

First Coast Primary Care, Inc.	Provider		000162500 10/01/2011
3772 West Third Street		ear End:	N/A
Hilliard, FL 32046	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.01	\$74.23	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 X	Prospective Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Additional Additio	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>	



Hawthorne Medical Center Hawthorne Medical Center 21815 SE 71st Ave Hawthorne, FL 32640	art of David Address	Provider I Fiscal Y Audi	Number: Date:	000242900 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.01	\$74.23	10/01/2011
Swing-Bed Provider				
Federally Qualified Health Centers		!		
Hospice Provider		i		
#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	Prospect 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)				



Medicald Reinibulseine	mi rei Diem Kates	ioi Mon-Institut	ionai Froviue	13
The Health Clinic		Provider 1		000255800
			Date:	10/01/2011
1351 South Blvd		Fiscal Y	ear End: t Status:	N/A
Chipley, FL 32428		Audi	i Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.01	\$74.23	10/01/2011
Swing-Bed Provider				
Federally Qualified Health Centers			<del>.</del>	
Hospice Provider		1		
#651 Routine Home Care				
#652 Continuous Home Care				
#655 Inpatient Respite Care				
#656 General Inpatient Care				
#659 Room and Board				
Basis:	Rate Type :			
Dudant	V Donomontion	-		
Budget Unaudited costs	X Prospectiv X Total P	rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemen	t based on costs		
			,	R/
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	ı
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only (No Change is unto)				
For information Only ( No Change in rate)				



Acute Care Pediatrics of Palm Coast, PA		Provider 1	Number: Date:	000387200 10/01/2011
397 SW Palm Coast Parkway, #309		Fiscal Y	ear End:	N/A
Palm Coast, FL 32137		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.01	\$74.23	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 Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Interim Total Inte	rospective stive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Adid Cost Reimbursen		
For information Only ( No Change in rate)				



Treatend Remibul Sement	1 1 ci Diem Rates	7 TOT TYON-INSCITUTE		
Healthflo Medical Clinic, Inc.		Provider 1		000997400
Ridge Manor Medical Clinic			Date:	10/01/2011
34498 Cortez Blvd		Fiscal Y		N/A
Ridge Manor, FL 33523		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.01	\$74.23	10/01/2011
Swing-Bed Provider				
Federally Qualified Health Centers			<u> </u>	
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 Prospectiv	10		
Unaudited costs	<u> </u>	rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs	1103pec	ctive Augusteu for 19	ew costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		t based on costs		
	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)				



Little Pine Pediatrics, PLLC  1211 North Center Street		Provider Number: Date: Fiscal Year End:		001165800 10/01/2011 N/A	
Perry, FL 32347		Audi	t Status:	N/A	
Provider Type:	Cu	rrent Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.01	\$74.23	10/01/2011	
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider					
#651 Routine Home Care	:				
#652 Continuous Home Care	į				
#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	X Total Prospe	Adjusted for N	lew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		Samuel, Adost Reimbursen			
For information Only ( No Change in rate)					



Roger C. Roque, MD PA St. Francis Primary Care Clinic 720 North Bay Street, Suite 8 Eustis, FL 32726		Provider I Fiscal Y Audi	Date:	001263800 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.01	\$74.23	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 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 iid Cost Reimbursen		
For information Only ( No Change in rate)				



Premier Medical Pediatric Clinic, Inc.	Provider 1	Date:	001496800 10/01/2011	
315 E. Ash Street	Fiscal Y		N/A	
Perry, FL 32347	Audi	t Status:	N/A	
Provider Type:	Current Rate	Current Rate New Rate		
X Rural Health Clinic	\$74.01	\$74.23	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				
because the second seco	e Type :			
Budget X Unaudited costs X	Prospective Total Prospective			
Desk audited costs	Prospective Adjusted for N	ew Costs		
Field audited costs				
Medicare - Prospective Ir X Payment System Rate	iterim			
Average Nursing Home Rate	Total Interim Settlement based on costs			
<u><b>Distribution:</b></u> Fiscal Agent	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		R	
Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Avon Park Pediatrics, PA	Provider Number:			
1571 US Hwy 27 North		Fiscal Y	Date: ear End:	N/A
Avon Park, FL 33825		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
· · · · · · · · · · · · · · · · · · ·				<del></del>
X Rural Health Clinic		\$73.93	\$74.15	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	ministrator	RV
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medica	na Cost Itelinouisell	нын гына <u>гу</u> эгр	



	d: N/A
Audit Status  Rate New	s: N/A  Rate Effective Date
(8.21 \$'	78.44 10/01/2011
osts  eel, Administr	rator
1	el, Administı



North Florida Pediatrics - Jasper			001534800 10/01/2011	
1117 US Highway 41 NW, Suite B	Fiscal Y		ear End:	N/A
Jasper, FL 32052	Audit Status:			N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.21	\$78.44	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 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)				



West Florida Medical Associates, PA Suncoast Primary Care Specialists 3733 Gulf To Lake Hwy. Inverness, FL 34453		Provider l Fiscal Y Audi	Date:	001589500 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.99	\$74.21	10/01/2011
Swing-Bed Provider				
Federally Qualified Health Centers				
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 Settlemen W. Ry	rospective ctive Adjusted for N	ministrator	
For information Only ( No Change in rate)				



Meadowcrest Family Physicians, PA		Provider Number: Date:		001672700 10/01/2011	
6199 W. Gulf to Lake Highway		Fiscal Y	N/A		
Crystal River, FL 34429		Audi	t Status:	N/A	
Provider Type:		Current Rate	Effective Date		
X Rural Health Clinic		10/01/2011			
Swing-Bed Provider					
Federally Qualified Health Centers		:			
Hospice Provider					
#651 Routine Home Care					
#652 Continuous Home Care				<u> </u>	
#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)					



Tri County Primary Care, Inc. Tri County Primary Care - Dixie Co. 306 NE Hwy 351 Cross City, FL 32628		Provider I Fiscal Y Audi	Date:	001768600 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.99	\$74.21	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:		/dell Samuel, Ad aid Cost Reimbursen		
For information Only ( No Change in rate)				



Access Health Care - Lake Panasoffkee	Provider Number: 002070500 Date: 10/01/2011				
1310 N. County Road 470	Fiscal Y	N/A			
Lake Panasoffkee, FL 33538	Audi	it Status:	N/A		
Provider Type:	Current Rate	Current Rate New Rate Effecti			
X Rural Health Clinic	\$74.00	\$74.22	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 X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for Nonterim 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 Reimbursen				



Access Health Care - Beverly Hills		Provider Number: Date:		002070600 10/01/2011	
6279 N. Lecanto Hwy		Fiscal Y		N/A	
Beverly Hills, FL 34465		Audi	t Status:	N/A	
Provider Type:	···	Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.00	\$74.22	10/01/2011	
Swing-Bed Provider		:			
Federally Qualified Health Centers					
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	Prospection Prospe	rospective ctive Adjusted for N	lew Costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		dell Samuel, Ad		R.	
For information Only ( No Change in rate)					



Wakulla Urgent Care and Diagnostic Ctr PLC	nt Fer Diem Rates	Provider 1	Number:	002074400
2615 G		Fiscal Y	Date:	10/01/2011
2615 Crawfordville Hwy, Suite 103			ear End: t Status:	N/A N/A
Crawfordville, FL 32327			t Diatus.	IN/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.00	\$74.22	10/01/2011
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider		i		
#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 Settlemen	rospective ctive Adjusted for N	ministrator	
For information Only ( No Change in rate)				



	at 1 cl Diem Rates for non-institu		<del></del>		
Ernest R Gonzalez, MD	Provider Number: 002295300				
200 Zagalam Drive Switz 600	Date: 10/01/20 Fiscal Year End: N/A				
800 Zeagler Drive, Suite 600		it Status:	N/A N/A		
Palatka, FL 32177					
Provider Type:	Current Rate	New Rate	Effective Date		
X Rural Health Clinic	\$74.00	\$74.22	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	:		1		
		· · · · · · · · · · · · · · · · · · ·			
Basis:	Rate Type :				
Budget	X Prospective				
Unaudited costs	X Total Prospective				
Desk audited costs Field audited costs	Prospective Adjusted for N	New Costs			
Medicare - Prospective	Interim				
X Payment System Rate	Total Interim				
Average Nursing Home Rate	Settlement based on costs				
	<del></del>	······			
	W. Rydell Samuel, Ac	Iministrator	K		
	Medicaid Cost Reimburser		<del></del>		
<u>Distribution:</u>					
Fiscal Agent Contract Management					
Permanent File					
Program Development:					
-					
For information Only ( No Change in rate)					



