

Current Rate \$113.76	New Rate \$114.10	
\$113.76	\$114.10	10/01/2011
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l Interim ement based on costs		<b>Z</b> v
	ective  tal Prospective  ospective Adjusted for N  I Interim  ement based on costs  T. Rydell Samuel, Ac	ective stal Prospective ospective Adjusted for New Costs



Adventist Health System Family Practice Center of Avon Park 1006 W. Pleasant Street Avon Park, FL 33825	Provider Number: Date: Fiscal Year End: Audit Status:			000707900 10/01/2011 N/A 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				ŗ	
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	Prospection Prospe	rospective ctive Adjusted for N	New Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		/dell Samuel, Action of the Ac		<b>F</b>	
For information Only ( No Change in rate)					



Live Oak HMA, LLC Shands Live Oak RHC 1426 Canyon Avenue, NE, Unit B Live Oak, FL 32064		Provider I Fiscal Y Audi	Date:	002351900 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
Rural Health Clinic		\$130.52	\$130.91	10/01/2011
Swing-Bed Provider		i		·
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: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage 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, Ad aid Cost Reimburser		
For information Only ( No Change in rate)				



Starke HMA, LLC Shands Starke RHC 1550 S. Water Street Starke, FL 32091	Provider Number: Date: Fiscal Year End: Audit Status:		002352500 10/01/2011 N/A 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				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Rate Type:  X	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			



Provider I	002954700	
Fiscal V		10/01/2011 N/A
		N/A N/A
Audit Statu		
Current Rate	New Rate	Effective Date
\$77.76	\$77.99	10/01/2011
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nterim nent based on costs		
		<del> </del>
	Provider N Fiscal Ye Audi  Current Rate \$77.76  \$1 Prospective pective Adjusted for N  Interim ment based on costs  Rydell Samuel, Ad	\$77.76 \$77.99  itive I Prospective pective Adjusted for New Costs



Campbellton-Graceville Hospital Campbellton Graceville Hospital Physicans Office 5429 College Drive, Suite B Graceville, FL 32440	Provider I Fiscal Y Audi	Date:	003227500 10/01/2011 N/A 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			:
Unaudited costs  Desk audited costs  Field audited costs  Medicare - Prospective  Y Payment System Rate  Total	spective Fotal Prospective Prospective Adjusted for N	ew Costs	
	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		



Medicaid Reimbursement	Per Diem Rates	for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Hendry Family Care Center	Provider I		253668401	
		Date: Fiscal Year End:		10/01/2011
500 West Sagamore Avenue			ear Eng: t Status:	N/A N/A
Clewiston, Fl 33440		Audi	i 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				
	<del></del>			
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			
	Settleme	nt based on costs		·
		ydell Samuel, Ad aid Cost Reimbursen		
	Medic	iid Cost Keiiiibursei	ilent Allaiysip	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Healthmark of Walton		Provider l		372384401
		Fiscal Y	Date:	10/01/2011 N/A
4415 US Hwy 331		•	t Status:	N/A N/A
DeFuniak Springs, FL 32435				
Provider Type:	C	urrent 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				
#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 Interin	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)				



		ry Care Provider Number:		660002600
1700 G 1 CC			Date: ear End:	10/01/2011 N/A
1702 S. Jefferson St			t Status:	N/A N/A
Perry, FL 32347				
Provider Type:		Current Rate New Rate		
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	3.4 11.11		<u>.</u>	· ·
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board	<del></del>			
Basis:	Rate Type:			· · · · · · · · · · · · · · · · · · ·
Budget	X Prospecti	ve		
Unaudited costs	X Total I	Prospective		
Desk audited costs	Prospe	ctive Adjusted for N	ew Costs	
Field audited costs	_			
Medicare - Prospective X Payment System Rate	Interim	•		
Average Nursing Home Rate	Total Int	erim nt based on costs		
	W. R	ydell Samuel, Ad		R.
	1,10410			
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				



Chipley Rural Health Clinic  P.O. Box 918 Chipley, FL 32428	Provider l Fiscal Y Audi	Date:	
	Current Rate	New Rate	Effective Date
Provider Type:  Rural Health Clinic	\$101.06	\$101.36	<u> </u>
Swing-Bed Provider	\$101.00	Ψ101.30	10/01/2011
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: 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	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 Reimburseme</u>	nt Per Diem Rates for Non-Institut		<u>rs</u> 660037900	
Blountstown Family Practice				
	Ti1 X7	Date:	10/01/2011	
17808 NE Charley Johns St	Fiscal Yo	ear End: t Status:	N/A N/A	
Blountstown, FL 32424	Audi	i Siaius.	IN/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	i			
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		
<b><u>Distribution:</u></b> Fiscal Agent Contract Management	W. Rydell Samuel, Ad Medicaid Cost Reimbursen			
Permanent File Program Development:				
For information Only ( No Change in rate)				



Monticello Family Medicine				660037901 10/01/2011
1549. S. Jefferson St		Fiscal Y		N/A
Monticello, FL 32344		Audi	t Status:	N/A
Provider Type:		Current Rate New Rate		
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		:		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	ProspeInterimTotal Inte	Prospective ctive Adjusted for N	lew Costs	
<u>Distribution:</u> Fiscal Agent Contract Management Permanent File		ydell Samuel, Ad aid Cost Reimburser		F.



