vider Typ	e:		Current Rate	New Rate	Effective Date
-	Rural He	alth Clinic				
	Swing-Be	ed Provider				
X	Federally	Qualified Health Centers		\$102.89	\$103.20	10/01/2011
	Hospice I	Provider				
	#651 R	outine Home Care				
	#652 C	ontinuous Home Care				
	#655 In	ipatient Respite Care				
:	#656 G	eneral Inpatient Care			,	
	#659 R	oom and Board				
E	Basis:	]	Rate Ty	oe:	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	Budge			pective		
i _	<del></del>	dited costs audited costs		otal Prospective rospective Adjusted for ?	New Costs	
		audited costs		ospective rigidated for .	ion cosis	
:		care - Prospective	Interim			
_		ent System Rate ge Nursing Home Rate		al Interim lement based on costs		
		<u></u>		ement based on costs		
				/. Rydell Samuel, Addicaid Cost Reimburse		
F C P	istribution iscal Agent contract Mana ermanent File rogram Devel	gement				
_	For infor	mation Only ( No Change in rate)	)			



Medicaid Reimbursemen				
Family Health Centers of SW Florida - Downto	own Ft Myers	Provider 1		029570100
D.O. D. 1500		Fiscal Y	Date:	10/01/2011 N/A
P.O. Box 1588			t Status:	N/A
Ft. Myers, FL 33902				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		<del></del>
Swing-Bed Provider				
X Federally Qualified Health Centers		\$105.11	\$105.43	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				<u> </u>
#655 Inpatient Respite Care				! :
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent	Interim Total Int Settleme  W. R	ve Prospective ctive Adjusted for N	ministrator	<u> </u>
Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				
1 of information only (140 change in fate)				



Medicaid Reimbursement	<u>Per Diem Rates for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Family Health Centers of SW Florida - Labelle	Provider 1	029570101	
	***	Date: 10/01/20 Fiscal Year End: N/A	
P.O. Box 1588		ear End: t Status:	N/A
Ft. Myers, FL 33902	Audi	N/A	
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			:
X Federally Qualified Health Centers	\$105.11	\$105.43	10/01/2011
Hospice Provider			· :
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			<u> </u>
#656 General Inpatient Care			:
#659 Room and Board			
Basis:	Rate Type:		
	T. D. C.		
Budget Unaudited costs	X Prospective X Total Prospective		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
		1	R/
	W. Rydell Samuel, Ad		
	Medicaid Cost Reimbursen	nent Analysips `	
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File Program Development:			
rogram Development.			
For information Only (No Change in rate)			
Tot information only (140 change in fate)			



Family Health Centers of SW Florida - Bonita Springs		ovider 1	029570102 10/01/2011	
P.O. Box 1588	F		ear End:	N/A
Ft. Myers, FL 33902		Audi	t Status:	N/A
Provider Type:	Curren	t Rate	New Rate	Effective Date
Rural Health Clinic				i
Swing-Bed Provider				<u> </u>
X Federally Qualified Health Centers	\$1	05.11	\$105.43	10/01/2011
Hospice Provider				· · · · · · · · · · · · · · · · · · ·
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				<del></del>
#659 Room and Board				
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective X Total Prospective Prospective Adju Interim Total Interim Settlement based or	sted for N	New Costs	
<u>Distribution:</u>	W. Rydell San Medicaid Cost Ro	nuel, Ac eimburse	lministrator ment Analysis	
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Medicald Reimbursement Fer Diem Rate			<del></del>
Family Health Centers of SW Florida - East Ft Myers	Provider 1	029570103	
	Date: Fiscal Year End:		10/01/2011
P.O. Box 1588		t Status:	N/A N/A
Ft. Myers, FL 33902	rudi	t Status.	
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			:
X Federally Qualified Health Centers	\$105.11	\$105.43	10/01/2011
Hospice Provider			! :
#651 Routine Home Care	:		: : =
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Desk audited costs Field audited costs  Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate  W. R	ive Prospective ective Adjusted for N	lministrator	F
Fiscal Agent Contract Management Permanent File			



Medicaid Reimbursemen	it Per Diem Rates io	r Non-Instituti	onal Provide	<u>rs</u>
Family Health Centers of SW Florida - Leigh A	Acres	Provider N		029570105
		Eineal W	Date:	10/01/2011
P.O. Box 1588		Fiscal Ye	ear End: t Status:	N/A N/A
Ft. Myers, FL 33902		Audi	i Biaius.	IN/A
Provider Type:	C	urrent Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				· ·
X Federally Qualified Health Centers		\$105.11	\$105.43	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	· !			
#655 Inpatient Respite Care	:			
#656 General Inpatient Care				
#659 Room and Board				:
Basis:	Rate Type :	<del></del>		
Budget	X Prospective X Total Pros	maatiro		
Unaudited costs  Desk audited costs		e Adjusted for N	ew Costs	
Field audited costs		e riajastea for ri	<b>0</b> 11 00010	
Medicare - Prospective	Interim			
X Payment System Rate	Total Interin	n		
Average Nursing Home Rate	Settlement b	ased on costs		
			وسسه	Z,
		ll Samuel, Ad		
	Medicaid	Cost Reimbursen	ent Analysis	1
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursement	Per Diem Rates	<u>for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Family Health Centers of SW Florida - North Ft	Myers	Provider 1	Number: Date:	029570106
D.O. D 1500		Fiscal Y		10/01/2011 N/A
P.O. Box 1588			t Status:	N/A
Ft. Myers, FL 33902		1		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic	<u></u> .			
Swing-Bed Provider				
X Federally Qualified Health Centers		\$105.11	\$105.43	10/01/2011
Hospice Provider				:
#651 Routine Home Care				
#652 Continuous Home Care				! 
#655 Inpatient Respite Care				; 
#656 General Inpatient Care				
#659 Room and Board	<u></u>			: 
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Inte	ospective tive Adjusted for N	ministrator	
For information Only ( No Change in rate)				



Medicaid Reimbursemen	<u>t Per Diem Rates</u>	tor Non-Institut	ional Provide	<u>rs</u>
Family Health Centers of S.W. Florida - Paul L.	awrence	Provider N		029570107
			Date:	10/01/2011
P.O. Box 1588		Fiscal Yo		N/A
Ft. Myers, FL 33902		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			-	
X Federally Qualified Health Centers		\$105.11	\$105.43	10/01/2011
Hospice Provider				
#651 Routine Home Care	22			:
#652 Continuous Home Care				
#655 Inpatient Respite Care				:
#656 General Inpatient Care	÷ .# /#			:
#659 Room and Board				: 
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Inte	rospective ctive Adjusted for N	ministrator	K
For information Only ( No Change in rate)				



Medicaid Reimbursement Per I	<u> Diem Rates for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Family Health Centers of S.W. Florida - South Ft My	ers Provider 1	Number: Date:	029570109 10/01/2011
P.O. Box 1588	Fiscal Y	ear End:	N/A
Ft. Myers, FL 33902	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$105.11	\$105.43	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Budget X Unaudited costs X Desk audited costs Field audited costs	rospective Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimbursen	ministrator	K
For information Only ( No Change in rate)			



<u>Medicaid Reimburseme</u>	ent Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Family Health Centers. of S.W. Florida - Cape	e Coral	Provider 1		029570110
D 0 D 1500		Fiscal Y	Date:	10/01/2011
P.O. Box 1588			t Status:	N/A N/A
Ft. Myers, FL 33902				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				· :
Swing-Bed Provider				:
X Federally Qualified Health Centers		\$105.11	\$105.43	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :	<u>.</u>		
Budget	X Prospectiv	e		
Unaudited costs		rospective	_	
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemer	t based on costs		
	m, n	1110 1 1	h	R/
		dell Samuel, Ad id Cost Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
<b>2</b>				
For information Only (No Change in rate)				



Medicaid Reimbursement P	er Diem Rates for N	on-Institut	<u>ional Provide</u>	<u>rs</u>
Family Health Centers of S.W. Florida - Broadwa	y Dental	Provider 1	Number: Date:	029570111 10/01/2011
P.O. Box 1588		Fiscal Y	ear End:	N/A
Ft. Myers, FL 33902		Audi	t Status:	N/A
Provider Type:	Cur	rent Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	I.			
X Federally Qualified Health Centers	:	\$105.11	\$105.43	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	:		-	
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective X Total Prospective A Prospective A Interim Total Interim Settlement based	djusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell S Medicaid Cos		ministrator	R'
For information Only ( No Change in rate)				



<u>Medicaid Reimbursemen</u>	<u>t Per Diem Rate</u>	<u>es for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Family Health Centers of SW Florida Inc - Port Charlot		Provider 1	029570112	
D.O. D. 14000		Fiscal Y	Date:	10/01/2011
P.O. Box 1588			t Status:	N/A N/A
Ft. Myers, FL 33902				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$105.11	\$105.43	10/01/2011
Hospice Provider			• • • • • • • • • • • • • • • • • • • •	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				i
#656 General Inpatient Care		:		
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prosponderim Total In	ive Prospective ective Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen		R
For information Only ( No Change in rate)				



	t Per Diem Rates for Non-Institu		<del></del>	
Family Health Centers of SW Florida - Pine Isla	and Provider	Date: 10/		
P.O. Box 1588	Fiscal Y			
		it Status:	N/A N/A	
Ft. Myers, FL 33902				
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$105.11	\$105.43	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		ı		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for I	New Costs	•	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburse		<b>F</b>	
For information Only ( No Change in rate)				



# Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Family Health Centers of SW Florida South Fort Myers Medical Center PO Box 1588 Fort Myers, FL 33902	Provider N Fiscal Yo Audi	Date:	029570118 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$105.11	\$105.43	10/01/2011
Hospice Provider			
#651 Routine Home Care			:
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			· :
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		
For information Only ( No Change in rate)			