Tallahassee, Florida 32308

Provider 1	Provider Number:	
Fiscal Y		10/01/2011 N/A
Audi	t Status:	N/A
Current Rate	New Rate	Effective Date
\$74.00	\$74.22	10/01/2011
		1
		:
		: :
spective Total Prospective Prospective Adjusted for N m tal Interim ttlement based on costs	ew Costs	 Zv
<u> </u>		
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	Fiscal Y-Audi  Current Rate  \$74.00  YPE:  spective  Total Prospective  Prospective Adjusted for N  m  tal Interim ttlement based on costs  W. Rydell Samuel, Ad	Prospective Prospective Adjusted for New Costs  Date: Fiscal Year End: Audit Status:  Current Rate New Rate \$74.00 \$74.22



Health & Wellcare Services of Florida, Inc		Provider 1	Number: Date:	002711800 10/01/2011
5915 W. Gulf to Lake Hwy		Fiscal Y		N/A
Crystal River, FL 34429		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.95	\$74.17	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	Prospec	tive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		t based on costs		
		dell Samuel, Ad		R/
Distribution:				
Fiscal Agent Contract Management Permanent File				
Program Development:				
For information Only ( No Change in rate)				



<u>Medicaid Reimbursemer</u>	<u>it Per Diem Ra</u>	<u>tes for Non-Institut</u>	<u>ional Provide</u>	<u>ers</u>
Pediatric & Internal Medicine Specialists, PA		Provider 1	002952100	
		Date: 10 Fiscal Year End:		10/01/2011
PO Box 2066			ear End: t Status:	N/A N/A
Lecanto, FL 34461		Auu	t Status.	IV/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.15	\$74.37	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 Prospec	tive		
Unaudited costs		l Prospective		
Desk audited costs Field audited costs	Pros	pective Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total I	nterim		
Average Nursing Home Rate		nent based on costs		
<u><b>Distribution:</b></u> Fiscal Agent		Rydell Samuel, Ad icaid Cost Reimbursen		R/
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



PRQ, Inc. Pediatric Partners of Winter Haven 409 East Central Ave. Winter Haven, FL 33880		Provider Number: Date: Fiscal Year End: Audit Status:		002983100 10/01/2011 N/A N/A		
Provider Type:		Current Rate	Effective Date			
X Rural Health Clinic		\$73.95 \$74.17 10				
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	Prospect 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)						



Dorothy J. Ray, MD Pediatric Associates of Lakeland 2140 East Edgewood Drive Lakeland, FL 33803	Provider I Fiscal Y Audi	Date:	002983300 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.95	\$74.17	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 X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for Noterim 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)			



Mohammad Afzal Excel Pediatrics & Family Care - TAVARES 2523 Dora Ave Tavares, FL 32778		Provider I Fiscal Y Audi	Date:	003102600 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.95	\$74.17	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	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Adid Cost Reimbursen		



West Florida Medical Associates, PA	Provide	r Number: Date:	003129100 10/01/2011
402 W. Highland Blvd.	Fiscal	Year End:	N/A
Inverness, FL 34452	Au	dit Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.15	\$74.37	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 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	W. Rydell Samuel, A		R'



Premier Pediatrics, LLC	Provider Number: Date:		003198500 10/01/2011	
7960 SW 60th Ave.		Fiscal Y		N/A
Ocala, FL 34476		Audit Status:		N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.18	\$74.40	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  Distribution:	Interim Total Inte	rospective ctive Adjusted for N	ministrator	<u>F</u>
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



High Springs Pediatrics, LLC	nt i er Diem Rates	Provider 1		003432700
,			Date:	10/01/2011
210 NW 1st Ave.		Fiscal Y		N/A
High Springs, FL 32643		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.15	\$74.37	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  Distribution: Fiscal Agent Contract Management Permanent File	Interim Total Inte Settlemen	rospective ctive Adjusted for N	ministrator	R.
Program Development:				
For information Only ( No Change in rate)				



Romulo J. Camogliano, MD PA			Provider 1		003492200 10/01/2011	
1400 N US Highway 441, Bldg 900, Suite 902			Fiscal Y		N/A	
The Villages, FL 32159			Audi	t Status:	N/A	
Provider Type:			Current Rate	New Rate	Effective Date	
X Rural Health Clinic			\$74.15	\$74.37	10/01/2011	
Swing-Bed Provider					<del> </del>	
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	<u>x</u> <u>x</u>	Prospenterim Total Into Settlement	Prospective ctive Adjusted for Neerim nt based on costs	ministrator	<u></u>	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		Medica	aid Cost Reimbursen	nent Analysis		



West Florida Medical Associates, PA Suncoast Primary Care Specialists 7991 S. Suncoast Blvd. Homasassa, FL 34446	Provider Number: Date: Fiscal Year End: Audit Status:		003682000 10/01/2011 N/A N/A	
Provider Type:	Current Ra	te New Rate	Effective Date	
X Rural Health Clinic	\$74.1	5 \$74.37	10/01/2011	
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider			:	
#651 Routine Home Care	:			
#652 Continuous Home Care			<u>i</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	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for 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, Medicaid Cost Reimbur			



Trenton Medical Center	Provider 2	029506000	
	Date:		10/01/2011
911 S. Main St	Fiscal Year End:		N/A
Trenton, FL 32693	Audit Status:		N/A
Provider Type:	Current Rate	Current Rate New Rate	
X Rural Health Clinic	\$79.62	\$79.86	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 :		
Product	December		
Budget 5 Unaudited costs	Y Prospective  X Total Prospective		
Desk audited costs	Prospective Adjusted for N	lew Costs	
Field audited costs	Trospective regusted for re	iew 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	h	R/
	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		
<u>Distribution:</u>			
Fiscal Agent Contract Management			
Permanent File			
Program Development:			
0			
For information Only ( No Change in rate)			



Advent Christian Home  23730 Park Circle Dr Dowling Park, FL 32064  Provider Type:  X Rural Health Clinic  Swing-Bed Provider	Current	ı	Date: ar End: Status:	029511600 10/01/2011 N/A N/A	
Dowling Park, FL 32064  Provider Type:  X Rural Health Clinic	Current	Audit	Status:	N/A	
Provider Type: X Rural Health Clinic		ı		N/A	
X Rural Health Clinic		t Rate			
	\$		Current Rate New Rate		
Swing-Bed Provider		73.01	\$73.23	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:	Rate Type :				
Budget	Y Prospective				
Unaudited costs	X Total Prospective				
Desk audited costs	Prospective Adjust	ted for Ne	w Costs		
Field audited costs	•				
Medicare - Prospective X Payment System Rate	Interim Total Interim				
Average Nursing Home Rate	Settlement based on	costs			
	<del></del>			7/	
	W. Rydell Samı	uel, Adn	ninistrator	r v	
	Medicaid Cost Rei				
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File Program Development:					
Frogram Development.					
For information Only ( No Change in rate)					



Acorn Rural Health Clinic	Provider	Provider Number:		
	Da		10/01/2011	
23320 North State Road 235	Fiscal Year End: Audit Status:		N/A N/A	
Brooker, FL 32622	Aud	it Diatus.	IV/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$76.99	\$77.22	10/01/2011	
Swing-Bed Provider	i			
Federally Qualified Health Centers			ı	
Hospice Provider				
#651 Routine Home Care	,		:	
#652 Continuous Home Care	:		<del></del>	
#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	Prospective Total Prospective Prospective Adjusted for Nonterim Total Interim Settlement based on costs	New Costs	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ac Medicaid Cost Reimburser			



Medicald Reimbursement I et Diem			<del></del>
Kid's Care Pediatrics	Provider Number:		063363101
6010 Old Walf Day Dd	Fiscal Y	Date: ear End:	10/01/2011 N/A
6910 Old Wolf Bay Rd Palatka, FL 32177		t Status:	N/A N/A
Falatka, FL 321//			
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$78.21	\$78.44	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  X Payment System Rate  Average Nursing Home Rate  Se	ospective Total Prospective Prospective Adjusted for N	ministrator	R
Program Development:  For information Only ( No Change in rate)			



