



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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

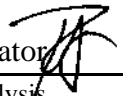
First Coast Primary Care, Inc.

 3772 West Third Street
 Hilliard, FL 32046

Provider Number: 000162500
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.68	\$75.20	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator 
 Medicaid Cost Reimbursement Analysis

Distribution:

Fiscal Agent
 Contract Management
 Permanent File
 Program Development:

For information Only (No Change in rate)



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 Tallahassee, Florida 32308

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The Health Clinic

 1351 South Blvd
 Chipley, FL 32428

Provider Number: 000255800
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.68	\$75.20	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Acute Care Pediatrics of Palm Coast, PA

 397 SW Palm Coast Parkway, #309
 Palm Coast, FL 32137

Provider Number: 000387200
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.68	\$75.20	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Healthflo Medical Clinic, Inc.
 Ridge Manor Medical Clinic
 34498 Cortez Blvd
 Ridge Manor, FL 33523

Provider Number: 000997400
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.68	\$75.20	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Little Pine Pediatrics, PLLC

Provider Number: 001165800

Date: 10/01/2013

1211 North Center Street

Fiscal Year End: N/A

Perry, FL 32347

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.68	\$75.20	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 001263800
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.68	\$75.20	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Medical Pediatric Clinic, Inc.

 315 E. Ash Street
 Perry, FL 32347

Provider Number: 001496800
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.68	\$75.20	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

 1571 US Hwy 27 North
 Avon Park , FL 33825

Provider Number: 001524200
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.59	\$75.11	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Provider Number: 001532500

1859 SW Newland Way

Date: 10/01/2013

Lake City, FL 32025

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.91	\$79.46	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics - Jasper

Provider Number: 001534800

Date: 10/01/2013

1117 US Highway 41 NW, Suite B

Fiscal Year End: N/A

Jasper, FL 32052

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.91	\$79.46	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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West Florida Medical Associates, PA
 Suncoast Primary Care Specialists - Inverness
 3733 Gulf To Lake Hwy.
 Inverness, FL 34453

Provider Number: 001589500
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.66	\$75.18	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Tri County Primary Care, Inc.
 Tri County Primary Care - Dixie Co.
 306 NE Hwy 351
 Cross City, FL 32628

Provider Number: 001768600
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.66	\$75.18	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Access Health Care - Lake Panasoffkee

Provider Number: 002070500

1310 N. County Road 470

Date: 10/01/2013

Lake Panasoffkee, FL 33538

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.67	\$75.19	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

Provider Number: 002070600

Date: 10/01/2013

6279 N. Lecanto Hwy

Fiscal Year End: N/A

Beverly Hills , FL 34465

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.67	\$75.19	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Wakulla Urgent Care and Diagnostic Ctr PLC

Provider Number: 002074400

Date: 10/01/2013

2615 Crawfordville Hwy, Suite 103

Fiscal Year End: N/A

Crawfordville, FL 32327

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.67	\$75.19	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ernest R Gonzalez, MD

Provider Number: 002295300

Date: 10/01/2013

800 Zeagler Drive, Suite 600

Fiscal Year End: N/A

Palatka, FL 32177

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.67	\$75.19	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sun n Lake Medical Group - Lake Placid

Provider Number: 002335400

Date: 10/01/2013

511 West Interlake Blvd.

Fiscal Year End: N/A

Lake Placid , FL 33852

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.67	\$75.19	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatric & Internal Medicine Specialists, PA

Provider Number: 002952100

Date: 10/01/2013

PO Box 2066

Fiscal Year End: N/A

Lecanto, FL 34461

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.82	\$75.34	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

PRQ, Inc.
 Pediatric Partners of Winter Haven
 550 Pope Ave NW
 Winter Haven, FL 33881

Provider Number: 002983100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.62	\$75.14	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 002983300
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.62	\$75.14	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Associates, PA

 402 W. Highland Blvd.
 Inverness, FL 34452

Provider Number: 003129100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.82	\$75.34	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Premier Pediatrics, LLC

 7960 SW 60th Ave.
 Ocala, FL 34476

Provider Number: 003198500
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.85	\$75.37	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

High Springs Pediatrics, LLC

 210 NW 1st Ave.
 High Springs, FL 32643

Provider Number: 003432700
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.82	\$75.34	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Romulo J. Camogliano, MD PA

Provider Number: 003492200

Date: 10/01/2013

1400 N US Highway 441, Bldg 900, Suite 902

Fiscal Year End: N/A

The Villages, FL 32159

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.82	\$75.34	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Grace Healthcare Solutions, Inc.