Medicaid Reimbursement P	er Diem Rate	s ior Non-Institut	ionai Provide	<u>rs</u>
Family Health Centers of SW Florida - Bonita Spr	ings	Provider 1		029570120
DO D 1500		Fiscal Y	Date:	10/01/2011 N/A
P.O. Box 1588			t Status:	N/A N/A
Ft. Myers, FL 33902				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		į		
X Federally Qualified Health Centers		\$105.11	\$105.43	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				·
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Total Interim Total Interim Settleme W. R.	Prospective ctive Adjusted for N	ministrator	<b>R</b>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



Medicaid Reimbursemen	it Per Diem Rates	for Non-Institut	ional Provide	ers
Family Hlth Ctr of SW Florida - Broadway Av	e Provider Number: 029570			029570122
		Date:		10/01/2011
P.O. Box 1588		Fiscal Ye	ear End: t Status:	N/A N/A
Ft. Myers, FL 33902		Audi	i Status.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				:
Swing-Bed Provider				
X Federally Qualified Health Centers		\$105.11	\$105.43	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :		····	
Budget Unaudited costs	X Prospectiv	e rospective		
Desk audited costs		rospective ctive Adjusted for N	ew Costs	
Field audited costs		j		
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemer	t based on costs		
				R.
		dell Samuel, Ad		<u> </u>
	Medica	id Cost Reimbursen	ient Analys <b>is</b>	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
1105tuni Developniene.				
For information Only ( No Change in rate)				



Provider l	Provider Number: 02957280				
Fiscal Y					
		N/A			
Current Rate	New Rate	Effective Date			
		<u>:</u>			
\$143.69	\$144.12	10/01/2011			
:					
		!			
		!			
		:			
X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs		 R			
	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for North Interim Settlement based on costs  W. Rydell Samuel, Advanced in the settlement of the settlement	Rate Type:    X			



Community Health Center of South Florida -		Provider 1		029572801 10/01/2011
810 West Mowry Street		Fiscal Y		N/A
Homestead, FL 33030		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		:		
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				· :
#652 Continuous Home Care				:
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	_	:		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Int Settleme	Prospective ective Adjusted for N	lministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Community Health of South - Dental Svc		Provider 1	Number: Date:	029572802 10/01/2011
10300 S.W. 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				!
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs  Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemer	t based on costs		
		dell Samuel, Ad id Cost Reimbursen		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Community Health of South Florida - MLK De		Provider 1		029572803 10/01/2011
810 West Mowry Street		Fiscal Y	ear End:	N/A
Homestead, FL 33030		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			-	
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				:
#651 Routine Home Care		1		
#652 Continuous Home Care		:		:
#655 Inpatient Respite Care				
#656 General Inpatient Care				:
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		
For information Only ( No Change in rate)				



Community Health of South Florida - W. Perrin W. Perrine Health Ctr 17623 Homestead Avenue Perrine, FL 33157	ne Health Ctr	Provider l Fiscal Y Audi	Date:	029572804 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic	·			:
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				:
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	•			:
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospec Interim Total Inte	rospective tive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		
For information Only ( No Change in rate)				



Community Health of South Florida - Naranja Health Naranja Health Center 13890 S.W. 264 Street Homestead, FL 33030	th Center	Provider I Fiscal Y Audi	Date:	029572805 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				:
#659 Room and Board				
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Interim Settlement W. Ry	ospective tive Adjusted for N	ministrator	· · · · · · · · · · · · · · · · · · ·
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



C '. II 14 CC 4 El :1 W.B. : B			_
Community Health of South Florida - W. Perrine Den	tal Provider		029572806
W. Perrine Health Ctr - Dental	Figaal V	Date: ear End:	10/01/2011
17623 Homestead Avenue		it Status:	N/A N/A
Homestead, FL 33157	Auu	n siaius.	IN/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider			:
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care		-	
#656 General Inpatient Care			
#659 Room and Board			
Basis: Rat	e Type :		
Budget X	Prospective		
Unaudited costs X	Total Prospective		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs	_ ' '		
	nterim		
X Payment System Rate Average Nursing Home Rate	_ Total Interim		
Average Nursing Home Rate	Settlement based on costs		
			<b>7</b> /
	W. Rydell Samuel, Ad	ministrator	
	Medicaid Cost Reimbursen	nent Analysis	
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only ( No Change in rate)			



# Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Community Health of South Florida - Everglades Health Everglades Health Center 19200 S.W. 380th Street Florida City, FL 33030	Fiscal Y	Date:	029572809 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care	i !		
#655 Inpatient Respite Care	I		:
#656 General Inpatient Care	:		
#659 Room and Board			:
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  T	ospective Total Prospective Prospective Adjusted for N	lew Costs	·
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		



Community Health of South Florida - S. Dade Health Center S. Dade Health Center 13600 S.W. 312th Street Homestead, FL 33090	Fiscal Y	Number: Date: ear End: it Status:	029572810 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	,		
Swing-Bed Provider			
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			!
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Tota	ective tal Prospective ospective Adjusted for N	New Costs	
	. Rydell Samuel, Acedicaid Cost Reimburser		



Community Health of South Florida - Naranja HC Dental Narania HC Dental 10300 SW 216 Street Miami, FL 33190	Provider l Fiscal Y Audi	Date:	029572811 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			:
#656 General Inpatient Care	:		
#659 Room and Board			
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Se	spective Total Prospective Prospective Adjusted for N	ministrator	R
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)			



# Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Community Health of South Florida - Everglades HC Dental Everglades HC Dental 10300 SW 216 Street Miami, FL 33190	Provider l Fiscal Y Audi	Date:	029572813 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care		,	
#659 Room and Board		:	
Desk audited costs Field audited costs  Medicare - Prospective X Payment System Rate Average Nursing Home Rate  W. Ry	Prospective ctive Adjusted for N	ministrator	<b>R</b>
Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)			



Community Health of South Florida - Laura Sau		Provider 1		029572815 10/01/2011
10300 SW 216 Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	:		· · · · · · · · · · · · · · · · · · ·	
#659 Room and Board			: 	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management	Interim Total Inter Settlement W. Ryd	ospective tive Adjusted for N	ministrator	R
Permanent File Program Development:  For information Only ( No Change in rate)				



Community Health of South Florida - Homester	Community Health of South Florida - Homestead Senior High		Number: Date:	029572817 10/01/2011
10300 SW 216 St		Fiscal Y		N/A
Miami, FL 33190		Audı	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		:		
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider		,		
#651 Routine Home Care		:		
#652 Continuous Home Care				
#655 Inpatient Respite Care				· ·
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inte	Prospective ctive Adjusted for N	ministrator	£
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medica	na Cost Reinbursel	iviit Audiyə <b>ş</b>	



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

a Office of Medicaid Cost Reimbursement Planning and Ana 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Community Health of South Florida - Cope South		Provider 1	029572819 10/01/2011	
10300 SW 216 St		Fiscal Y	Date: ear End:	N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate New Rate Effective Da		
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		:		
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective	Prospe Interim	rospective ctive Adjusted for N	ew Costs	
Average Nursing Home Rate	Total Inte	erim  It based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	 W. R <u>y</u>	dell Samuel, Ad		R
For information Only ( No Change in rate)				



<u>Medicaid Reimbursemen</u>	it Per Diem Rates for Non-Institut	<u>ionai Provide</u>	<u>rs</u>
Community Health of South Florida - 307 St	Provider 1		029572821
		Date:	10/01/2011
15790 SW 307 Street		ear End: it Status:	N/A
Homestead, FL 33035	Aug	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider	:		
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			:
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Add Medicaid Cost Reimbursen	ministrator	R
Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)			
For information only ( No Change in fate)			



Tallahassee, Florida 32308

Community Health of South Florida - Marathon Healt	h Center	Provider N	Number: Date:	
10300 S.W. 216th Street		Fiscal Ye		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:	Cı	ırrent Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	:			
X Federally Qualified Health Centers	<u>.</u>	\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	-			 
#659 Room and Board	-			:
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospective  Interim Total Interim Settlement ba  W. Rydel	Adjusted for N	ministrator	<u>K</u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



Medicaid Reimbursement Per	Diem Rates for Non-Instit	<u>utional Provide</u>	<u>ers</u>
Community Health of South Florida - Moton Elemen	tary Sch Provide	r Number: Date:	029572826 10/01/2011
10300 S.W. 216th Street		Year End:	N/A
Miami, FL 33190	Au	dit Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			:
Swing-Bed Provider			
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider			
#651 Routine Home Care	:		
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Budget X  Unaudited costs X  Desk audited costs Field audited costs  Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective Total Prospective Prospective Adjusted for Interim Total Interim Settlement based on costs	New Costs	
D. 4.1. 4	W. Rydell Samuel, A Medicaid Cost Reimburs	dministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			
For information Only ( No Change in rate)			



<u>Medicaid Reimbursemen</u>	<u>t Per Diem Kates</u>	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Community Health Center of S. Dade - Campbe	ell Drive Middle	Provider 1		029572827
		T:1 37	Date:	10/01/2011
10300 S.W. 216th Street		Fiscal Y	ear Eng: t Status:	N/A N/A
Miami, FL 33190		Audi	t Status.	IV/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget Unaudited costs	X Prospectiv	e rospective		
Desk audited costs		tive Adjusted for N	ew Costs	
Field audited costs		<b>.</b>		
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	t based on costs		
				R/
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only ( No Change in rate)				
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# Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis

2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Community Health of South Florida - Colonial Drive Elen		Provider Number: Date:		
10300 S.W. 216th Street		ear End:	N/A	
Miami, FL 33190	Audi	it Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011	
Hospice Provider			-	
#651 Routine Home Care			· :	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care			i 	
#659 Room and Board				
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective Interi X Payment System Rate To Average Nursing Home Rate Se	ospective Total Prospective Prospective Adjusted for N	lministrator	T	
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Community Health of South Florida - H.A Ammons Mide	dle Provider		029572829
	T" 1 X Z	Date:	10/01/2011
10300 S.W. 216th Street	Fiscal Y	ear Eng: t Status:	N/A N/A
Miami, FL 33190	Audi	it Status.	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider		M	: :
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			· · · · · · · · · · · · · · · · · · ·
#659 Room and Board			· · · · · · · · · · · · · · · · · · ·
Basis: Rate T	Sype:		
Budget X Pr	rospective		
Unaudited costs X	Total Prospective		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective Inter			
	otal Interim		
Average Nuising Home RateS	ettlement based on costs		
	W. Rydell Samuel, Ac		FK .
	Medicaid Cost Reimburser	nent Analysis	
Distribution:			
Fiscal Agent			
Contract Management			
Permanent File Program Development:			
1 rogram Development.			
For information Only ( No Change in rate)			