Heartland Pediatrics of L.W.	Provider Number: 251469				
1356 State Road 60 East	Date: Fiscal Year End:		10/01/2011 N/A		
Lake Wales, Fl 33853	Audit Status:			N/A	
Provider Type:		Current Rate	Effective Date		
X Rural Health Clinic		\$69.42	New Rate \$69.63	10/01/2011	
Swing-Bed Provider					
Federally Qualified Health Centers					
Hospice Provider		:			
#651 Routine Home Care				İ	
#652 Continuous Home Care				· · · · · · · · · · · · · · · · · · ·	
#655 Inpatient Respite Care					
#656 General Inpatient Care		:			
#659 Room and Board					
· · · · · · · · · · · · · · · · · · ·	· · · · · · · — · · · — · · · · · · · ·			<del></del>	
Basis:	Rate Type :				
	<u> </u>				
Budget Unaudited costs	X Prospectiv				
Desk audited costs		rospective ctive Adjusted for N	ew Costs		
Field audited costs		ctive ragusted for re	ew costs		
Medicare - Prospective	Interim				
X Payment System Rate	Total Inte	erim			
Average Nursing Home Rate	Settlemer	nt based on costs			
		dell Samuel, Ad		R	
	Medica	id Cost Reimbursen	nent Analysis		
Distribution:					
Fiscal Agent					
Contract Management					
Permanent File					
Program Development:					
For information Only ( No Change in rate)					



	Provider 1		253535101
05 US Hwy 27 South Fiscal Yo			10/01/2011 N/A
			N/A
· _ · · · · · · · · · · · · · · · · · ·	·	N. D.	TIPE AT TO A
	1	·	<u></u>
	\$69.41	\$69.62	10/01/2011
		•	
		<del></del>	
			· ·
	!		:
	:		
X Prospecti X Total Prospecti Prospecti Interim Total Interim	ive Prospective ective Adjusted for N terim	ew Costs	
	X Prospecti X Total Prospecti Interim Total Interim Settleme W. R	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Ad	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for New Costs  Interim Total Interim



## 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

MJS Trust		Provider 1	Number:	
2550 110 25 21 11		Fiscal Y	Date:	10/01/2011
3750 US 27 North			t Status:	N/A N/A
Sebring, FL 33870		71441	c otatas.	11/74
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.58	\$74.80	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:	re	-	
Unaudited costs	·	rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective X Payment System Rate	Interim			
Average Nursing Home Rate	Total Inte	rim it based on costs		
Distribution: Fiscal Agent Contract Management Permanent File	•	dell Samuel, Ad id Cost Reimbursen		
Program Development:  For information Only ( No Change in rate)				



Sebring Medical Walk-In Clinic		Provider 1	Number: Date:	259716100 10/01/2011
343 South Commerce Ave		Fiscal Year End: Audit Status:		N/A N/A N/A
Sebring, FL 33870				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$71.04	\$71.25	10/01/2011
Swing-Bed Provider				
Federally Qualified Health Centers		i		
Hospice Provider				1
#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  Interim  Total Inte	rospective ctive Adjusted for N	ew Costs	
<u>Distribution:</u> Fiscal Agent Contract Management		dell Samuel, Ad		
Permanent File Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursemen	<u>it Per Diem Rate</u>	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Children's Medical Clinic		Provider 1	370861601	
700 W. D. 10		Fiscal Y	Date:	10/01/2011
789 W. Duval St			t Status:	N/A N/A
Lake City, FL 32055				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$69.25	\$69.46	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 Field audited costs	Prospe	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate		erim		
Average Nursing Home Rate	Settlemen	nt based on costs		
			اسم	$\overline{V}$
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	ent Analysis	ı
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
-				
For information Only ( No Change in rate)				



Wedicald Reimbursemen	n Per Diem Kates			
Children's Medical Center				370861604 10/01/2011
1002 11th Street SW		Fiscal Y		N/A
Live Oak, FL 32064		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$69.25	\$69.46	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	re		
Unaudited costs		rospective		
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	ew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemer	t based on costs	<u> </u>	
	W D.	dell Samuel, Ad	ministrator	R/
		id Cost Reimbursen		
Distribution:				
Fiscal Agent				
Contract Management Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicaid Reimbursemer	it Per Diem Rate	s for Non-Institut	<u>ional Provide</u>	<u>rs</u>
Jack M. Matheny RHC		Provider 1		372143401
		T!1 \$7	Date:	10/01/2011
205 Zeagler Drive, Suite #101		Fiscal Y	ear End: t Status:	N/A N/A
Palatka, FL 32177		Audi	IN/A	
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.21	\$78.44	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		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 Into	erim nt based on costs		
——————————————————————————————————————				
		dell Samuel, Ad aid Cost Reimbursen		
<u>Distribution:</u>				
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Milla Pediatrics	ut i ti Dicili Rate.	Provider 1		375159701
			Date:	10/01/2011
1847 S.W. Barnett Way		Fiscal Y	N/A	
Lake City, FL 32025	(	Audit Status: N/		
Provider Type:	· ·	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.43	\$77.66	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	7A		
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		
			,	R/
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Medicald Reimburseme	att i et Diem Rates	ioi mon-matitut	IONAL I TOTIUC	15
Sebring Pediatrics		Provider 1		377682401
4550 X 1 ' D		Fiscal Y	Date:	10/01/2011
1550 Lakeview Dr.			t Status:	N/A N/A
Sebring, FL 33870		11441	t Status.	14/74
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.12	\$73.34	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 :			
Pulsa	V D			
Budget Unaudited costs	X Prospectiv	rospective		
Desk audited costs		ctive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate	Settlemer	nt based on costs		
			,,,,,	P/
		dell Samuel, Ad		
	Medica	id Cost Reimbursen	nent Analysis	
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				
rot information only ( No Change in rate)				



Shoreline Medical Group		Provider 1	Number: Date:	377827401
419 Baltzell Avenue		Fiscal Ye		10/01/2011 N/A
Port St. Joe, FL 32456			t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.62	\$76.85	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>			<del></del> -
				<del></del>
Basis:	Rate Type :			
Budget	X Prospectiv			
Unaudited costs		rospective		
Desk audited costs	Prospec	ctive Adjusted for N	ew Costs	
Field audited costs	T-+i			
Medicare - Prospective X Payment System Rate	Interim Total Inte	i		
Average Nursing Home Rate	<del></del>	it based on costs		
	W. Ry	dell Samuel, Adıid Cost Reimbursem		K
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Heartland Pediatric Associates		Provider Number: 66001820 Date: 10/01/201		
2523 U.S. Highway 27 So Suite #100		Fiscal Year End: N/A		
Avon Park, FL 33825		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$73.58	\$73.80	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	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	<u></u>	
Distribution:		ydell Samuel, Ad aid Cost Reimbursen		<b>R</b>
Fiscal Agent Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Tallahassee, Florida 32308

Provider 1	Provider Number:		
	ear End:	10/01/2011 N/A N/A	
Current Rate	New Rate	Effective Date	
\$69.59	\$69.80	10/01/2011	
ctive al Prospective spective Adjusted for N Interim ment based on costs			
<del>-</del>			
	Fiscal Y Audi  Current Rate \$69.59  Etive al Prospective spective Adjusted for N  Interim ment based on costs  Rydell Samuel, Ad	Piscal Year End: Audit Status:  Current Rate New Rate \$69.59 \$69.80  Etive al Prospective spective Adjusted for New Costs  Interim	



### 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

Jay Medical Center		Provider Number: 666 Date: 10		
14088 Alabama St		Fiscal Y	N/A	
Jay, FL 32565		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.86	\$80.10	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				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospect Pro	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)				