Provider Number: 003557700

Date: 10/01/2013

7368 State Road 15, US 441

Fiscal Year End: N/A

Pahokee, FL 33476

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.84	\$75.36	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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West Florida Medical Associates, PA
 Suncoast Primary Care Specialists - Homasassa
 7991 S. Suncoast Blvd.
 Homasassa, FL 34446

Provider Number: 003682000
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.82	\$75.34	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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West Florida Medical Associates
 Nature Coast Family Medical Clinic
 PO Box 640573
 Beverly Hills, FL 34453

Provider Number: 004510300
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.04	\$75.57	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ira Fialko, DO, PA

Provider Number: 004567100

Date: 10/01/2013

6171 West Gulf to Lake Highway

Fiscal Year End: N/A

Crystal River, FL 34429

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.04	\$75.57	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Horizon Pediatrics LLC

 611 Demorest Street SE
 Live Oak , FL 32064

Provider Number: 004690000
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.04	\$75.57	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 004770700
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.04	\$75.57	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 004771000
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.04	\$75.57	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Florida Medical Assoc. PA

Provider Number: 005919400

Date: 10/01/2013

3775 N. Lecanto Hwy

Fiscal Year End: N/A

Beverly Hills , FL 34465

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.04	\$75.57	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

West Floria Medical Associates, PA
 Deven Medical Center
 11707 N. Williams Street, Suite 2
 Dunellon , FL 34432

Provider Number: 005951500
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.04	\$75.57	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Kids Health Alliance, PA

Provider Number: 006247200

2650 NW 2nd Street, Suite 100

Date: 10/01/2013

Ocala, FL 34475

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.04	\$75.57	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dynamic Health Centers

Provider Number: 006309100

Date: 10/01/2013

2806 W. US Highway 90, Suite 102

Fiscal Year End: N/A

Lake City, FL 32055

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.04	\$75.57	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Gulf Coast Healthcare System
 Urgent and Convenient Care Center
 700 South Main Street
 LaBelle , FL 33935

Provider Number: 006441200
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.04	\$75.57	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sonnis Pediatrics PA

 1125 South Sixth Avenue
 Wauchula , FL 33873

Provider Number: 006449300
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.04	\$75.57	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sunshine Pediatrics of Ocala, PA

 1900 SW 20th Place
 Ocala, FL 34471

Provider Number: 006480000
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.04	\$75.57	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Louis J. Radnothy, DO

Provider Number: 007197500

Date: 10/01/2013

390 S. Central Ave. PO Box 2325

Fiscal Year End: N/A

Umatilla, FL 32784

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.99	\$75.51	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Weirsdale Family Health Center Inc.

 16400 South Highway 25 PO Box 8
 Wiersdale, FL 32195

Provider Number: 007210600
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.99	\$75.51	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Access Health Care Physicians LLC

Provider Number: 007395100

14690 Spring Hill Dr. #101

Date: 10/01/2013

Spring Hill, FL 34609

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.99	\$75.51	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

A Womans Place, Inc.

 1415 NW 23rd Ave.
 Chiefland , FL 32644

Provider Number: 007864900
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.99	\$75.51	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Williston Rural Health and Wellness Clinic LLC

 300 NW 1st Ave
 Williston , FL 32696

Provider Number: 008171500
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.99	\$75.51	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dr. Dale Mitchum
 Southern Health Clinic
 2910 Hospital Drive
 Bonifay, FL 32425

Provider Number: 008611300
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.99	\$75.51	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

OB & GYN OF NE FL, PA

Provider Number: 009115200

Date: 10/01/2013

PO Box 658

Fiscal Year End: N/A

Palatka, FL 32177

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.99	\$75.51	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Three Rivers Medical, Inc.

 208 Suwannee Ave NW
 Branford, FL 32008

Provider Number: 009192900
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.77	\$75.29	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Trenton Medical Center

 911 S. Main St
 Trenton, FL 32693

Provider Number: 029506000
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$80.34	\$80.90	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Advent Christian Home

 23730 Park Circle Dr
 Dowling Park, FL 32064

Provider Number: 029511600
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.67	\$74.19	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Acorn Rural Health Clinic

Provider Number: 060245101

Date: 10/01/2013

23320 North State Road 235

Fiscal Year End: N/A

Brooker, FL 32622

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.68	\$78.22	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Kid's Care Pediatrics

 6910 Old Wolf Bay Rd
 Palatka, FL 32177

Provider Number: 063363101
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.91	\$79.46	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

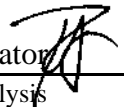
Heartland Pediatrics of L.W.