Medicaid Reimbursement Po				<del></del>
Community Health of South Florida - Jane Roberts	s Elem	Provider 1	Number: Date:	029572830
10300 S.W. 216th Street		Fiscal Y	10/01/2011 N/A	
Miami, FL 33190			t Status:	N/A
	C	rrent Rate	Now Date	Effective Date
Provider Type:	<u>Ci</u>	irrent Rate	New Kate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	•	01.42.60	C1 4 4 1 3	10/01/2011
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care	·			•
#652 Continuous Home Care				
#655 Inpatient Respite Care				· · · · · · · · · · · · · · · · · · ·
#656 General Inpatient Care			<del>-</del>	
#659 Room and Board				<u> </u>
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Total Prosp Prospective  Interim Total Interim Settlement ba  W. Rydel	Adjusted for N sed on costs  I Samuel, Ad	ministrator	 <u>F</u>
	Medicaid C	ost Reimburser	nent Analysis	N .
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



# Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Community Health of South Florida - John A. Ferguson Sen		Date:	029572831 10/01/2011
10300 S.W. 216th Street		ear End:	N/A
Miami, FL 33190	Aud	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			<del>.</del>
Swing-Bed Provider			i
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care		***	
#656 General Inpatient Care			'
#659 Room and Board			
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Total	pective stal Prospective ospective Adjusted for N	New Costs	,
	7. Rydell Samuel, Ac edicaid Cost Reimburser		
For information Only ( No Change in rate)			



Medicaid Reimbursemen		Provider 1		029572832
Community Health of South Florida - South Dade Senior 10300 S.W. 216th Street		1 TOVIGET 1	10/01/2011	
		Fiscal Y	Date: ear End:	N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:	·	Current Rate	New Rate	Effective Date
Rural Health Clinic			- 1	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				:
#659 Room and Board				:
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management	Interim Total In Settleme	Prospective ective Adjusted for N	ministrator	F.
Permanent File Program Development:				
For information Only ( No Change in rate)				



<u>Medicaid Reimbursement</u>	Per Diem Rates		-	
Community Health of South Florida - W.A. Chap	oman Elem	Provider 1		029572833
40000 G W. 6464 G		Fiscal Y	Date:	10/01/2011 N/A
10300 S.W. 216th Street			t Status:	N/A N/A
Miami, FL 33190				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
				<b>P</b> /
		dell Samuel, Ad		
	Medica	id Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
1 Togram Development.				
For information Only ( No Change in rate)				
To information only (100 change in rate)				



Medicaid Reimbursemer	it Per Diem Kate			e <u>rs</u>
Community Health of South Florida - West Mi	iami Middle	Provider l		029572835 10/01/2011
		Fiscal Y	Date:	
10300 S.W. 216th Street			t Status:	N/A N/A
Miami, FL 33190		1 Iuu	t Butus.	IVA
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				<del>;</del>
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care		:		
#652 Continuous Home Care				:
#655 Inpatient Respite Care		:		
#656 General Inpatient Care				:
#659 Room and Board				
- · · · · · · · · · · · · · · · · · · ·				
Basis:	Rate Type:			· . <u>-</u> .
		l		
Budget	X Prospecti			
Unaudited costs  Desk audited costs		Prospective ective Adjusted for N	lew Costs	
Field audited costs	—— ^{1103pt}	ottvo riajustoa for i	ion costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
				7/
	W. R	ydell Samuel, Ad	lministrator	
	Medic	aid Cost Reimburser	nent Analysis	<b>V</b>
Distribution				
<u>Distribution:</u> Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



## Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Community Health of South Florida - Braddock S	Senior Provider		029572837	
10300 S.W. 216th Street	Fiscal Y	Date: Tear End:	10/01/2011 N/A	
Miami, FL 33190		it Status:	N/A	
Wildlin, 11. 33190	<u> </u>	,		
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic			·	
Swing-Bed Provider				
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		, i		
#659 Room and Board				
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs	New Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ac Medicaid Cost Reimburser			
For information Only ( No Change in rate)				



Tallahassee, Florida 32308

Community Health of South Florida - Flagami Elem.	Provider 1	Provider Number: Date: Fiscal Year End:	
10300 SW 216th Street			
Miami, FL 33190	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			i
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			<u> </u>
#656 General Inpatient Care			
#659 Room and Board			:
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  To	ospective Total Prospective Prospective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	W. Rydell Samuel, Ad Medicaid Cost Reimburser		



Community Health of S. Florida - Avocado Elem.	Provider Number: Date:		029572853 10/01/2011	
10300 SW 216th Street	Fiscal Y		N/A	
Miami, FL 33190	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011	
Hospice Provider	:			
#651 Routine Home Care	:			
#652 Continuous Home Care			: 	
#655 Inpatient Respite Care				
#656 General Inpatient Care		·		
#659 Room and Board				
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Distribution:	pective otal Prospective rospective Adjusted for N	lministrator		
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



<u> Wiedicaid Reimbursemen</u>	t Per Diem Rates for Non-Institut	<u>ionai Provide</u>	<u>rs</u>	
Community Health of S. Florida - Airbase Elem	Provider		029572854	
		Date:	10/01/2011	
10300 SW 216 Street		ear End:	N/A	
Miami, FL 33190	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic	· •			
Swing-Bed Provider				
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care			: :	
#655 Inpatient Respite Care				
#656 General Inpatient Care			· · · · · · · · · · · · · · · · · · ·	
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File Program Development:	X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Additional Cost Reimburser	ministrator	R	
For information Only ( No Change in rate)				



<u> </u>				<u>18</u>
Community Health of S. Florida - FL City Elem				029572855 10/01/2011
		Date:		
10300 SW 216th Street		Fiscal Y	ear Eng: t Status:	N/A N/A
Miami, FL 33190		Auui	i Status.	N/A
Provider Type:	Curre	ent Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care	:			
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospective			
Unaudited costs	X Total Prospective	ve		
Desk audited costs	Prospective Ad	justed for N	ew Costs	
Field audited costs	Tara anima			
Medicare - Prospective X Payment System Rate	Interim Total Interim			
Average Nursing Home Rate	Settlement based	on costs		
				<del></del>
	W. Rydell Sa	muel, Ad	ministrator	
	Medicaid Cost	Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
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For information Only ( No Change in rate)				



## Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

	Date:	029572856 10/01/2011
Fiscal Y		N/A
Audi	t Status:	N/A
Current Rate	New Rate	Effective Date
\$143.69	\$144.12	10/01/2011
:		
re Prospective ctive Adjusted for N erim at based on costs	lew Costs	
	Audi Current Rate \$143.69  \$143.69  The prospective active Adjusted for Note that the based on costs are active and the based on costs are active active and the based on costs are active a	Audit Status:  Current Rate New Rate  \$143.69 \$144.12  The prospective arospective Adjusted for New Costs  Perim



<u> Wiedicaid Reimbursement P</u>	er Diem Kates			<u>rs</u>
Community Health of S. Florida - McMillan Midd	ile	Provider 1		029572857
			Date:	10/01/2011
10300 SW 216th Street		Fiscal Y		N/A
Miami, FL 33190		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	MA WITT TITLE			
#655 Inpatient Respite Care				
#656 General Inpatient Care		:		
#659 Room and Board		:		
Basis:	Rate Type :			
Budget S				
Unaudited costs  Desk audited costs		rospective ctive Adjusted for N	law Costs	
Field audited costs		ctive Aujusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	— Total Inte	rim		
Average Nursing Home Rate	Settlemen	nt based on costs		
			,,,,,	<b>P</b> V
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	ı
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
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For information Only (No Change in rate)				
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Tallahassee, Florida 32308

Community Health of S. Florida - Perrine Elem	<del>,</del>	Provider Number: Date:		029572858 10/01/2011	
10300 SW 216th Street		Fiscal Y		N/A	
Miami, FL 33190		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		Von Marchael W.V. 1977 W.			
Swing-Bed Provider					
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care				:	
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board				· ·	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File	Interim Total Inte Settlemen W. Ry	rospective tive Adjusted for N	ministrator	<b>R</b>	
Program Development:  For information Only ( No Change in rate)					



Medicaid Reimbursemen	it Per Diem Rates for Non-Institu		<u>ers</u>	
Community Health of S Florida - Redondo Eler	m Provider	Provider Number:		
10000 GW 0161 G	Figaal 3	Date: Year End:	10/01/2011	
10300 SW 216th Street		lit Status:	N/A N/A	
Miami, FL 33190			14/11	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			:	
#656 General Inpatient Care				
#659 Room and Board	;			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for  Interim Total Interim Settlement based on costs	New Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, A Medicaid Cost Reimburse			
For information Only ( No Change in rate)				



<u>Medicaid Reimbursement Per Di</u>			<u>rs</u>	
Community Health of S. Florida - Royal Green Elem	Provider 1	Provider Number:		
	Elanal V	Date:	10/01/2011	
10300 SW 216th Street	Fiscal Y	ear End: t Status:	N/A N/A	
Miami, FL 33190	Auu	i Status.	IN/PA	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic			:	
Swing-Bed Provider				
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011	
Hospice Provider				
#651 Routine Home Care	:			
#652 Continuous Home Care			· ·	
#655 Inpatient Respite Care	·			
#656 General Inpatient Care				
#659 Room and Board	,		:	
Basis: Rate	e Type :			
	<del></del>			
Budget X	Prospective			
Unaudited costs X	<ul> <li>Total Prospective</li> <li>Prospective Adjusted for N</li> </ul>	Iow Costs		
Desk audited costs Field audited costs	- Prospective Adjusted for N	iew Cosis		
	iterim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs			
			<del></del>	
	W. Rydell Samuel, Ad	ministrator		
	Medicaid Cost Reimbursen		_	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



