



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 000640100
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$113.76	\$114.10	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health System
 Family Practice Center of Avon Park
 1006 W. Pleasant Street
 Avon Park, FL 33825

Provider Number: 000707900
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	NA	\$77.77	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 002351900
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$130.52	\$130.91	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
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 Average Nursing Home Rate

Rate Type :

Prospective
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Starke HMA, LLC
 Shands Starke RHC
 1550 S. Water Street
 Starke, FL 32091

Provider Number: 002352500
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$161.16	\$161.64	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

Budget
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Adventist Health Systems- FL Hosp. Heartland Med Ctr
 Florida Hospital Wauchula Pioneer Medical Center
 515 Carlton Street
 Wauchula, FL 33873

Provider Number: 002954700
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$77.76	\$77.99	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 003227500
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$78.07	\$78.30	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Budget
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hendry Family Care Center
 500 West Sagamore Avenue
 Clewiston, Fl 33440

Provider Number: 253668401
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$135.84	\$136.25	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Budget
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Healthmark of Walton

Provider Number: 372384401

Date: 10/01/2011

4415 US Hwy 331

Fiscal Year End: N/A

DeFuniak Springs, FL 32435

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$141.66	\$142.08	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
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Doctor's Memorial Primary Care

Provider Number: 660002600

1702 S. Jefferson St

Perry, FL 32347

Date: 10/01/2011

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$110.17	\$110.50	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Chipley Rural Health Clinic

Provider Number: 660005100

Date: 10/01/2011

P.O. Box 918

Fiscal Year End: N/A

Chipley, FL 32428

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$101.06	\$101.36	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Blountstown Family Practice

 17808 NE Charley Johns St
 Blountstown, FL 32424

Provider Number: 660037900
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$77.29	\$77.52	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Monticello Family Medicine

1549. S. Jefferson St
 Monticello, FL 32344

Provider Number: 660037901
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$77.29	\$77.52	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Quincy Medical Group
 178 LaSalle Lafall Dr
 Quincy, FL 32351

Provider Number: 660037902
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$77.29	\$77.52	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

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Prospective
 Total Prospective
 Prospective Adjusted for New Costs
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 Total Interim
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wakulla Family Medicine
 15 Council Moore Rd
 Crawfordville, FL 32327

Provider Number: 660037903
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$77.29	\$77.52	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
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 Total Interim
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 660049201
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$78.26	\$78.49	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

N. Okaloosa Medical Center

Provider Number: 660058100

Date: 10/01/2011

650 Hwy 331 South
 DeFuniak, FL 32435

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$78.26	\$78.49	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Interim
 Total Interim
 Settlement based on costs

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Center for Family Health

Provider Number: 660074300

Date: 10/01/2011

P.O. Box 2177

Fiscal Year End: N/A

Arcadia, Fl 34265

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$77.30	\$77.53	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

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Prospective
 Total Prospective
 Prospective Adjusted for New Costs
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lake Butler Hospital RHC

Provider Number: 660083200

Date: 10/01/2011

850 E. Main St

Fiscal Year End: N/A

Lake Butler, FL 32054

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$153.60	\$154.06	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

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Prospective
 Total Prospective
 Prospective Adjusted for New Costs
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 Total Interim
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctors' Memorial Hospital

1209 1st Avenue South
 Steinhatchee, Fl 32359

Provider Number: 660092100

Date: 10/01/2011

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$269.26	\$270.07	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
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 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
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 Prospective Adjusted for New Costs
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 Total Interim
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Madison Memorial Health Care

Provider Number: 660093000

194 NE Hancock Ave

Date: 10/01/2011

Madison, FL 32340

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$112.54	\$112.88	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Medicine

P.O. Box 228

Mayo, FL 32066

Provider Number: 660123500

Date: 10/01/2011

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$149.30	\$149.75	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Family Practice

Provider Number: 660124300

1702 S. Jefferson St.

Date: 10/01/2011

Perry, FL 32348

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$101.06	\$101.36	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
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 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 for Non-Institutional Providers

Nature Coast Family Health Services

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

Provider Number: 660137500
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$114.09	\$114.43	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

Budget
 Unaudited costs
 Desk audited costs
 Field audited costs
 Medicare - Prospective
 Payment System Rate
 Average Nursing Home Rate

Rate Type :

Prospective
 Total Prospective
 Prospective Adjusted for New Costs

 Interim
 Total Interim
 Settlement based on costs

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Memorial Internal Medicine

 402 E. Ash St
 Perry , FL 32347

Provider Number: 660138300
 Date: 10/01/2011
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
Rural Health Clinic	\$101.06	\$101.36	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care			
#652 Continuous Home Care			
#655 Inpatient Respite Care			
#656 General Inpatient Care			
#659 Room and Board			

Basis:

- Budget
- Unaudited costs
- Desk audited costs
- Field audited costs
- Medicare - Prospective
- Payment System Rate
- Average Nursing Home Rate

Rate Type :

- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
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