 1356 State Road 60 East
 Lake Wales, Fl 33853

Provider Number: 251469901
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$70.05	\$70.54	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatrics of L.P

Provider Number: 253535101

344 East Royal Palm St, Ste 3

Date: 10/01/2013

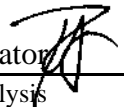
Lake Placid, Fl 33852

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$70.04	\$70.53	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

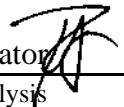
MJS Trust

 3750 US 27 North
 Sebring , FL 33870

Provider Number: 259715200
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.25	\$75.78	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sebring Medical Walk-In Clinic
 343 South Commerce Ave
 Sebring, FL 33870

Provider Number: 259716100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$71.68	\$72.18	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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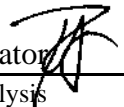
Children's Medical Clinic

 1002 SW 11th Street
 Live Oak, FL 32064

Provider Number: 370861601
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$69.88	\$70.37	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Children's Medical Center

 789 West Duval Street
 Lake City, FL 32055

Provider Number: 370861604
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$69.88	\$70.37	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jack M. Matheny RHC

Provider Number: 372143401

Date: 10/01/2013

205 Zeagler Drive, Suite #101

Fiscal Year End: N/A

Palatka, FL 32177

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.91	\$79.46	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Milla Pediatrics

Provider Number: 375159701

Date: 10/01/2013

1847 S.W. Barnett Way

Fiscal Year End: N/A

Lake City, FL 32025

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.13	\$78.68	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sebring Pediatrics

 1550 Lakeview Dr.
 Sebring, FL 33870

Provider Number: 377682401
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.78	\$74.30	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Shoreline Medical Group

 419 Baltzell Avenue
 Port St. Joe, FL 32456

Provider Number: 377827401
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.31	\$77.85	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Heartland Pediatric Associates
 2523 U.S. Highway 27 So Suite #100
 Avon Park, FL 33825

Provider Number: 660018200
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.24	\$74.76	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

 120 Heartland Way
 Wauchula, FL 33837

Provider Number: 660018201
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$70.22	\$70.71	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

 14088 Alabama St
 Jay, FL 32565

Provider Number: 660022100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$80.58	\$81.14	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Physicians Partners Network

Provider Number: 660024700

605 Lamar Ave

Date: 10/01/2013

Brooksville, FL 34601

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.18	\$77.72	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Community Medical Ctr.-Deland

 1190 North Stone Street
 Deland, FL 32720

Provider Number: 660026300
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$79.99	\$80.55	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Comm. Medical Ctr.-Orange Cty.
 810 Commed Boulevard Suite C
 Orange City, FL 32763

Provider Number: 660026302
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.06	\$75.59	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

 4316 Fifth Avenue
 Marianna, FL 32446

Provider Number: 660027100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.91	\$79.46	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Geoffrey Roberts D.O., P.A.

Provider Number: 660031000

Date: 10/01/2013

756 N. Suncoast Boulevard

Fiscal Year End: N/A

Crystal River, FL 34429

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.21	\$77.75	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Century Medical Center
 PO Box 400
 Century, FL 32535

Provider Number: 660034400
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.59	\$78.13	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Mohammad Yunas, M.D. RHC

Provider Number: 660039500

Date: 10/01/2013

404 East Hwy 90

Fiscal Year End: N/A

Bonifay, FL 32425

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.91	\$79.46	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

 1376 Brickyard Rd
 Chipley, FL 32428

Provider Number: 660041700
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.36	\$76.89	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ikram U. Qureshi RHC

Provider Number: 660041701

Date: 10/01/2013

812 S. Weeks St

Fiscal Year End: N/A

Bonifay, FL 32425

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.36	\$76.89	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Richard A. Campbell RHC

Provider Number: 660046800

Date: 10/01/2013

105 Tomoka Boulevard South

Fiscal Year End: N/A

Lake Placid, FL 33852

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.56	\$79.11	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Wimauma Family Health Center

 5121 State Rd 674
 Wimauma, FL 33598

Provider Number: 660052200
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.70	\$75.22	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Children's Clinic

Provider Number: 660053100

Date: 10/01/2013

1100 N. Main St

Fiscal Year End: N/A

Belle Glade, FL 33430

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.91	\$79.46	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 660054900
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.81	\$78.35	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Ahmad T. Ismail RHC

 110 E. Byrd Avenue
 Bonifay, FL 32425

Provider Number: 660056500
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$69.54	\$70.03	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Bushnell Family Practice Ctr.