<u>Medicaid Reimbursement Pe</u>	r Diem Rate	<u>s for Non-Institut</u>	<u>ional Provide</u>	rs
Community Health of S Florida - South Wood Middle		Provider 1		029572870 10/01/2011
10000 07770161 0		Date: Fiscal Year End:		
10300 SW 216th Street			ear End: t Status:	N/A N/A
Miami , FL 33190			t Blatus.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		:		
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				<u> </u>
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	-			
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Int	Prospective ective Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimbursen		
For information Only ( No Change in rate)				



## Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

FL Community Health Ctrs- Okeechobee		Provider 1	Number: Date:	029574400 10/01/2011	
4450 South Tiffany Drive		Fiscal Y		N/A	
West Palm Beach,, FL 33407		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic	: 				
Swing-Bed Provider					
X Federally Qualified Health Centers		\$117.94	\$118.29	10/01/2011	
Hospice Provider	:				
#651 Routine Home Care					
#652 Continuous Home Care	:				
#655 Inpatient Respite Care	:				
#656 General Inpatient Care					
#659 Room and Board		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Budget X	Interim Total Interi Settlement W. Ryd	ve Adjusted for N	ministrator	<b>F</b>	
Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



FL Community Health Ctrs - Infectious Disease Center		Provider Number:		029574401	
4450 Canala Tiffana Daire		Fiscal Y	Date: ear End:	10/01/2011 N/A	
4450 South Tiffany Drive			t Status:	N/A	
West Palm Beach,, FL 33407					
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider				:	
X Federally Qualified Health Centers		\$117.94	\$118.29	10/01/2011	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		:			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N	ew Costs		
<b>Distribution:</b> Fiscal Agent Contract Management		ydell Samuel, Ad nid Cost Reimbursen			
Permanent File Program Development:					
For information Only ( No Change in rate)					



## Florida Agency for Health Care Administration

## State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

FL Community Health Centers - Clewiston				
4450 South Tiffany Drive		Fiscal Year End:		N/A
West Palm Beach,, FL 33407		Audit Status: N/		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	··· -	\$117.94	\$118.29	10/01/2011
Hospice Provider				
#651 Routine Home Care		:		
#652 Continuous Home Care		:		
#655 Inpatient Respite Care				
#656 General Inpatient Care		:		
#659 Room and Board				
Basis:	Rate Type :			······
Budget	X Prospective			
Unaudited costs		Prospective	Iow Coota	
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	iew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			,	
For information Only ( No Change in rate)				



Florida Community Health Centers - Indiantov		Provider 1		
4450 South Tiffany Drive		Fiscal Y		N/A
West Palm Beach, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		Current Rate	- Tiew Rate	Directive Date
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.94	\$118.29	10/01/2011
Hospice Provider		\$117.74	\$110.27	10/01/2011
#651 Routine Home Care		:		<del></del>
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board		<u>.</u>		
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		R
For information Only ( No Change in rate)				



Florida Community Health Centers - Ft Pierce		Provider 1	Number: Date:	029574404 10/01/2011
4450 South Tiffany Drive		Fiscal Year End:		N/A
West Palm Beach,, FL 33407	Audit Status:		t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		
Swing-Bed Provider				:
X Federally Qualified Health Centers		\$117.94	\$118.29	10/01/2011
Hospice Provider				:
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			, ,	!
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average realising from Rate	Settlemer	nt based on costs		
	W. Ry	dell Samuel, Ad	ministrator	R
		id Cost Reimbursen		—
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



<u>Medicaid Reimburseme</u>	<u>nt Per Diem Rate</u>	<u>s for Non-Institut</u>	<u>ional Provide</u>	ers
Florida Community Health Centers - Lakeshore Medical		Provider 1	029574406	
4450 G 1 MICC D 1		Date: Fiscal Year End:		10/01/2011
4450 South Tiffany Drive			t Status:	N/A N/A
West Palm Beach,, FL 33407				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		:
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.94	\$118.29	10/01/2011
Hospice Provider				<u>.                                    </u>
#651 Routine Home Care				· :
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Int Settleme W. R	Prospective ective Adjusted for N	ministrator	F
For information Only ( No Change in rate)				



Provider 1	Jumber	— 029574414
i iovidei i	Date:	10/01/2011
		N/A
Audi	t Status:	N/A
Current Rate	New Rate	Effective Date
\$117.94	\$118.29	10/01/2011
:		
:		
ospective Total Prospective Prospective Adjusted for N  m otal Interim ettlement based on costs	ew Costs	
	Fiscal Ye Audi  Current Rate  \$117.94  \$117.94  Spective Total Prospective Prospective Adjusted for Norm  Intal Interim Ittlement based on costs  W. Rydell Samuel, Ad	Fiscal Year End: Audit Status:  Current Rate New Rate  \$117.94 \$118.29  Expective  Total Prospective  Prospective Adjusted for New Costs  matal Interim



FL Community Health Ctrs- North Palm Beach	1	Provider 1	Number: Date:	029574416 10/01/2011
4450 S. Tiffany Drive		Fiscal Y	ear End:	N/A
West Palm Beach, FL 33407		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$117.94	\$118.29	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inte	rospective ctive Adjusted for N rim t based on costs		F.
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Ad id Cost Reimbursen		



FL Community Health Centers - Pahokee		Provider 1		029574418	
AASO S. Tiffama Duive		Fiscal Y	Date:	10/01/2011 N/A	
4450 S. Tiffany Drive West Palm Beach, FL 33407			t Status:	N/A N/A	
west raint beach, FL 33407		·			
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$117.94	\$118.29	10/01/2011	
Hospice Provider		:			
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
		:			
Basis:	Rate Type :				
2.1010					
Budget	X Prospective				
Unaudited costs  Desk audited costs		rospective ctive Adjusted for N	lovy Costa		
Field audited costs	Prospe	ctive Adjusted for N	ew Costs		
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate	Settlemen	nt based on costs			
				7/	
	W. Ry	dell Samuel, Ad	ministrator		
	Medica	id Cost Reimbursen	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Bond Community Health Center	Provider Number: 060551401  Date: 10/01/2011				
1720 S. Gadsden St.	Fiscal Year End: N/				
Tallahassee, FL 32314	Audit Status:				
Provider Type:	Current Rate	New Rate	Effective Date		
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers	\$110.73	\$111.06	10/01/2011		
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care	30.00				
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for M  Interim Total Interim Settlement based on costs	New Costs	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	W. Rydell Samuel, Ac Medicaid Cost Reimburser				



Medicaid Reimbursemer	<u>it Per Diem Rates</u>	<u>for Non-Institut</u>	<u>ional Provide</u>	<u>rs</u>
Bond Community Health Assoc West Orange	2	Provider 1		060551402
		77' 1.77	Date:	10/01/2011
1720 S. Gadsden St.		Fiscal Y	ear End: t Status:	N/A N/A
Tallahassee, Fl 32310		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		:		
X Federally Qualified Health Centers		\$110.73	\$111.06	10/01/2011
Hospice Provider				
#651 Routine Home Care		-		
#652 Continuous Home Care			·	
#655 Inpatient Respite Care		:		
#656 General Inpatient Care		:		
#659 Room and Board				
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad id Cost Reimbursen		
For information Only ( No Change in rate)				



	nt Per Diem Rates for Non-Institut		_
Bond Community Health Center	Provider 1	Number: Date:	060551404
1720 S. Gadsden St.	Fiscal Y		10/01/2011 N/A
Tallahassee, FL 32310		t Status:	N/A
Talialiassee, FL 32310			
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$110.73	\$111.06	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs	Lateria		
Medicare - Prospective X Payment System Rate	Interim Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ad	ministrator	<b>F</b>
	Medicaid Cost Reimbursen		<del></del>
Diane.			
<u>Distribution:</u> Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
Program Development:			
For information Only ( No Change in rate)			



Camillus Health Concern, Inc.		Provider Number: 68000  Date: 10/01/			
336 N.W. Fifth Street		Fiscal Y	ear End:	N/A	
Miami, FL 33128		Audi	it Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider		:		:	
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011	
Hospice Provider					
#651 Routine Home Care				: :	
#652 Continuous Home Care				· · · · · · · · · · · · · · · · · · ·	
#655 Inpatient Respite Care		:			
#656 General Inpatient Care		:		·	
#659 Room and Board		:			
Basis:	Rate Type:				
Budget	X Prospecti	ve			
Unaudited costs	X Total I	Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs	Interim				
Medicare - Prospective X Payment System Rate	Total Int	erim			
Average Nursing Home Rate		nt based on costs			
		ydell Samuel, Ac		R	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



	Danida		
Salvation Army-Camillus Health Concern	Provider Number: 680002  Date: 10/01/2		
Salvation Army	Fiscal Y	10/01/2011 N/A	
336 NW 5th Street	· ·	lit Status:	N/A N/A
Miami, FL 33128	Aud	in Status.	IN/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider		1	
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care	- A - A		
#656 General Inpatient Care			
#659 Room and Board			
Basis:	Rate Type:		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs	Prospective Adjusted for	New Costs	
Field audited costs			
Medicare - Prospective	Interim		
Average Nursing Home Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W D. J. II C	duninint material	R
	W. Rydell Samuel, A Medicaid Cost Reimburse		
Distribution:			
Fiscal Agent Contract Management			
Permanent File			
Program Development:			
For information Only ( No Change in rate)			



Tallahassee, Florida 32308

Camillus Health Concern - Camillus House Camillus House 336 NW 5th Street Miami, FL 33128		Provider I Fiscal Y Audi	Date:	680002506 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider	***			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		;		
#656 General Inpatient Care				
#659 Room and Board				: :
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Int	Prospective ective Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		
For information Only ( No Change in rate)				



Camillus - Better Way of Greater Miami Better Way of Greater Miami 336 NW 5th Street Miami, FL 33128	Provider Number: Date: Fiscal Year End: Audit Status:		680002508 10/01/2011 N/A N/A	
Provider Type:	Curren	t Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider			- mar a	
X Federally Qualified Health Centers	\$1	43.69	\$144.12	10/01/2011
Hospice Provider				: 
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	:			
#659 Room and Board				
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Adjust Interim Total Interim Settlement based on		lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Sam Medicaid Cost Re			
For information Only ( No Change in rate)				