Physicians Partners Network				— 660024700 10/01/2011
605 Lamar Ave Brooksville, FL 34601		Fiscal Year End: N/A Audit Status: N/A		
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.49	\$76.72	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	re		
Unaudited costs	<del></del>	rospective	_	
Desk audited costs Field audited costs	Prospec	ctive Adjusted for N	lew Costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate	Settlemer	t based on costs		
		dell Samuel, Ad id Cost Reimbursen		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Community Medical CtrDeland		Provider Number: Date:		
1190 North Stone Street		Fiscal Y		N/A
Deland, FL 32720		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.27	\$79.51	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 :			
Dasis.	Rate Type.			
Budget	X Prospectiv			
Unaudited costs		rospective	_	
Desk audited costs	Prospec	tive Adjusted for N	ew Costs	
Field audited costs  Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	rim		
Average Nursing Home Rate		t based on costs		
		dell Samuel, Ad id Cost Reimbursen		
<u>Distribution:</u>				
Fiscal Agent				
Contract Management				
Permanent File Program Development:				
For information Only ( No Change in rate)				



Comm. Medical CtrOrange Cty.				660026302 10/01/2011
810 Commed Boulevard Suite C		Fiscal Y		N/A
Orange City, FL 32763		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.39	\$74.61	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 :	. <del>.</del>		
Budget	X Prospectiv	re		
Unaudited costs		rospective		
Desk audited costs	****	tive Adjusted for N	ew Costs	
Field audited costs				
Medicare - Prospective	Interim			
X Payment System Rate Average Nursing Home Rate	Total Inte			
Average Nursing Florite Nate	Settlemer	t based on costs		
		dell Samuel, Ad		R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



N. Fl. Pediatrics RHC	Provider Number: 660027100 Date: 10/01/2011		
4316 Fifth Avenue	Fiscal Year End: N/A		
Marianna, FL 32446	Audi	t Status:	N/A
Provider Type:	Current Rate New Rate Effective		
X Rural Health Clinic	\$78.21	\$78.44	10/01/2011
Swing-Bed Provider		,	
Federally Qualified Health Centers	1		
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:  For information Only ( No Change in rate)	W. Rydell Samuel, Ad Medicaid Cost Reimburser		



Geoffrey Roberts D.O., P.A.	Provider 1	Provider Number: Date:	
756 N. Suncoast Boulevard	Fiscal Y		10/01/2011 N/A
Crystal River, FL 34429	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$76.52	\$76.75	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			
Desk audited costs Field audited costs  Medicare - Prospective Interim X Payment System Rate Total Average Nursing Home Rate Settle	ective tal Prospective ospective Adjusted for N Interim ement based on costs		 R/
	. Rydell Samuel, Ad edicaid Cost Reimbursen		<b></b>



Fiscal Y Audi Current Rate \$76.90	t Status:	N/A N/A Effective Date
Current Rate	New Rate	
· · · · · · · · · · · · · · · · · · ·		Effective Date
\$76.90	\$77.12	
	\$77.13	10/01/2011
rospective Total Prospective Prospective Adjusted for N rim Total Interim	lew Costs	
	Prospective Adjusted for North Control of the Prospective Adjusted for North Control of the Prospective Adjusted for North Control of North Co	rospective Total Prospective Prospective Adjusted for New Costs  rim Total Interim



Mohammad Yunas, M.D. RHC	Provider Number: 66003950			
404 East Hwy 90		Fiscal Y	Date: ear End:	10/01/2011 N/A
Bonifay, FL 32425		Audi	t Status:	N/A
Provider Type:	<del></del>	Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$78.21	\$78.44	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	Prospection Prospe	rospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		dell Samuel, Ad id Cost Reimbursen		R



### 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

<u>Medicaid Reimbursen</u>	ient Per Diem Rates			
PAK Rural Health Clinic		Provider 1		660041700
107( D )   1 D		Figural V	Date:	10/01/2011
1376 Brickyard Rd		Fiscal Y	ear End: t Status:	N/A N/A
Chipley, FL 32428		ı rudi	t Status.	14/21
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.67	\$75.90	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 Unaudited costs	Y Prospectiv			
Desk audited costs		rospective ctive Adjusted for N	ew Costs	
Field audited costs	1 10spc	ctive Adjusted for iv	ew costs	
Medicare - Prospective	Interim			
X Payment System Rate	Total Inte	erim		
Average Nursing Home Rate		nt based on costs		
		dell Samuel, Ad	<u>V</u>	R
Distribution: Fiscal Agent Contract Management				
Permanent File Program Development:				
For information Only ( No Change in rate)				



Ikram U. Qureshi RHC				660041701 10/01/2011
812 S. Weeks St		Fiscal Y		N/A
Bonifay, FL 32425		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$75.67	\$75.90	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	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)				



Louis J Radnothy, D.O., P.A.			660044100 10/01/2011	
P.O. Drawer 2325				N/A
Umatilla, FL 32784		Audi	t Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$79.45	\$79.69	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	Prospection  Interim  Total Interim	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)				



### 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

Medicald Reimburseme	ent Per Diem Kates			<u>rs</u>
Richard A. Campbell RHC	Provider Number: 66004			660046800
				10/01/2011
105 Tomoka Boulevard South	Fiscal Year End: Audit Status:			N/A N/A
Lake Placid, FL 33852		Audi	i Status.	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.86	\$78.09	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	Prospect 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)				



Wimauma Family Health Center	Provider Number: 66005220 Date: 10/01/20		
5121 State Rd 674		ear End:	N/A
Wimauma, FL 33598	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.03	\$74.25	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			
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	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		



Children's Clinic	Provider Number: 660053100  Date: 10/01/2011				
1100 N. Main St	Fiscal Y		N/A		
Belle Glade, FL 33430	Audi	t Status:	N/A		
Provider Type:	Current Rate	New Rate	Effective Date		
X Rural Health Clinic	\$78.21	\$78.44	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:				
Dasis.	Rate Type.				
Budget	X Prospective				
Unaudited costs	X Total Prospective	C+-			
Desk audited costs Field audited costs	Prospective Adjusted for N	ew 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:					
For information Only ( No Change in rate)					



Marion RHC dba Forest Family Health	Provider Number: Date:		660054900 10/01/2011	
15932 E. 40		ear End:	N/A	
Silver Springs, FL 34488	Aud	it Status:	N/A	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$77.12	\$77.35	10/01/2011	
Swing-Bed Provider				
Federally Qualified Health Centers	:			
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		<u></u>	· :	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for I	New Costs		
Payment System Rate Average Nursing Home Rate	Total Interim Settlement based on costs			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimburse		R	
For information Only ( No Change in rate)				



Medicaid Reimburseme				<del></del>
Ahmad T. Ismail RHC	Pi	rovider l	Number:	660056500
110 F. D. 1.4	,	Eissal V	Date: ear End:	10/01/2011
110 E. Byrd Avenue	1		t Status:	N/A N/A
Bonifay, FL 32425		Addi	i Status.	IN/A
Provider Type:	Curren	ıt Rate	New Rate	Effective Date
X Rural Health Clinic	;	\$68.92	\$69.13	10/01/2011
Swing-Bed Provider				
Federally Qualified Health Centers				
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 Unaudited costs	X Prospective X Total Prospective			
Desk audited costs	Prospective Adju		lew Costs	
Field audited costs	1105pective 71aja	sica for r	000.5	
Medicare - Prospective	Interim			
X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based or	1 costs		
				7/
	W. Rydell San	nuel, Ad	ministrator	
	Medicaid Cost Re			
Distribution:				
Fiscal Agent				
Contract Management				
Permanent File				
Program Development:				
For information Only ( No Change in rate)				



Bushnell Family Practice Ctr.	Provider Number: Date:		660062000 10/01/2011
117 W. Belt Ave Suite A	Fiscal Year End:		N/A
Bushnell, FL 33513	Audi	t Status:	N/A
·			
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.75	\$75.98	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  Distribution: Fiscal Agent	Rate Type:  X Prospective X Total Prospective Prospective Adjusted for North Interim Total Interim Settlement based on costs  W. Rydell Samuel, Add Medicaid Cost Reimbursen	ministrator	
Contract Management Permanent File Program Development:			
For information Only ( No Change in rate)			



Meena Nathan Medical Center	Provider Number: 66006540 Date: 10/01/201		
840 South Bea Avenue	Fiscal Y	N/A	
Inverness, Fl 34452	Audi	it Status:	N/A
Provider Type:	Current Rate	Effective Date	
X Rural Health Clinic	\$72.33	\$72.55	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	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
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)			



Florida Family Rural Hlth. Care	Provider Number: 660069		
	Date:		10/01/2011
2398 N. Beach Drive, Suite 100		ear End: it Status:	N/A
Avon Park, Fl 33825	Aud	n Status.	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$76.99	\$77.22	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 :	New Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ac Medicaid Cost Reimburser		P.