 117 W. Belt Ave Suite A
 Bushnell, FL 33513

Provider Number: 660062000
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.44	\$76.98	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Meena Nathan Medical Center

 840 South Bea Avenue
 Inverness, Fl 34452

Provider Number: 660065400
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$72.99	\$73.50	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Florida Family Rural Hlth. Care
 2398 N. Beach Drive, Suite 100
 Avon Park, Fl 33825

Provider Number: 660069700
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.68	\$78.22	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Express Care of Belleview, Inc

 10762 S US Highway 441
 Belleview, Fl 34420

Provider Number: 660070100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.95	\$78.50	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Nature Coast Family Medical
 Nature Coast Family
 3400 North Lecanto Highway Suite A
 Beverly Hills, Fl 34464

Provider Number: 660071900
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.68	\$75.20	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rajendra P. Bellam, M.D. RHC
 Raiendra Bellam MD - DUNNELLON
 11707 N. Williams Street Suite #3
 Dunnellon, Fl 34432

Provider Number: 660072700
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.26	\$76.79	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Charles S. Li, M.D., P.A. RHC

Provider Number: 660075100

Date: 10/01/2013

7647 W. Gulf to Lake Highway

Fiscal Year End: N/A

Crystal River, Fl 34429

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.55	\$74.06	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Charles S. Li, M.D., P.A. RHC

Provider Number: 660075101

Date: 10/01/2013

10489 N. Florida Ave

Fiscal Year End: N/A

Citrus Springs, Fl 34434

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.55	\$74.06	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

WFMA - Beverly Hills Med. Ctr
 Alugubelli & Patel, MD, PA
 3745 N. Lecanto Highway
 Beverly Hills, FL 34465

Provider Number: 660076000
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.21	\$77.75	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Palm Glades Rural Health Assoc

 217 W. Avenue "A"
 Belle Glade, Fl 33430

Provider Number: 660087500
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.74	\$77.28	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Hernando Medical Center
 Hernando Medical Center
 10489 N. Florida Ave.
 Citrus Springs, Fl 34434

Provider Number: 660089100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.74	\$76.27	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 660100600
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.06	\$75.59	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Lake Pediatrics

Provider Number: 660103100

4880 N. Hwy 19A

Date: 10/01/2013

Mt. Dora, FL 32757

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.11	\$76.64	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Raypar, Inc.
 Family Wellness Center
 1064 North Broadway Avenue
 Bartow, FL 33830

Provider Number: 660109000
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$72.51	\$73.02	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Medical Associates, Inc.

Provider Number: 660111100

Date: 10/01/2013

411 N. Webster St

Fiscal Year End: N/A

Wildwood, FL 34785

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.67	\$74.19	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Birth & Beyond, P.A.

 1326 SR 100
 Grandin, FL 32138

Provider Number: 660121900
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.11	\$76.64	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Medical Group(Sebring)

Provider Number: 660129400

Date: 10/01/2013

3420 US 27 North

Fiscal Year End: N/A

Sebring, FL 33870

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$76.84	\$77.38	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Oak Hill Medical

Provider Number: 660132400

Date: 10/01/2013

185A North Rt. 1, PO Box 373

Fiscal Year End: N/A

Oak Hill, FL 32759

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.83	\$75.35	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

North Florida Pediatrics -Sneads

 7997 Hwy 90
 Sneads, FL 32460

Provider Number: 660135900
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$78.91	\$79.46	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Andres R. Villar, M.D.

Provider Number: 660140500

Date: 10/01/2013

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
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.42	\$75.95	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Williston Pediatrics, PA
 223 N. Main Street
 Williston, FL 32696

Provider Number: 660141300
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$62.42	\$62.86	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rajendra P. Bellam, MD

Raiendra P. Bellam, MD - INGLIS

41 N. Inglis Ave, PO Box 69

Inglis, FL 34449

Provider Number: 660142100

Date: 10/01/2013

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$60.11	\$60.53	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

Basis:

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

Rate Type :

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Doctor's Medical Ctr. of Walton County, PA

 21 West Main St
 DeFuniak Springs, FL 32435

Provider Number: 660147200
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$79.10	\$79.65	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 660151100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.42	\$75.95	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 660151100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.42	\$75.95	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Andres R. Villar, M.D.
 Children's Medical Center - Bava
 P.O. Box 606
 Glen Saint Mary, FL 32040

Provider Number: 660160000
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.95	\$75.47	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Network of Monroe Co.