Tallahassee, Florida 32308

Camillus - Mother Theresa Sister of Charity Mother Theresa Sister of Charity 336 NW 5th Street Miami, FL 33128	Provider Number: Date: Fiscal Year End: Audit Status:		680002510 10/01/2011 N/A N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for  Interim Total Interim Settlement based on costs	New Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, A Medicaid Cost Reimburse			
For information Only ( No Change in rate)				



Treasure Coast Community Health - Fellsmere Fellsmere 12196 CR 512 Fellsmere, FL 32948		Provider Number: Date: Fiscal Year End: Audit Status:		680005000 10/01/2011 N/A N/A	
Provider Type:		Current Rate	Effective Date		
Rural Health Clinic					
Swing-Bed Provider					
X Federally Qualified Health Centers		\$135.89	\$136.30	10/01/2011	
Hospice Provider				·	
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Inte	rospective ctive Adjusted for N	Jew Costs	· · · · · · · · · · · · · · · · ·	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Adid Cost Reimbursen			
For information Only ( No Change in rate)					



Treasure Coast Community Health - Vero	Provider Number: Date:		680005001 10/01/2011	
12196 CR 512	Fiscal Y	N/A		
Fellsmere, FL 32948	Aud	it Status:	N/A	
Provider Type:	Current Rate	Current Rate New Rate		
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$135.89	\$136.30	10/01/2011	
Hospice Provider				
#651 Routine Home Care			:	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Adv.		<u> </u>	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medicaid Cost Reimburse		<b>!</b>	



Treasure Coast Community Health - Vero2		Provider Number: Date: Fiscal Year End:		680005002 10/01/2011
12196 County Rd. 512				N/A
Fellsmere, FL 32948		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.89	\$136.30	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interim Settleme	Prospective ective Adjusted for N terim ent based on costs	lministrator	·
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		raid Cost Reimbursen		



## Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Treasure Coast Community Health, Inc Sebastian	Provider 1	Provider Number: Date:	
12196 County Road 512	Fiscal Yo Audi		10/01/2011 N/A N/A
Fellsmere, FL 32948			
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			:
X Federally Qualified Health Centers	\$135.89	\$136.30	10/01/2011
Hospice Provider	:		
#651 Routine Home Care			:
#652 Continuous Home Care		<u> </u>	
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board		M1 1 1 11 11 11 11 11 11 11 11 11 11 11	
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for Noterim Total Interim Settlement based on costs	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ac Medicaid Cost Reimburser		
For information Only ( No Change in rate)			



## Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Broward Community FH - State Road # 7			Provider Number: 680027100 Date: 10/01/2011	
2518 N. State Rd. 7	Fiscal Y	ear End:	N/A	
Hollywood, FL 33021	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$139.69	\$140.11	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Desk audited costs Field audited costs  Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate Settlem	ive Prospective ective Adjusted for N terim ent based on costs	· ·······	······································	
	Rydell Samuel, Accaid Cost Reimburser			



Broward Community FH - North Powerline Road Provider Number: 6800271				
Broward Community FH - North Powerline Roa	1 <b>d</b>	Date:		
168 North Powerline Road		Fiscal Year End:		10/01/2011 N/A
Pompano Beach, FL 33069		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		-		
Swing-Bed Provider			<del></del>	· !
X Federally Qualified Health Centers		\$139.69	\$140.11	10/01/2011
Hospice Provider				:
#651 Routine Home Care				
#652 Continuous Home Care		<u>:</u>		
#655 Inpatient Respite Care		i		
#656 General Inpatient Care				
#659 Room and Board				: : 
Basis:	Rate Type :			
Budget	X Prospective			
Unaudited costs		rospective	Iow Costs	
Desk audited costs	Prospe	ctive Adjusted for N	iew Cosis	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
				7/
	W. R	dell Samuel, Ad	ministrator	
	Medica	nid Cost Reimburser	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursement	Per Diem Kates		<del></del> -	
Broward Community & Family Health - West Park		Provider l	680027104	
			Date:	10/01/2011
5010 Hollywood Blvd., Ste 100B		Fiscal Y		N/A
Hollywood, FL 33021		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			·	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$139.69	\$140.11	10/01/2011
Hospice Provider				
#651 Routine Home Care			··	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
:				
Budget	X Prospective			
Unaudited costs		Prospective ctive Adjusted for N	lew Costs	
Desk audited costs  Field audited costs	riospe	ctive Adjusted for r	iew Cosis	
Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ac		<u>r</u>
	Medic	aid Cost Reimburser	nent Analysik	•
<u>Distribution:</u>				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



<u>Medicaid Reimbursemer</u>	nt Per Diem Rate	s tor Non-Institut	<u>ional Provide</u>	rs	
Manatee Rural County Health Ser - Arcadia FHC		Provider 1		680996100	
		Di 1 37	Date:	10/01/2011	
P.O. Box 499		Fiscal Y	ear End: t Status:	N/A N/A	
Parrish, FL 34219		Auui	IN/A		
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider		:			
X Federally Qualified Health Centers		\$118.30	\$118.65	10/01/2011	
Hospice Provider		:			
#651 Routine Home Care				:	
#652 Continuous Home Care					
#655 Inpatient Respite Care				i	
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type:				
Budget	X Prospecti	ve			
Unaudited costs		Prospective			
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs		
Field audited costs  Medicare - Prospective	Interim				
X Payment System Rate	Total Int	erim			
Average Nursing Home Rate	<del></del>	nt based on costs			
		ydell Samuel, Ad aid Cost Reimbursen		R	
Th. ( 1)					
<u>Distribution:</u> Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



<u>Medicaid Reimburseme</u>	<u>nt Per Diem Rates for Non-Institut</u>	<u>ional Provide</u>	e <u>rs</u>		
Central Florida Health Care - Hwy 542	Provider Number: 681471900				
	E!1 V	Date:	10/01/2011		
950 CR 17A West		ear End: it Status:	N/A N/A		
Avon Park, Fl 33825	Audi	it Status.	IN/ AX.		
Provider Type:	Current Rate	New Rate	Effective Date		
Rural Health Clinic			:		
Swing-Bed Provider					
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011		
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care	:				
#655 Inpatient Respite Care	· · · · · · · · · · · · · · · · · · ·				
#656 General Inpatient Care					
#659 Room and Board	·				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for N Interim Total Interim Settlement based on costs  W. Rydell Samuel, Additional Cost Reimburser	Iministrator	F.		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)					



Medicaid Reimbursement re		Provider 1		681969900
Community Health Centers, Inc Eatonville Med/I	Jent Center	riovidei i	Date:	10/01/2011
P.O. Box 4099		Fiscal Year End:		N/A
Apopka, Fl 32704		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		Current Rate	11011 11110	DIIOUX O DIGO
Swing-Bed Provider	· · · · · · · · · · · · · · · · · · ·	\$136.44	\$136.85	10/01/2011
X Federally Qualified Health Centers	<del></del> .	\$130.44	\$130.03	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				:
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				:
Basis:	Rate Type :			
Budget X	Prospectiv	e		
Unaudited costs	<del></del>	rospective		
Desk audited costs	Prospec	ctive Adjusted for N	lew Costs	
Field audited costs	• . •			
Medicare - Prospective X Payment System Rate	Interim Total Inte	uim.		
Average Nursing Home Rate		it based on costs		
		dell Samuel, Ad		K
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
For information Only ( No Change in rate)				



Control Florido Formillo Houlth Control Inc. Hou		Provider 1		682960100
Central Florida Family Health Center, Inc Ho	iiner	Flovider	Date:	10/01/2011
5449 South Semoran Blvd.		Fiscal Year End:		N/A
Orange, FL 32822		Audi	t Status:	N/A
Provider Type:		Current Rate	Effective Date	
Rural Health Clinic			11011 11000	
Swing-Bed Provider				<u> </u>
		\$107.20	\$107.52	10/01/2011
X Federally Qualified Health Centers		\$107.20	\$107.52	10/01/2011
Hospice Provider				
#651 Routine Home Care		:		· ·
#652 Continuous Home Care				i 
#655 Inpatient Respite Care				
#656 General Inpatient Care				· · · · · · · · · · · · · · · · · · ·
#659 Room and Board		!		
Basis:	Rate Type:			
Budget	X Prospectiv	/e		
Unaudited costs		rospective		
Desk audited costs	Prospe	ctive Adjusted for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
		ydell Samuel, Ad aid Cost Reimburser		K
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursement Po	1 Diem Rates for A			
Tampa Community Health Center - Mobile Medic	ıl Center	Provider N		683710700
D 0 D 00000		Fiscal Y	Date:	10/01/2011 N/A
P.O. Box 82969			t Status:	N/A N/A
Tampa, FL 33682				
Provider Type:	Cur	rent Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$118.77	\$119.13	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective X Total Prospective A Prospective A Interim Total Interim Settlement base W. Rydell S Medicaid Cos	d on costs	ministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



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

2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Collier Health Services - Golden Gate Dental	Pro	Provider Number: 68 Date: 10 Fiscal Year End:		
P.O. Box 12229	Fis			
Naples, FL 34101		Audi	t Status:	N/A
Provider Type:	Current	Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$14	3.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care	<del></del>			
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				· ·
•				
Basis:	Rate Type:			
Budget	X Prospective			
Unaudited costs	X Total Prospective			
Desk audited costs	Prospective Adjuste	ed for N	lew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on c	osts		
Distribution:	W. Rydell Samu Medicaid Cost Rein			
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
For information Only ( No Change in rate)				



Collier Health Services - Horizon PCC	Provider Number: 683955			683955003 10/01/2011
P.O. Box 12229		Fiscal Y		N/A
Naples, FL 34101		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				· · · · · · · · · · · · · · · · · · ·
Swing-Bed Provider				·
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care			• •	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Inte	rospective ctive Adjusted for N	ministrator	F
For information Only ( No Change in rate)				