Express Care of Belleview, Inc	Provider Number: 660070100  Date: 10/01/2011		
10762 S US Highway 441	Fisca	N/A	
Belleview, Fl 34420	F	Audit Status:	N/A
Provider Type:	Current Ra	ite New Rate	Effective Date
X Rural Health Clinic	\$77.2	26 \$77.49	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			
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 to the second secon		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Medicaid Cost Reimbi		
For information Only ( No Change in rate)			



Nature Coast Family Medical	Provider N		660071900
Nature Coast Family	Date:		10/01/2011
3400 North Lecanto Highway Suite A	Fiscal Ye	ear End:	N/A
Beverly Hills, Fl 34464	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.01	\$74.23	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	<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	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	~···
Program Development:			
For information Only ( No Change in rate)			



Rajendra P. Bellam, M.D. RHC Raiendra Bellam MD - DUNNELLON 11707 N. Williams Street Suite #3 Dunnellon, Fl 34432	Provider Number: Date: Fiscal Year End: Audit Status:		660072700 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.58	\$75.81	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	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		



Charles S. Li, M.D., P.A. RHC				ler Number: 660075100 Date: 10/01/2011	
7647 W. Gulf to Lake Highway		Fiscal Y		N/A	
Crystal River, Fl 34429		Audi	t Status:	N/A	
Provider Type:	<u> </u>	urrent Rate	Effective Date		
X Rural Health Clinic		\$72.89	\$73.11	10/01/2011	
Swing-Bed Provider					
Federally Qualified Health Centers	:				
Hospice Provider	: 				
#651 Routine Home Care	i				
#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 Interir	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)					



### 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

Charles S. Li, M.D., P.A. RHC	Provider	Provider Number: Date:	
10489 N. Florida Ave		Year End:	N/A
Citrus Springs, Fl 34434	Auc	lit Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$72.89	\$73.11	10/01/2011
Swing-Bed Provider			<u> </u>
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  Interim Total Interim Settlement based on costs  W. Rydell Samuel, A	dministrator	R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medicaid Cost Reimburse	ment Analysis	



Current Rate \$76.52	New Rate \$76.75	Effective Date 10/01/2011
\$76.52	\$76.75	10/01/2011
		!
		:
!		:
		:
tive Prospective pective Adjusted for N	ew Costs	
· · · · · · · · · · · · · · · · · · ·		
	nterim ent based on costs Rydell Samuel, Ad	tive I Prospective Dective Adjusted for New Costs



<u>Medicaid Reimbursemen</u>	t Per Diem Rates for Non-Institut		<u>rs</u>
Palm Glades Rural Health Assoc	Provider Number: 66008		
	Finesl V	Date:	10/01/2011
217 W. Avenue "A"	Fiscal Ye	ear End: t Status:	N/A N/A
Belle Glade, Fl 33430	Auu	t Status.	IVA
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$76.05	\$76.28	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  Distribution: Fiscal Agent Contract Management Permanent File Program Development:	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	F.
For information Only ( No Change in rate)			



Tallahassee, Florida 32308

Hernando Medical Center Hernando Medical Center 10489 N. Florida Ave. Citrus Springs, Fl 34434	Provider Number: Date: Fiscal Year End: Audit Status:		660089100 10/01/2011 N/A N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.06	\$75.29	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	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid 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

David A. Miller, MD, PA Everglades Family Medicine 170 S. Barfield Hwy #102 Pahokee, FL 33476		Provider l Fiscal Y Audi	Date:	660100600 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.39	\$74.61	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 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:	<u></u> -	vdell Samuel, Ad aid Cost Reimburser		
For information Only ( No Change in rate)				



Lake Pediatrics	Provider Number: 66010310			660103100 10/01/2011
4880 N. Hwy 19A		Fiscal Y		N/A
Mt. Dora, FL 32757		Audi	t Status:	N/A
Provider Type:		Current Rate New Rate Effective		
X Rural Health Clinic		\$75.43	\$75.66	10/01/2011
Swing-Bed Provider		:		
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care		:		i
#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	lministrator	R
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Modice	com remourser		



Raypar, Inc. Family Wellness Center 1064 North Broadway Avenue Bartow, FL 33830		Provider N Fiscal Yo Audi	Date:	
Provider Type:	Cu	rrent Rate	New Rate	<b>Effective Date</b>
X Rural Health Clinic	:	\$71.86	\$72.08	10/01/2011
Swing-Bed Provider				
Federally Qualified Health Centers				
Hospice Provider				
#651 Routine Home Care				<u> </u>
#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	Rate Type:  X Prospective  X Total Prospective  Prospective  Interim  Total Interim  Settlement base	Adjusted for N	lew Costs	
<b>Distribution:</b> Fiscal Agent Contract Management Permanent File	W. Rydell Medicaid Co	Samuel, Adost Reimbursen	ministrator	
Program Development:  For information Only ( No Change in rate)				



Rural Medical Associates, Inc.	Provider 1		
411 N. Webster St	Fiscal Yo	N/A	
Wildwood, FL 34785	Audı	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$73.01	\$73.23	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	ALCON MARKET VICTORY		· · · · · · · · · · · · · · · · · · ·
#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	7
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Samuel, Ad Medicaid Cost Reimbursen		
For information Only ( No Change in rate)			



Birth & Beyond, P.A.	Provider :	Number: Date:	660121900 10/01/2011
1326 SR 100	Fiscal Y	N/A	
Grandin, FL 32138	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$75.43	\$75.66	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 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 M 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		



Family Medical Group(Sebring)	, Diem Rutes ioi 1	Provider 1	Number: Date:	660129400 10/01/2011
3420 US 27 North		Fiscal Y		N/A
Sebring, FL 33870		Audi	t Status:	N/A
Provider Type:	Curi	rent Rate	New Rate	Effective Date
X Rural Health Clinic		\$76.15	\$76.38	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 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 based	djusted for N	Iew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell S Medicaid Cos		lministrator nent Analysis	
For information Only ( No Change in rate)				



Provider 1 Fiscal Year Audi Current Rate \$75.89	Date:	660130800 10/01/2011 N/A N/A Effective Date 10/01/2011
Audi	ear End: t Status:	N/A N/A Effective Date
Audi	t Status: New Rate	N/A Effective Date
Current Rate	New Rate	Effective Date
\$75.89	\$76.12	10/01/2011
:		
:		
:		
:	•	
ctive		
al Prospective		
spective Adjusted for N	lew Costs	
Interim		
1		



<u>Medicald Relinbursement</u>	t 1 et Diem Rates for Non-Institut		
Oak Hill Medical	Provider 1		660132400
		Date:	10/01/2011
185A North Rt. 1, PO Box 373	Fiscal Y		N/A
Oak Hill, FL 32759	Audi	t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.16	\$74.38	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	Prospective Adjusted for N	lew Costs	
Field audited costs			
Medicare - Prospective	Interim		
X Payment System Rate Average Nursing Home Rate	Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	W. Rydell Samuel, Ad Medicaid Cost Reimburser		R
Distribution			
<u>Distribution:</u> Fiscal Agent			
Contract Management			
Permanent File			
Program Development:			
For information Only ( No Change in rate)			



North Florida Pediatrics -Sneads	Provider 1	Number: Date:	660135900 10/01/2011
7997 Hwy 90	Fiscal Y		N/A
Sneads, FL 32460	Audi	Audit Status:	
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$78.21	\$78.44	10/01/2011
Swing-Bed Provider			
Federally Qualified Health Centers	:	· <del></del>	!
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:  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, Ac Medicaid Cost Reimburser		
For information Only ( No Change in rate)			



Andres R. Villar, M.D.	Provider 1		660140500 10/01/2011
P.O. Box 606	Fiscal Year End: N/A		
Glen St. Mary, FL 32040	Audit Status: N/A		
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.75	\$74.97	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	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

Williston Pediatrics, PA	Pr	ovider 1	Number: Date:	660141300 10/01/2011
223 N. Main Street	F	iscal Y	ear End:	N/A
Williston, FL 32696		Audi	t Status:	N/A
Provider Type:	Curren	t Rate	New Rate	Effective Date
X Rural Health Clinic	\$	61.86	\$62.05	10/01/2011
Swing-Bed Provider				<u> </u>
Federally Qualified Health Centers				<u> </u>
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 Adjus	sted for N	lew Costs	
Field audited costs	Interim			
Medicare - Prospective X Payment System Rate	Total Interim			
Average Nursing Home Rate	Settlement based on	costs		
	W. Rydell Sam Medicaid Cost Re			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