Quincy Medical Group	Ter Dem Rates	Provider 1	Number:	660037902
		T' 137	Date:	10/01/2011
178 LaSalle Lafall Dr		Fiscal Y	ear Eng: t Status:	N/A N/A
Quincy, FL 32351		Audi	t Status.	IN/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			#.i-	!
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 Prospe	rospective ctive 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)				



Wakulla Family Medicine	Provider Number: Date:		660037903 10/01/2011	
15 Council Moore Rd	Fiscal Year End:		N/A	
Crawfordville, FL 32327	Audi	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				
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, Ad	ministrator	F.	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medicaid Cost Reimbursen	nent Analysis		



Provider	Number: Date:	660049201
Fiscal Y	ear End:	10/01/2011 N/A
		N/A
Current Rate	New Rate	Effective Date
\$78.26	\$78.49	10/01/2011
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Prospective Total Prospective	New Costs	<b>7</b> ./
	Current Rate \$78.26  \$78.26  Rate Type:  Prospective X Total Prospective Prospective Adjusted for 1  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Additional Additional Control of the cost	\$78.26 \$78.49  Rate Type:  Prospective X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim



N. Okaloosa Medical Center	Provider Number: 660058  Date: 10/01/2		
650 Hwy 331 South	Fiscal	Year End:	N/A
DeFuniak, FL 32435	Aι	ıdit Status:	N/A
Provider Type:	Current Rat	e 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:	Rate Type :		
Budget	X Prospective		
Unaudited costs	X Total Prospective		
Desk audited costs Field audited costs	Prospective Adjusted fo	r New Costs	
Medicare - Prospective	Interim		
X Payment System Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, A		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

Center for Family Health				660074300 10/01/2011	
P.O. Box 2177	Fiscal Year End:		N/A		
Arcadia, Fl 34265		Audi	t 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					
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:	-	vdell Samuel, Ad aid Cost Reimbursen			
For information Only ( No Change in rate)					



<u>Medicaid Reimbursemen</u>	nt rer Diem Kates			<u>rs</u>
Lake Butler Hospital RHC	Date: 10/01/2			660083200
				10/01/2011
850 E. Main St		Fiscal Y	ear End: t Status:	N/A N/A
Lake Butler, FL 32054		Audi	i 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:	Rate Type :			
Budget	X Prospectiv	·a		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Home Rate	Settlemen	t based on costs		
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		dell Samuel, Ad id Cost Reimbursen		
The control of				
Distribution:				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



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Doctors' Memorial Hospital				660092100 10/01/2011
1209 1st Avenue South				N/A
Steinhatchee, Fl 32359			t 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		:		
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 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		<b>—</b>



Madison Memorial Health Care	Provider Number: 6600930  Date: 10/01/20			
194 NE Hancock Ave	Fiscal Year End: N/A			
Madison, FL 32340	Audi	t 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	1			
#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, Ad Medicaid Cost Reimburser		<b>F</b>	
For information Only ( No Change in rate)				



Provider 1	660123500 10/01/2011 N/A		
Fiscal Ye			
Audi	t Status:	N/A	
Current Rate	Current Rate New Rate		
\$149.30	\$149.75	10/01/2011	
		:	
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Prospective Total Prospective Prospective Adjusted for N	ew Costs		
		R.	
	Fiscal Ye Audi  Current Rate  \$149.30  Type:  Prospective  Total Prospective  Prospective Adjusted for Noterim  Total Interim  Settlement based on costs  W. Rydell Samuel, Ad	\$149.30 \$149.75  Type:  Prospective Total Prospective Prospective Adjusted for New Costs  terim Total Interim	



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Doctor's Memorial Family Practice	Provider Number: 660124:  Date: 10/01/20		
1702 S. Jefferson St.	Fiscal Year End: N/A		
Perry, FL 32348	Audi	t 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			
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	Jew 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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Nature Coast Family Health Services	Provider Number: Date:		660137500 10/01/2011	
125 S.W. 7th Street Williston, FL 32696	Fiscal Y Aud	N/A 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				
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			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	W. Rydell Samuel, Ac Medicaid Cost Reimburser			



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Doctor's Memorial Internal Medicine		em Rates for Non-Institutional Providers  Provider Number: 6601383		
	Date:		10/01/2011	
402 E. Ash St		Fiscal Y		N/A
Perry, FL 32347		Audi	it 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:	Rate Type:			
Budget	X Prospectiv	⁄e		
Unaudited costs		rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte			
Average Nursing Home Rate	Settlemen	nt based on costs		
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		dell Samuel, Ad id Cost Reimbursen		
	Medica	ia Cost Reillioursen	ieni Anaiysip	
<u>Distribution:</u>				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
r rogram Development.				
For information Only ( No Change in rate)				
rot information only ( no change in rate)				