#### State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Collier Health Services - Creekside Pediatrics		Provider 1	Date:	683955005 10/01/2011
P. O. Box 12229		Fiscal Y		N/A N/A
Naples, FL 34101		Audi	t Status:	
Provider Type:	Curi	rent Rate	New Rate	Effective Date
Rural Health Clinic	: 			
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				1
#655 Inpatient Respite Care				
#656 General Inpatient Care				: 
#659 Room and Board				: ! :
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective Total Prospective A  Interim Total Interim Settlement based	djusted for N	lew Costs	
<u>Distribution:</u> Fiscal Agent Contract Management	W. Rydell S Medicaid Cos		lministrator nent Analysis	
Permanent File Program Development:				
For information Only ( No Change in rate)				



Collier Health Services - Ronald McDonald		er Number: Date:	683955006 10/01/2011
P. O. Box 12229		Year End:	N/A
Naples, FL 34101	A	udit Status:	N/A
Provider Type:	Current Ra	te New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			:
X Federally Qualified Health Centers	\$143.6	9 \$144.12	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care	-		
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board		]	
Basis:	Rate Type :		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs	Prospective Adjusted for	or New Costs	
Field audited costs  Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs	<b>3</b>	
	W. Rydell Samuel, Medicaid Cost Reimbu		<b>F</b>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			
For information Only ( No Change in rate)			



Tallahassee, Florida 32308

Collier Health Services, Inc - Countryside Child	rens Dental Provider	Provider Number: Date:		
1454 Madison Avenue	Fiscal Y	ear End:	10/01/2011 N/A	
Imokalee, FL 33934	Aud	it Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic			:	
Swing-Bed Provider			. :	
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011	
Hospice Provider		_		
#651 Routine Home Care			i	
#652 Continuous Home Care			:	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	<b>"</b>		٠.	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for I Interim Total Interim Settlement based on costs	New Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Administration Medicaid Cost Reimburse		<b>F</b>	
For information Only ( No Change in rate)				



Medicaid Keimbursement	t Per Diem Kate			
Collier Health Services, Inc FSU Primary Car	e	Provider 1		683955012
		Fiscal Y	Date:	10/01/2011
1454 Madison Avenue			t Status:	N/A N/A
Imokalee, FL 33934		Tradi	t Statas.	14/74
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		:		
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider		:		·
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		:		
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
		<u>.</u>		
Budget	X Prospecti X Total	ve Prospective		
Unaudited costs  Desk audited costs		ective Adjusted for N	lew Costs	
Field audited costs		vetive riajustea for r	1011 00010	
Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate	Settleme	nt based on costs		
	W. R Medic	ydell Samuel, Ac aid Cost Reimburser	lministrator	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Collier Health Services	Provider Number:		683955014
UF Pediatric Dental Center	Date:		10/01/2011
1454 Madison Ave W	Fiscal Y	ear End: t Status:	N/A
Immokalee, FL 34142	Audi	N/A	
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	:		<u> </u>
Swing-Bed Provider			· · · · · · · · · · · · · · · · · · ·
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011
Hospice Provider			
#651 Routine Home Care	:		
#652 Continuous Home Care	· .		· · · · · · · · · · · · · · · · · · ·
#655 Inpatient Respite Care			· · · · · · · · · · · · · · · · · · ·
#656 General Inpatient Care			i
#659 Room and Board			: 
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for North Interim Total Interim Settlement based on costs  W. Rydell Samuel, Additional Cost Reimburse	lministrator	<u>K</u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)			



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Collier Health Services Creekside Family Practice PO Box 12229 Naples, FL 34101		Provider N Fiscal Ye Audi	Date:	683955017 10/01/2011 N/A N/A
Provider Type:	:	Current Rate New Rate		
Rural Health Clinic				<u>:                                    </u>
Swing-Bed Provider				
X Federally Qualified Health Centers	· ·	\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				· · · · · · · · · · · · · · · · · · ·
#656 General Inpatient Care	:	idat -		
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inter Settlement W. Rye	ospective tive Adjusted for N	lministrator	F-
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



Tallahassee, Florida 32308

Florida Community Health Centers - St Lucie	Provider 1	Number:	684660200
4450 Court Tiffing Drive	Date: 10/01/2 Fiscal Year End: N/A		
4450 South Tiffany Drive		it Status:	N/A N/A
West Palm Beach, FL 32407			
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			:
X Federally Qualified Health Centers	\$117.94	\$118.29	10/01/2011
Hospice Provider			
#651 Routine Home Care		:	
#652 Continuous Home Care		:	•
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W Rydell Samuel Ad		R.
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		



Florida Community Health Centers - Hillmoo	Community Health Centers - Hillmoor Dr. Provide		Number: Date:	684660202 10/01/2011	
1701 S.E. Hillmoor Dr. Suite 19	O1 S.E. Hillmoor Dr. Suite 19 Fiscal		ear End:	N/A	
Port St. Lucie, FL 34952		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider			<u> </u>		
X Federally Qualified Health Centers		\$117.94	\$118.29	10/01/2011	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interim Settlemen W. Ry	ospective tive Adjusted for N	ministrator		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



North Florida Medical Center, Inc Taylor De Taylor Dental Clinic 409 East Ash Street Taylor Dental Center Perry, FL 32347	Fiscal Y	Number: Date: Year End: lit Status:	684783800 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			!
Swing-Bed Provider			
X Federally Qualified Health Centers	\$102.89	\$103.20	10/01/2011
Hospice Provider			
#651 Routine Home Care			:
#652 Continuous Home Care			
#655 Inpatient Respite Care			:
#656 General Inpatient Care			
#659 Room and Board			:
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for  Interim Total Interim Settlement based on costs	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, A Medicaid Cost Reimburse		
For information Only ( No Change in rate)			



<u> </u>	it Per Diem Rates for Non-Institut		<u>rs</u>
I.M. Solzbacher Ctr for the Homeless	Provider 1		686032000
	Fiscal Y	Date:	10/01/2011
611 E. Adams St		t Status:	N/A N/A
Jacksonville, FL 32202	Audi	i Status.	IV/A
Provider Type:	Current Rate	Effective Date	
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$114.59	\$114.93	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care	:		
#655 Inpatient Respite Care			
#656 General Inpatient Care	:		
#659 Room and Board			
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for Notation Interim Total Interim Settlement based on costs  W. Rydell Samuel, Add Medicaid Cost Reimbursen	lministrator	<u>K</u>
Fiscal Agent Contract Management Permanent File Program Development:			
For information Only ( No Change in rate)			



#### State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Medicaid Reimburseme	<u>nt Per Diem Rates for Non-Institut</u>	<u>ional Provide</u>	rs	
St. Joseph Care of Florida - Garrison Ave	Provider 1	686728600		
	E' 137	10/01/2011 N/A		
2475 Garrison Avenue		Fiscal Year End: Audit Status:		
Port St. Joe, FL 32546	Audi	i Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic		<u>.                                    </u>		
Swing-Bed Provider		w		
X Federally Qualified Health Centers	\$100.03	\$100.33	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care			:	
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Budget	X Prospective			
Unaudited costs	X Total Prospective			
Desk audited costs	Prospective Adjusted for N	lew Costs		
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on costs			
	W D 1 H C 1 A 1		<b>R</b> /	
	W. Rydell Samuel, Ad Medicaid Cost Reimburser		<del> </del>	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
E. Mariania C. L. (N. Characia and				
For information Only ( No Change in rate)				



#### State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

St. Joseph Care of Florida - Lake Avenue	Provider Number: 6867286  Date: 10/01/20		
2475 Garrison Avenue	Fiscal Y		N/A
Port St. Joe, FL 32546	Audi	t Status:	N/A
Provider Type:	Current Rate	Effective Date	
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$100.03	\$100.33	10/01/2011
Hospice Provider			
#651 Routine Home Care			: 
#652 Continuous Home Care			!
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board		_	
Basis: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveXPayment System RateAverage Nursing Home Rate	Rate Type:  X Prospective  X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	W. Rydell Samuel, Ad Medicaid Cost Reimburser		



<u>Wiedicaid Reimbursemen</u>	nt Fer Diem Rate			686728604
St. Joseph Care of Florida - Fourth Street		Provider Number: Date: Fiscal Year End:		
2475 C ' A				
2475 Garrison Avenue			t Status:	N/A N/A
Port St. Joe, FL 32546				
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider		:		
X Federally Qualified Health Centers		\$100.03	\$100.33	10/01/2011
Hospice Provider		:		
#651 Routine Home Care		:		
#652 Continuous Home Care				
#655 Inpatient Respite Care		:		
#656 General Inpatient Care				
#659 Room and Board				:
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prosp Interim Total In	ive Prospective ective Adjusted for N	Iew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ad aid Cost Reimburser		
For information Only ( No Change in rate)				



Tallahassee, Florida 32308

Health Care Centers for Homeless - Westmorel	and	Provider 1	Number: Date:	687429100 10/01/2011
234 N. Orange Blossom Trail		Fiscal Y		N/A
Orlando, FL 32805		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$133.15	\$133.55	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	Var			
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate		rospective ctive Adjusted for N	lew Costs	
Average Nursing Home Rate  Distribution:	Settlemer W. Ry	t based on costs  dell Samuel, Ac id Cost Reimburser		
Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



Health Care Centers for Homeless - Parramore		Provider 1	687429102 10/01/2011	
234 N. Orange Blossom Trail		Fiscal Y	Date: ear End:	N/A
Orlando, FL 32805		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		
Swing-Bed Provider				
X Federally Qualified Health Centers	<u></u>	\$133.15	\$133.55	10/01/2011
Hospice Provider		:		
#651 Routine Home Care		ı		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent	Interim Total Inte	Prospective ctive Adjusted for N	ministrator	<b>7</b>
Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursement 1 e		Provider l		687955100
Northeast Florida Health Svc - Pierson Medical Center		Flovider	10/01/2011	
PO Box 527	527		Date: ear End:	N/A
Pierson, FL 32180		Audit Status: N/		
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		:		
Swing-Bed Provider			-	
X Federally Qualified Health Centers		\$114.59	\$114.93	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				:
#656 General Inpatient Care		- -		: 
#659 Room and Board		;		
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Total P Prospe  Interim Total Inte Settlemen  W. Ry	rospective ctive Adjusted for N	lministrator	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