Rajendra P. Bellam, MD	Provider Number: 66014			
Raiendra P. Bellam, MD - INGLIS	T' 137	Date:		
41 N. Inglis Ave, PO Box 69	Fiscal Y	N/A N/A		
Inglis, FL 34449	Audi	Audit Status:		
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$59.57	\$59.75	10/01/2011	
Swing-Bed Provider			· 	
Federally Qualified Health Centers				
Hospice Provider		<del></del>		
#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	lew Costs		
Distribution: Fiscal Agent	W. Rydell Samuel, Ac Medicaid Cost Reimburser			
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

Doctor's Medical Ctr. of Walton County, PA	Provider 1	660147200 10/01/2011	
21 West Main St	Fiscal Y		N/A
DeFuniak Springs, FL 32435	Audi	it Status:	N/A
Provider Type:	Current Rate	Effective Date	
X Rural Health Clinic	\$78.39	\$78.63	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, Additional Cost Reimburser	lministrator	R
Distribution: Fiscal Agent Contract Management Permanent File Program Development:			
For information Only ( No Change in rate)			



### Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Andres R. Villa Children's Med	nr, M.D. ical Center - Mt. Vernon	Provider Number: Date:			660151100 10/01/2011	
P.O. Box 606		Fiscal Year End:			N/A	
Glen St. Mary,	FL 32040		Audit Status:			N/A
Provider Type	e:			Current Rate	Effective Date	
X Rural He	alth Clinic			\$74.75	\$74.97	10/01/2011
Swing-Be	ed Provider					!
Federally	Qualified Health Centers					: :
Hospice I	Provider					
#651 R	outine Home Care					
#652 C	ontinuous Home Care					
#655 In	patient Respite Care					
#656 G	eneral Inpatient Care		-			
#659 R	oom and Board					·
Basis:		Rat	e Type :			
Budge	et	X	Prospectiv	⁄e		
Unaud	dited costs	X	_	rospective		
	audited costs		_ Prospe	ctive Adjusted for N	lew Costs	
	audited costs	T.	nterim			
	care - Prospective ent System Rate	1	Total Inte	rim		
	ge Nursing Home Rate		_	nt based on costs		
				- ·· -	,,,,,,,	<b>7</b> .
				dell Samuel, Ac	E/I	
			Medica	id Cost Reimburser	nent Analysis	N
Distribution	<u>:</u>					
Fiscal Agent	_					
Contract Mana						
Permanent File Program Devel						
riogrami Devel	topinent.					

For information Only (No Change in rate)



## Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Andres R. Villar, M.D. Children's Medical Center - Baya P.O. Box 606 Glen Saint Mary, FL 32040		Provider Number: Date: Fiscal Year End: Audit Status:		660160000 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.28	\$74.50	10/01/2011
Swing-Bed Provider				i
Federally Qualified Health Centers				
Hospice Provider				:
#651 Routine Home Care	-		***	1
#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		
		ydell Samuel, Ad	ministrator	<b>R</b>
		aid Cost Reimburser		<del>↓</del> —

## **Distribution:**

Fiscal Agent Contract Management Permanent File Program Development:

For	information	Only (	No	Change	in rate	)
1 01	1111 O 1 111 W 11 O 1 .	V \				,



Rural Health Network of Monroe Co.	Provider 1	660161800 10/01/2011		
P.O. Box 500370	Fiscal Y	N/A N/A		
Marathon, FL 33050	Audi	Audit Status:		
Provider Type:	Current Rate	Current Rate New Rate		
X Rural Health Clinic	\$74.22	\$74.44	10/01/2011	
Swing-Bed Provider				
Federally Qualified Health Centers			<del></del>	
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, Ac Medicaid Cost Reimburser	lministrator		
Program Development:  For information Only ( No Change in rate)			·	



Putnam Obstetrics & Gynecology, Inc. Putnam Obstetrics & Gynecology 700 Zeagler Drive, Suite 10 Palatka, FL 32177		Provider Number: Date: Fiscal Year End: Audit Status:		
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$77.28	\$77.51	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	Prospective Prospe	Prospective ctive Adjusted for N	lew Costs	
Distribution:		ydell Samuel, Ad aid Cost Reimburser		
Fiscal Agent Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Tallahassee, Florida 32308

Philip Colaizzo, MD, PA  170 S. Barfield Hwy Pahokee, FL 33476		rovider N Fiscal Yo Audi	660164200 10/01/2011 N/A N/A	
Provider Type:	Curre	Current Rate New Rate Effecti		
X Rural Health Clinic		\$74.38	\$74.60	10/01/2011
Swing-Bed Provider		41.11.0		
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 X Payment System Rate Average Nursing Home Rate	Rate Type:  X Prospective X Total Prospective Prospective Adjustication Interim Total Interim Settlement based of	isted for N	ew Costs	~
Distribution: Fiscal Agent Contract Management Permanent File Program Development:	W. Rydell Sar Medicaid Cost R			
For information Only ( No Change in rate)				



Medicala Rembulsement	Tel Diem Kates for Non-Institut				
Southern Family Healthcare, PA	Provider 1		660167700		
	Date: 10/01/ Fiscal Year End: N/				
P.O. Box 692			N/A N/A		
Chipley, FL 32428	Audit Status: N/A				
Provider Type:	Current Rate	New Rate	Effective Date		
X Rural Health Clinic	\$72.97	\$73.19	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	ministrator	R.		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medicaid Cost Reimbursen	nent Analys∤s `	_		



Emmanuel Christian HC - Clermont			660169300	
995 N. D. D.	Date: Fiscal Year End:		10/01/2011 N/A	
885 N. Powers Dr		t Status:	N/A	
Orlando, FL 32818			1771	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$74.25	\$74.47	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 North 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	<del></del>		
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

Rural Health Network of Monroe Co., Fl., Inc	St. Claires	Provider 1	Date:	660170700 10/01/2011
P.O. Box 500370		Fiscal Y		N/A
Marathon, FL 33050		Audı	t Status:	N/A
Provider Type:	Cu	rrent Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.23	\$74.45	10/01/2011
Swing-Bed Provider				
Federally Qualified Health Centers				
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  Interim  Total Interim  Settlement base	Adjusted for N	lew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		Samuel, Adost 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

Rural Health Network of Monroe Co., Fl., Inc Ruth Ivins		Provider Number: Date:		660171500 10/01/2011	
P.O. Box 500370		Fiscal Y	ear End:	N/A	
Marathon, FL 33050		Audi	t Status:	N/A	
Provider Type:	Curr	Current Rate New Rate Effective			
X Rural Health Clinic		\$74.23	\$74.45	10/01/2011	
Swing-Bed Provider		Ψ, ε.Δ.	φ, ι	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:	Rate Type:  X Prospective	<u></u>			
Unaudited costs  Desk audited costs  Field audited costs	X Total Prospective Ad		lew Costs		
Medicare - Prospective  X Payment System Rate  Average Nursing Home Rate	Interim Total Interim Settlement based	on costs			
	W. Rydell So Medicaid Cost		lministrator nent Analysis	P	
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

Children's Medical Center - Alachua Children's Medical Center - Alachua 14681 N.W. Hwy 441	Provider Fiscal Y	660174000 10/01/2011 N/A	
Alachua, FL 32615	Aud	it Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$71.94	\$72.16	10/01/2011
Swing-Bed Provider			:
Federally Qualified Health Centers			
Hospice Provider			:
#651 Routine Home Care			i
#652 Continuous Home Care			
#655 Inpatient Respite Care	1		
#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 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)			



Williston Family Practice	Provider Number: 66017660				
444 W N. 11 . A		Fiscal Y	Date: ear End:	10/01/2011 N/A	
111 West Noble Ave		Audit Status:			
Williston, FL 32696					
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.23	\$74.45	10/01/2011	
Swing-Bed Provider		1			
Federally Qualified Health Centers		:			
Hospice Provider		:	<u>-</u>		
#651 Routine Home Care				!	
#652 Continuous Home Care	·		<u> </u>		
#655 Inpatient Respite Care				!	
#656 General Inpatient Care				:	
#659 Room and Board				!	
Basis:	Rate Type:				
Budget	X Prospecti				
Unaudited costs		Prospective	Iour Coata		
Desk audited costs  Field audited costs	Prospe	ctive Adjusted for N	iew Cosis		
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Int				
	Settleme	nt based on costs	<del></del>		
		ydell Samuel, Ac aid Cost Reimburser		Z	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:					
For information Only ( No Change in rate)					



Sunrise Primary Care - Summit Ave	Provider 1	Number: Date:	660181200 10/01/2011		
811 N. Summit St	Fiscal Y		N/A N/A		
Crescent City, FL 32112	Audı	Audit Status:			
Provider Type:	Current Rate	Current Rate New Rate			
X Rural Health Clinic	\$74.11	\$74.33	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			: :		
Desk audited costs Field audited costs  Medicare - Prospective Interim X Payment System Rate Total Average Nursing Home Rate Settle  W Me		ministrator			
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

Pediatrics in Brevard - Cocoa Beach		Provider 1		660182100
Pediatrics in Brevard, PA		Figgal V	Date:	10/01/2011
699 W. Cocoa Beach Cswy Suite 401	Fiscal Year End Audit Status			N/A N/A
Cocoa Beach, FL 32931				
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		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  Distribution: Fiscal Agent	Interim Total Inter Settlement W. Ryo	ospective ive Adjusted for N	lministrator	RY.
Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)				



Pediatrics in Brevard - Hibiscus Pediatrics in Brevard, PA 1755 HIbiscus Blvd Melbourne, FL 32901		Provider N Fiscal Ye Audi	Date:	660183900 10/01/2011 N/A N/A
Provider Type:	(	Current Rate	New Rate	Effective Date
X Rural Health Clinic	:	\$74.08	\$74.30	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			·	
Budget X Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	X Total Prospective Prospective Interim Total Interim	ve Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		ell Samuel, Ad Cost Reimbursen		



Pediatrics in Brevard - Woods Dr Pediatrics in Brevard, PA 134 S. Woods Dr Rockledge, FL 32955		Provider I Fiscal Y Audi	Date:	660184700 10/01/2011 N/A N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.08	\$74.30	10/01/2011
Swing-Bed Provider				
Federally Qualified Health Centers				i
Hospice Provider				
#651 Routine Home Care	1			
#652 Continuous Home Care				
#655 Inpatient Respite Care		:		
#656 General Inpatient Care				<u>:</u>
#659 Room and Board				
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		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		id Cost Reimburser		



Tallahassee, Florida 32308

Sun 'Lake Medical Group, PA	Provider Number: 660187			660187100
Sun 'N Lake Medical Group			Date:	10/01/2011
4958 Sun ' N Lake Blvd		Fiscal Year End:		N/A
Sebring, FL 33872		Audi	it Status:	N/A
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$74.22	10/01/2011	
Swing-Bed Provider		:		
Federally Qualified Health Centers		:		; ;
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				
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate	Prospe Interim Total Int Settleme	Prospective ctive Adjusted for N erim 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)	)			



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

Northwest Florida Healthcare				660189800 10/01/2011			
1360 Brickyard Rd.	Fiscal Year End:		N/A				
Chipley, FL 32428		Audi	it Status:	N/A			
Provider Type:		Current Rate	New Rate	Effective Date			
X Rural Health Clinic		\$74.11 \$74.33					
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		F.			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		aid Cost Reimbursen	<del>"</del> (	<del>;</del>			



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

Panhandle Family Medicine				660191000 10/01/2011		
877 3rd St #4 Chipley, FL 32428		Fiscal Y- Audi	N/A N/A			
Provider Type:	Cui	rent Rate	New Rate	Effective Date		
X Rural Health Clinic		\$74.10 \$74.32				
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						
Budget X	Interim Total Interim Settlement base W. Rydell	Adjusted for N ed on costs Samuel, Ad	· · · · · · · · · · · · · · · · · · ·	<b>F</b>		
Distribution:  Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)						



Health Care Initiative - Citra FH	Provider Number: Date:			660194400 10/01/2011			
17805 US Hwy 301 N.		Fiscal Y	N/A				
Citra, FL 32113		Audi	N/A				
Provider Type:		Current Rate New Rate Effective					
X Rural Health Clinic		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 :		· ··· <u>-</u> · ·				
Budget	X Prospectiv						
Unaudited costs		rospective	ov. Coata				
Desk audited costs Field audited costs	Prospec	tive Adjusted for N	ew Costs				
Medicare - Prospective	Interim						
X Payment System Rate	Total Inte	rim					
Average Nursing Home Rate	Settlemen	t based on costs					
		dell Samuel, Ad id Cost Reimbursen		R			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:							
For information Only ( No Change in rate)							



Three Rivers Medical	Provider l	660195200 10/01/2011	
208 Suwannee Ave	Fiscal Y	N/A	
Branford, FL 32005		t Status:	N/A
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$74.10	\$74.32	10/01/2011
Swing-Bed Provider			į
Federally Qualified Health Centers			
Hospice Provider			
#651 Routine Home Care	ı		
#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	T. A *		
Medicare - Prospective X Payment System Rate	Interim Total Interim		
Average Nursing Home Rate	Settlement based on costs		
	Settlement based on costs		
	W. Rydell Samuel, Ad		
	Medicaid Cost Reimbursen	nent Analysis	1
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

Provider Number: 66			
Fiscal Y	10/01/2011 N/A		
		N/A	
Current Rate	New Rate	Effective Date	
\$74.10	10/01/2011		
		!	
:	·		
Prospective X Total Prospective	ew Costs		
	Rate Type:  Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Ad	Prospective  Total Prospective  Prospective Adjusted for New Costs  Interim  Total Interim	



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

Quintessential Health Services Crystal Family Practice 6152 W. Corporate Oaks Dr Crystal River, FL 34429	Provider Number: Date: Fiscal Year End: Audit Status:			660201100 10/01/2011 N/A N/A			
Provider Type:		Current Rate	New Rate	Effective Date			
X Rural Health Clinic		\$74.11 \$74.33 10/0					
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 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	·····			
<u>Distribution:</u> Fiscal Agent		dell Samuel, Ad					
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

Chiefland Medical Center	Provider Number:		660204500 10/01/2011
1113 N. W. 23rd Ave Chiefland, FL 32626		Date: Fiscal Year End: Audit Status:	
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$72.54	\$72.76	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			
BudgetX	Prospective X Total Prospective Prospective Adjusted for N  Interim Total Interim Settlement based on costs  W. Rydell Samuel, Ac Medicaid Cost Reimburser	lministrator	<b>X</b>
Permanent File Program Development:  For information Only ( No Change in rate)			



The Medical Center LLC		Provider Number: 660			
			Date:	10/01/2011	
20454 N.E. Finley Ave		Fiscal Y	ear End: t Status:	N/A N/A	
Blountstown, FL 32424		Addit Status.		IN/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$73.94	\$74.16	10/01/2011	
Swing-Bed Provider		:			
Federally Qualified Health Centers				:	
Hospice Provider			<del></del>	<u> </u>	
#651 Routine Home Care					
#652 Continuous Home Care				!	
#655 Inpatient Respite Care				: 	
#656 General Inpatient Care				:	
#659 Room and Board				:	
	Data Truma				
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		
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution:	X Prospecti X Total I Prospe Interim Total Int Settleme W. R	Prospective ective Adjusted for N	lministrator	<b>R</b>	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent Contract Management	X Prospecti X Total I Prospe Interim Total Int Settleme W. R	Prospective citive Adjusted for Network and serim on the based on costs ydell Samuel, Ad	lministrator	<b>F</b>	
Budget Unaudited costs Desk audited costs Field audited costs Medicare - Prospective X Payment System Rate Average Nursing Home Rate  Distribution: Fiscal Agent	X Prospecti X Total I Prospe Interim Total Int Settleme W. R	Prospective citive Adjusted for Network and serim on the based on costs ydell Samuel, Ad	lministrator	F.	