,	ortheast Florida Health Svcs - West Plymouth Ave  Date:  Provider Number:  Date:  Fiscal Year End:		Number:	687955102 10/01/2011	
PO Box 527			ear End:	N/A	
Pierson, FL 32180		Audi	t Status:	N/A	
Provider Type:	(	Current Rate	New Rate	Effective Date	
Rural Health Clinic				:	
Swing-Bed Provider				:	
X Federally Qualified Health Centers		\$114.59	\$114.93	10/01/2011	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care	-		<del></del>		
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Interi	ve Adjusted for N	lew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ell Samuel, Ad Cost Reimburser			
For information Only ( No Change in rate)					



Northeast Florida Health Services, Inc Delton	a Provider 1	Provider Number: Date: Fiscal Year End: Audit Status:		
PO Box 527				
Pierson, FL 32180	Audi			
Provider Type:	Current Rate	Current Rate New Rate		
Rural Health Clinic			·	
Swing-Bed Provider			. <u></u>	
X Federally Qualified Health Centers	\$114.59	\$114.93	10/01/2011	
Hospice Provider		<del></del>	<u> </u>	
#651 Routine Home Care			<del>,</del>	
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	·			
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs	New Costs		
Distribution: Fiscal Agent Contract Management	W. Rydell Samuel, Ac Medicaid Cost Reimburser		<u>F</u>	
Permanent File Program Development:  For information Only ( No Change in rate)				



Pinellas County Board-Mobile Med Unit 647 1st Ave. North	-	Provider Number: Date: Fiscal Year End:		688412100 10/01/2011 N/A	
St. Petersburg, FL 33701		Audi	t Status:	N/A	
		C Data	Naw Data	Effective Date	
Provider Type:		Current Rate	New Kate	Ellective Date	
Rural Health Clinic	A	· -			
Swing-Bed Provider		010600	010531	10/01/2011	
X Federally Qualified Health Centers		\$106.99	\$107.31	10/01/2011	
Hospice Provider					
#651 Routine Home Care	<del>_</del>				
#652 Continuous Home Care			<del></del>		
#655 Inpatient Respite Care				!	
#656 General Inpatient Care			u		
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe	Prospective ective Adjusted for N	Jew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		ydell Samuel, Ac aid Cost Reimburser			



Citrus Health Network	Provi	ider Number: Date:	688571300 10/01/2011
4175 W. 20th Avenue	Fiscal Year End:		N/A
Hialeah, FL 33012		Audit Status:	N/A
Provider Type:	Current R	late New Rate	Effective Date
Rural Health Clinic			:
Swing-Bed Provider	:		:
X Federally Qualified Health Centers	\$132	.64 \$133.04	10/01/2011
Hospice Provider			
#651 Routine Home Care			1
#652 Continuous Home Care			·
#655 Inpatient Respite Care	: 		<u> </u>
#656 General Inpatient Care			· · · · · · · · · · · · · · · · · · ·
#659 Room and Board			
#037 Room and Doard			
Budget Unaudited costs	Rate Type:  X Prospective  X Total Prospective		
Desk audited costs Field audited costs  Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospective Adjusted Interim Total Interim Settlement based on co		
<b>Distribution:</b> Fiscal Agent Contract Management Permanent File	W. Rydell Samue Medicaid Cost Reiml		F
Program Development:  For information Only ( No Change in rate)			



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

Citrus Health Network	it i ti Diem i aute		Provider Number: 688571302				
Citrus neatth Network	Date:			10/01/2011			
551 West 51st Street Place, Second Floor		Fiscal Y	ear End:	N/A			
Hialeah, FL 33012		Audit Status:		N/A			
Provider Type:		Current Rate	New Rate	Effective Date			
Rural Health Clinic							
Swing-Bed Provider							
X Federally Qualified Health Centers		\$132.64	\$133.04	10/01/2011			
Hospice Provider				i			
#651 Routine Home Care				!			
#652 Continuous Home Care				i			
#655 Inpatient Respite Care							
#656 General Inpatient Care							
#659 Room and Board							
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Int Settleme W. R	Prospective ective Adjusted for N	Iministrator	F.			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)							



State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis 2727 Mahan Drive - Mail Stop 21 Tallahassee, Florida 32308

The Brevard Health Alliance, Inc		Provider Number: Date:		688693100 10/01/2011	
5270 Babcock St NE		Fiscal Y		N/A	
Palm Bay, FL 32905		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		:			
Swing-Bed Provider					
X Federally Qualified Health Centers		\$135.46	\$135.87	10/01/2011	
Hospice Provider		:			
#651 Routine Home Care					
#652 Continuous Home Care				·	
#655 Inpatient Respite Care	****				
#656 General Inpatient Care					
#659 Room and Board					
Basis:	Rate Type:				
Budget	X Prospecti	ve			
Unaudited costs		Prospective			
Desk audited costs Field audited costs	Prospe	ctive Adjusted for N	New Costs		
Medicare - Prospective	Interim				
X Payment System Rate	Total Int	erim			
Average Nursing Home Rate	Settleme	nt based on costs			
	W. R.	ydell Samuel, Ac aid Cost Reimburser	lministrator		
Distribution:					
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Tallahassee, Florida 32308

The Brevard Health Alliance - Hickory	Provider Number: Date:		688693102 10/01/2011	
17 Silver Palm Ave.		Fiscal Year End:		N/A
Melbourne, FL 32901		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic			, w <b>-</b>	
Swing-Bed Provider				
X Federally Qualified Health Centers		\$135.46	\$135.87	10/01/2011
Hospice Provider			<u> </u>	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		:		
#656 General Inpatient Care				
#659 Room and Board				
#039 Room and Doard				
Budget Unaudited costs Desk audited costs		ve Prospective ctive Adjusted for N	Jew Costs	
Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate	Interim Total Inte	-	······	·
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		F
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Tallahassee, Florida 32308

The Brevard Health Alliance - County Clinic	Provider 1	Provider Number: Date:		
15 Rosa L. Jones Drive	Fiscal Y	Fiscal Year End:		
Cocoa, FL 32922		t Status:	N/A N/A	
Cocoa, FL 32922				
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic	:			
Swing-Bed Provider				
X Federally Qualified Health Centers	\$135.46	\$135.87	10/01/2011	
Hospice Provider				
#651 Routine Home Care		-		
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care	:			
#659 Room and Board	· · · · · · · · · · · · · · · · · · ·			
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate  Se	spective Fotal Prospective Prospective Adjusted for N  m tal Interim ttlement based on costs		R~	
	W. Rydell Samuel, Ac Medicaid Cost Reimburser		<del> </del>	
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Tallahassee, Florida 32308

The Brevard Health Alliance - Mobile Unit	•		688693108 10/01/2011	
15 Rosa L. Jones Drive Cocoa, FL 32922			N/A N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic			:	
Swing-Bed Provider				
X Federally Qualified Health Centers	\$135.46	\$135.87	10/01/2011	
Hospice Provider	:		: 	
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Desk audited costs  Field audited costs  Medicare - Prospective  X Payment System Rate  Prospective Interim  Total In	ive Prospective ective Adjusted for N	lew Costs	₩	
	Lydell Samuel, Adaid Cost Reimburser			



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The Brevard Health Alliance	Provider Number: Date:		Number: Date:	688693110 10/01/2011	
705 Blake Ave, Ste G		Fiscal Year End:		N/A	
Cocoa, FL 32922		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic				!	
Swing-Bed Provider					
X Federally Qualified Health Centers		\$135.46	\$135.87	10/01/2011	
Hospice Provider					
#651 Routine Home Care			•••		
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care		:			
#659 Room and Board					
Basis:	Rate Type :				
Budget	X Prospectiv				
Unaudited costs		rospective			
Desk audited costs  Field audited costs	Prospe	ctive Adjusted for N	lew Costs		
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte				
Average Nursing Home Rate	Settlemen	nt based on costs			
		vdell Samuel, Ac			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



The Brevard Health Alliance - N. Washington Ave	Provider 1	Date:	688693112 10/01/2011	
PO Box 1137	Fiscal Y		N/A	
Melbourne, FL 32902	Audi	t Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers	\$135.46	\$135.87	10/01/2011	
Hospice Provider				
#651 Routine Home Care		- Al-		
#652 Continuous Home Care		<u></u>	·	
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Desk audited costs Field audited costs  Medicare - Prospective Interim X Payment System Rate Average Nursing Home Rate  Settle		lministrator		
For information Only ( No Change in rate)				



Medicaid Keinibursemei	iit Per Dieili Kate			18
Pancare of Florida		Provider 1		689693600
		Date:		10/01/2011
2309 E. 15th Street		Fiscal Year End:		N/A
Panama City, FL 32405		Audi	t Status:	N/A
Provider Type:		Current Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$116.31	\$116.66	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		:		
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type:			
		•		
Budget	X Prospecti			
Unaudited costs		Prospective	C t -	
Desk audited costs Field audited costs	Prospe	ective Adjusted for N	iew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Int	erim		
Average Nursing Home Rate		nt based on costs		
		ydell Samuel, Ad aid Cost Reimbursen		R
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
-				
For information Only ( No Change in rate)				



Pancare of Florida, Inc.  Dental 707 Jenks Ave., Suite A  Panama City, FL 32401		Provider Number: Date: Fiscal Year End: Audit Status:		689693603 10/01/2011 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic		!			
Swing-Bed Provider		!			
X Federally Qualified Health Centers		\$116.31	\$116.66	10/01/2011	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care					
#656 General Inpatient Care					
#659 Room and Board		i			
Basis:  Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Inte	rospective ctive Adjusted for N erim nt based on costs	······		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Ad aid Cost Reimbursen			



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PanCare of Florida - Santa Rosa Bch	Provider Number:		
CHC - Walton County	Fiscal Y	Date: ear End:	10/01/2011 N/A
361 Greenway Trail Santa Rosa Beach, FL 32401		t Status:	N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$116.31	\$116.66	10/01/2011
Hospice Provider	:		1
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for Neerim Total Interim Settlement based on costs	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		
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Agape Community Health Center				690556100 10/01/2011
1760 Edgewood Ave West	Fiscal Year End:			N/A
Jacksonville, FL 32208		Audi	t Status:	N/A
Provider Type:	· <u></u> · · · ·	Current Rate	New Rate	Effective Date
Rural Health Clinic				<del>i</del>
Swing-Bed Provider				I
X Federally Qualified Health Centers		\$114.59	\$114.93	10/01/2011
Hospice Provider				
#651 Routine Home Care		:		·
#652 Continuous Home Care				· 
#655 Inpatient Respite Care				
#656 General Inpatient Care		:		
#659 Room and Board				
	Rate Type:		<u></u>	
Basis:	Kate Type.			
Budget	X Prospectiv			
Unaudited costs		rospective ctive Adjusted for N	Jaw Costs	
Desk audited costs  Field audited costs	Prospe	ctive Aujusted for f	NEW COSIS	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs		
				R/
		ydell Samuel, Ac aid Cost Reimburse		<del></del>
	Medica	ald Cost Reiniburse	ment Analysis	
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursemen	it Per Diem Rate	<u>s for Non-Institut</u>	<u>ional Provide</u>	rs	
Trenton Medical Center, Inc Bell Family Healthcare		Provider 1		690595100	
		E:1 37	Date:	10/01/2011	
1830 N. Main Street		Fiscal Y	ear End: t Status:	N/A N/A	
Bell, FL 32619		Audi	i Status.	IN/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic				: :	
Swing-Bed Provider				!	
X Federally Qualified Health Centers		\$93.07	\$93.35	10/01/2011	
Hospice Provider					
#651 Routine Home Care		:			
#652 Continuous Home Care					
#655 Inpatient Respite Care				:	
#656 General Inpatient Care					
#659 Room and Board	•				
Basis:	Rate Type :				
:					
Budget	X Prospective				
Unaudited costs  Desk audited costs		rospective ctive Adjusted for N	ou. Cooto		
Field audited costs	Prospe	ctive Adjusted for iv	ew Costs		
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate	Settleme	nt based on costs			
				7/	
	W. Ry	dell Samuel, Ad	ministrator		
	Medica	iid Cost Reimbursen	ent Analysis	<del></del>	
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



Tallahassee, Florida 32308

Central Florida Health Care - Lakeland OB/GYN	/GYN Provider Number: 691835 Date: 10/01/2			
950 Co. Road 17A West	Fiscal Y	Fiscal Year End:		
Avon Park, FL 33825	Audi	t Status:	N/A	
	-			
Provider Type:	Current Rate	New Rate	Effective Date	
Rural Health Clinic				
Swing-Bed Provider	:	<u>.                                    </u>		
X Federally Qualified Health Centers	\$143.69	\$144.12	10/01/2011	
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care	!			
#655 Inpatient Respite Care	·			
#656 General Inpatient Care	·			
#659 Room and Board				
Budget X Unaudited costs X Desk audited costs Field audited costs	Prospective Adjusted for N Interim Total Interim Settlement based on costs  W. Rydell Samuel, Ac	lministrator		
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medicaid Cost Reimburser	nent Analysi <b>s</b>		



Fiscal Yo	Date: ear End:	691835202 10/01/2011
	ear End:	3.77.
Audi	••••	N/A
	t Status:	N/A
Current Rate	New Rate	Effective Date
		:
\$143.69	\$144.12	10/01/2011
Prospective Total Prospective	ew Costs	
· · · ·		<b>F</b>
	S143.69  Total Prospective Prospective Adjusted for North Interim Total Interim Settlement based on costs  W. Rydell Samuel, Ad	\$143.69 \$144.12  Total Prospective Prospective Adjusted for New Costs  Interim Total Interim



Central Florida Health Care Inc.		Provider 1		691835204
CFHC - Winter Haven Center			Date: 10/0	
1514 1st Street North		Fiscal Y	ear End:	N/A
Winter Haven, FL 33881		Audi	t Status:	N/A
Provider Type:	** ** *********************************	Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care		:		
#659 Room and Board				
Basis:	Rate Type:			
Budget	X Prospectiv	ve		
Unaudited costs		Prospective		
Desk audited costs		ctive Adjusted for N	lew Costs	
Field audited costs		3		
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
	W D	1110 1 1 1	h	R'
		ydell Samuel, Ad aid Cost Reimbursen		<del> </del>
	TVICTION.	ina Cost Reimbarsen	iene rinarysip	
<u>Distribution:</u>				
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Contract Management				
Permanent File Program Development:				
Program Development.				
For information Only ( No Change in rate)				



<u> Medicaid Reimbursemen</u>	t I ti Diçin Rate	Provider 1		13
Central Florida Health Care	ntral Florida Health Care			691835206
Lake Wales Dental		T!1 37	Date:	10/01/2011
225 Lincoln Ave		Fiscal Y	ear Eng: t Status:	N/A
Lake Wales, FL 33853		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				
X Federally Qualified Health Centers		\$143.69	\$144.12	10/01/2011
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care		:		
#656 General Inpatient Care				· · · · · · · · · · · · · · · · · · ·
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Interim Total Int Settleme  W. R	ve Prospective ective Adjusted for N	ministrator	<u> </u>
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



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North Florida Med. Ctr - Taylor Medical		Provider Number: Date:			
255 W. River Road		Fiscal Y	ear End:	10/01/2011 N/A	
Wewahitchka, FL 32465		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
Rural Health Clinic			2/22		
Swing-Bed Provider					
X Federally Qualified Health Centers		\$102.89	\$103.20	10/01/2011	
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care				: ·	
#656 General Inpatient Care					
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospection Prospe	rospective ctive Adjusted for N	lew Costs		
		dell Samuel, Adid Cost Reimburser			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only (No Change in rate)					



Escambia Community Clinics 2200 N. Palafox St	Provider Number: Date: Fiscal Year End:		692990700 10/01/2011 N/A		
Pensacola, FL 32514				it Status:	N/A
1 Clisacola, 115 - 32314					
Provider Type:			Current Rate	New Rate	Effective Date
Rural Health Clinic			-		
Swing-Bed Provider					
X Federally Qualified Health Centers			\$99.82	\$100.12	10/01/2011
Hospice Provider					:
#651 Routine Home Care					
#652 Continuous Home Care					
#655 Inpatient Respite Care				· · · · · · · · · · · · · · · · · · ·	
#656 General Inpatient Care					
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X X	Prospect nterim Total Inte	rospective tive Adjusted for N	lew Costs	······································
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)			dell Samuel, Ad id Cost Reimbursen		<u>K</u>



Escambia Community Clinics, Inc. Santa Rosa Community Clinic 2200 North Palafox Street Pensacola, FL 32501		Provider I Fiscal Y Audi	Date:	692990702 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider				:
X Federally Qualified Health Centers		\$99.82	\$100.12	10/01/2011
Hospice Provider	-			
#651 Routine Home Care				
#652 Continuous Home Care		:		
#655 Inpatient Respite Care		•		:
#656 General Inpatient Care				
#659 Room and Board				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Inte	rospective ctive Adjusted for N	ministrator	R.
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Escambia Community Clinics, Inc					
2200 N. Palafox Street Pensacola, FL 32501	Fis		ear End: t Status:	N/A N/A	
Provider Type:	Current l	Rate	New Rate	Effective Date	
Rural Health Clinic					
Swing-Bed Provider				· :	
X Federally Qualified Health Centers	\$99	0.82	\$100.12	10/01/2011	
Hospice Provider					
#651 Routine Home Care		. <u>-</u>	<u> </u>	: i	
#652 Continuous Home Care					
#655 Inpatient Respite Care				<u> </u>	
#656 General Inpatient Care					
#659 Room and Board					
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Prospective X Total Prospective Prospective Adjuste  Interim Total Interim Settlement based on contents		New Costs		
	W. Rydell Samu Medicaid Cost Rein				
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Escambia Community Clinics, Inc.	Provider 1	Provider Number: 692990705  Date: 10/01/2011	
Lanza Pediatrics			
2200 N. Palafox Street	Fiscal Year End:		N/A N/A
Pensacola, FL 32501	Audi	Audit Status:	
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic			
Swing-Bed Provider			
X Federally Qualified Health Centers	\$99.82	\$100.12	10/01/2011
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			: 
#659 Room and Board	:		
Budget X	Prospective Total Prospective Prospective Adjusted for N	New Costs	
Field audited costs  Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate	Interim Total Interim Settlement based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburser		
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Escambia Community Clinics, Inc.	Provider Number:		692990706	
Lakeview Medical Clinic	Date:		10/01/2011	
2200 N. Palafox Street	Fiscal Year End: Audit Status:			N/A N/A
Pensacola, FL 32501		Mudi	i Status.	IN/A
Provider Type:	Curre	nt Rate	New Rate	Effective Date
Rural Health Clinic				
Swing-Bed Provider	:			
X Federally Qualified Health Centers	:	\$99.82	\$100.12	10/01/2011
Hospice Provider	:			
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
	Y D			
Budget Unaudited costs	X Prospective X Total Prospective	e		
Desk audited costs	Prospective Adju		lew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate				
	W. Rydell Sar Medicaid Cost R			R
Distribution:				
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Contract Management				
Permanent File				
Program Development:				
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North Florida Med Ctr - Crestview Med Center		Provider Number: Date: Fiscal Year End: Audit Status:	
535 John Knox Rd			
Tallahassee, FL 32303	Audi		
Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	·	<u> </u>	· !
Swing-Bed Provider			
X Federally Qualified Health Centers	\$102.89	\$103.20	10/01/2011
Hospice Provider		<u> </u>	
#651 Routine Home Care			: ! !
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			<u> </u>
BudgetX	Prospective Total Prospective Prospective Adjusted for Management Description  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Additional Cost Reimburses	lministrator	F
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medicale Cost Remodisc.	, many opp	