Medicald Reiniburseme	iit I ei Diem Rates			15	
Clark Clinic Provider Number:				660209600	
			Date:	10/01/2011	
212 S. Florida St	Fiscal Year End: Audit Status:			N/A N/A	
Bushnell, FL 33513		Audi	i Status.	N/A	
Provider Type:		Current Rate New Rate Ef			
X Rural Health Clinic		\$73.90	\$74.12	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:				
Dudget	X Prospectiv	u e			
Budget Unaudited costs	<del></del>	Prospective			
Desk audited costs		ctive Adjusted for N	lew Costs		
Field audited costs	<del></del>				
Medicare - Prospective	Interim				
X Payment System Rate Average Nursing Home Rate	Total Int				
	Settleme	nt based on costs			
	W D	1110 1 4 1	1	R/	
		ydell Samuel, Ad aid Cost Reimburser		<del> </del>	
	Wiedle	ala cost remiourser	none / mary sup		
Distribution:					
Fiscal Agent					
Contract Management Permanent File					
Program Development:					
J 1					
For information Only ( No Change in rate)					



<u>Medicaid Reimbursement Per D</u>			<u>rs</u> 660212600	
Mohammad Afzal/Excel Pediatrics & Family Care	Provider 1	Provider Number: Date:		
265 Citary Tarray Plant Spite 102	Fiscal Y		10/01/2011 N/A	
265 Citrus Tower Blvd Suite 102		t Status:	N/A	
Clermont, FL 34711			<del></del>	
Provider Type:	Current Rate	New Rate	Effective Date	
X Rural Health Clinic	\$53.92	\$54.08	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 X Unaudited costs X Desk audited costs Field audited costs	Prospective Total Prospective Prospective Adjusted for Nonterim Total Interim Settlement based on costs  W. Rydell Samuel, Add Medicaid Cost Reimbursen	ministrator	F.	
Contract Management Permanent File Program Development:				
For information Only ( No Change in rate)				



Children's Medical Center - Branford	hildren's Medical Center - Branford		Number: Date:	660213400 10/01/2011	
122 S.W. Suwannee Ave		Fiscal Y	ear End:	N/A	
Branford, FL 32008		Audi	t Status:	N/A	
Provider Type:		Current Rate	New Rate	Effective Date	
X Rural Health Clinic		\$74.11	\$74.33	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 Prospecti				
Unaudited costs  Desk audited costs	<del></del>	Prospective ctive Adjusted for N	lew Costs		
Field audited costs		j			
Medicare - Prospective  X Payment System Rate	Interim				
Average Nursing Home Rate	Total Int Settleme	erim nt based on costs			
<b>Distribution:</b> Fiscal Agent		ydell Samuel, Ad aid Cost Reimburser		<b>F</b>	
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

Dwight Peter Tiu - Acute Care Pediatrics		Provider 1		660218500
1201 P. 11C. PO P. 707	Date: Fiscal Year End:		10/01/2011 N/A	
1301 Reid St. PO Box 797			t Status:	N/A N/A
Palatka, FL 32178				
Provider Type:		Current Rate	Effective Date	
X Rural Health Clinic		\$73.90	\$74.12	10/01/2011
Swing-Bed Provider				
Federally Qualified Health Centers		:		
Hospice Provider				
#651 Routine Home Care				
#652 Continuous Home Care		i	· · · · · ·	
#655 Inpatient Respite Care				
#656 General Inpatient Care		:		
#659 Room and Board				-
Basis:  Budget Unaudited costs Desk audited costs Field audited costs	Prospe	/e Prospective ctive Adjusted for N	Iew Costs	
Medicare - Prospective X Payment System Rate	Interim Total Inte	veises		
Average Nursing Home Rate		nt based on costs		
Distribution: Fiscal Agent Contract Management Permanent File Program Development:		ydell Samuel, Ac aid Cost Reimburser		
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

Family Medical Group, P.A.	Provider	660219300 10/01/2011				
105 Tomoka Blvd South Lake Placid, FL 33852		Date: Tear End: it Status:	N/A N/A			
Provider Type:	Current Rate	New Rate	Effective Date			
X Rural Health Clinic	\$73.90	\$73.90 \$74.12				
Swing-Bed Provider						
Federally Qualified Health Centers						
Hospice Provider			<u> </u>			
#651 Routine Home Care		<u> </u>				
#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	X Prospective  X Total Prospective Prospective Adjusted for I					
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	W. Rydell Samuel, Ad Medicaid Cost Reimburse		<b>}</b> —			



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

DFS Walk-In Clinic		Provider Number: Date: Fiscal Year End:		Date: 10/01/2011	
9 W. Orange Ave Suite #1				N/A	
Defuniak Springs, FL 32435		Audi	t Status:	N/A	
Provider Type:		Current Rate	Effective Date		
X Rural Health Clinic		\$73.90	\$74.12	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: BudgetUnaudited costsDesk audited costsField audited costsMedicare - ProspectiveX Payment System RateAverage Nursing Home Rate	Interim Total Inte	rospective ctive Adjusted for N crim at based on costs	ministrator	<u>R</u>	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medica	id Cost Reimbursen	nent Analysis		



DJRJ2 Inc	Provid	660226600 10/01/2011			
484 SW Commerce Drive Suite 105	Fisca	Fiscal Year End:			
Lake City, FL 32025	A	Audit Status:			
Provider Type:	Current Ra	Current Rate New Rate			
X Rural Health Clinic	\$73.9	\$73.90 \$74.12			
Swing-Bed Provider			1		
Federally Qualified Health Centers	:		:		
Hospice Provider					
#651 Routine Home Care			1		
#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 f  Interim Total Interim Settlement based on costs  W. Rydell Samuel,	Administrator			
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)	Medicaid Cost Reimbu	rsement Analysis	<b>V</b>		



Express Care of Belleview	Provider Number: 660 Date: 10/				
2500 Citrus Blvd	Fiscal Y	10/01/2011 N/A			
Leesburg, FL 34748	Audi	t Status:	N/A		
		Effective Date			
Provider Type:	Current Rate	Current Rate New Rate			
X Rural Health Clinic	\$73.90	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 Unaudited costs Desk audited costs Field audited costs Medicare - Prospective	X Prospective X Total Prospective Prospective Adjusted for N  Interim	lew Costs			
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)					



### 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

Dawn Rene, Inc Vernon Family Health Center 3027 Main St Vernon, FL 32462	Provider Number: Date: Fiscal Year End: Audit Status:		660232100 10/01/2011 N/A N/A	
Provider Type:		Current Rate	New Rate	Effective Date
X Rural Health Clinic		\$68.37	\$68.58	10/01/2011
Swing-Bed Provider	<u>.</u>			
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	Prospective ctive Adjusted for N	ew Costs	
Distribution: Fiscal Agent Contract Management Permanent File Program Development:  For information Only ( No Change in rate)		/dell Samuel, Ad aid Cost Reimbursen		



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

Jackson County Hospital	Provider Number: 660233900			660233900		
	Date:		10/01/2011			
4318 5th Avenue	Fiscal Year		ear End: It Status:	N/A		
Marianna, FL 32446		Audit Status.		N/A		
Provider Type:		Current Rate	Effective Date			
X Rural Health Clinic		\$73.85 \$74.07 10/01				
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  Distribution: Fiscal Agent Contract Management Permanent File Program Development:	Interim Total Inte	rospective ctive Adjusted for N	ministrator	<b></b>		
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 Reimburs	ement Per Diem Rates			
Childrens Medical Center - Starke		Provider 1		660235500
210 77 . G. N.G.			Date: ear End:	10/01/2011 N/A
319 West Call St		Audit Status:		N/A N/A
Starke, FL 32091				,
Provider Type:		Current Rate New Rate		
X Rural Health Clinic		\$73.95	\$74.17	10/01/2011
Swing-Bed Provider				
Federally Qualified Health Center	<u>s</u>			
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 :			
	V D			
Budget Unaudited costs	X Prospectiv	ve Prospective		
Desk audited costs	<del></del>	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:				
For information Only ( No Change in rat	e)			



Medicald Kelmbursemer			
Sunrise Primary Care - St Johns Ave	Provider Number:		660236300
219 N Palm Ave	Fiscal V	Date: 10/01/2011 Fiscal Year End: N/A Audit Status: N/A	
Palatka, FL 32177			
Provider Type:	Current Rate	New Rate	Effective Date
X Rural Health Clinic	\$71.44	\$71.65	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	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 Reimbursen		
For information Only ( No Change in rate)			