Provider Number: 660161800

Date: 10/01/2013

P.O. Box 500370

Fiscal Year End: N/A

Marathon, FL 33050

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.89	\$75.41	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Putnam Obstetrics & Gynecology, Inc.
 Putnam Obstetrics & Gynecology
 700 Zeagler Drive, Suite 10
 Palatka, FL 32177

Provider Number: 660162600
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$77.98	\$78.53	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Philip Colaizzo, MD, PA

Provider Number: 660164200

Date: 10/01/2013

170 S. Barfield Hwy

Fiscal Year End: N/A

Pahokee, FL 33476

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$75.05	\$75.58	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Southern Family Healthcare, PA

Provider Number: 660167700

Date: 10/01/2013

P.O. Box 692

Fiscal Year End: N/A

Chipley, FL 32428

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.63	\$74.15	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Emmanuel Christian HC - Clermont

Provider Number: 660169300

Date: 10/01/2013

885 N. Powers Dr

Fiscal Year End: N/A

Orlando, FL 32818

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.92	\$75.44	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Network of Monroe Co., Fl., Inc. - St. Claires

Provider Number: 660170700

Date: 10/01/2013

P.O. Box 500370

Fiscal Year End: N/A

Marathon, FL 33050

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.90	\$75.42	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Rural Health Network of Monroe Co., Fl., Inc. - Ruth Ivins
 P.O. Box 500370
 Marathon, FL 33050

Provider Number: 660171500
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.90	\$75.42	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 660174000
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$72.59	\$73.10	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Williston Family Practice

Provider Number: 660176600

111 West Noble Ave

Date: 10/01/2013

Williston, FL 32696

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.90	\$75.42	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sunrise Primary Care - Summit Ave

Provider Number: 660181200

Date: 10/01/2013

811 N. Summit St

Fiscal Year End: N/A

Crescent City , FL 32112

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.78	\$75.30	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatrics in Brevard - Cocoa Beach
 Pediatrics in Brevard, PA
 699 W. Cocoa Beach Cswy Suite 401
 Cocoa Beach, FL 32931

Provider Number: 660182100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.75	\$75.27	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Pediatrics in Brevard - Hibiscus
 Pediatrics in Brevard, PA
 1755 Hibiscus Blvd
 Melbourne, FL 32901

Provider Number: 660183900
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.75	\$75.27	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 660184700
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.75	\$75.27	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sun 'Lake Medical Group, PA
 Sun 'N Lake Medical Group
 4958 Sun ' N Lake Blvd
 Sebring, FL 33872

Provider Number: 660187100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.89	\$75.41	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Northwest Florida Healthcare

 1360 Brickyard Rd.
 Chipley, FL 32428

Provider Number: 660189800
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.78	\$75.30	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Panhandle Family Medicine

Provider Number: 660191000

Date: 10/01/2013

877 3rd St #4

Fiscal Year End: N/A

Chipley, FL 32428

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.77	\$75.29	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Health Care Initiative - Citra FH

 17805 US Hwy 301 N.
 Citra, FL 32113

Provider Number: 660194400
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.75	\$75.27	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Garcia Medical Clinic

Provider Number: 660200200

Date: 10/01/2013

411 E. Nelson Avenue

Fiscal Year End: N/A

Defuniak Springs, FL 32433

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.77	\$75.29	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 660201100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.78	\$75.30	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Chiefland Medical Center

Provider Number: 660204500

1113 N. W. 23rd Ave

Date: 10/01/2013

Chiefland, FL 32626

Fiscal Year End: N/A

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$73.20	\$73.71	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

The Medical Center LLC

 20454 N.E. Finley Ave
 Blountstown , FL 32424

Provider Number: 660205300
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.60	\$75.12	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Clark Clinic

Provider Number: 660209600

Date: 10/01/2013

212 S. Florida St

Fiscal Year End: N/A

Bushnell, FL 33513

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.56	\$75.08	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Mohammad Afzal/Excel Pediatrics & Family Care

 265 Citrus Tower Blvd Suite 102
 Clermont, FL 34711

Provider Number: 660212600
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$79.14	\$79.69	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Dwight Peter Tiu - Acute Care Pediatrics

Provider Number: 660218500

Date: 10/01/2013

1301 Reid St PO Box 797

Fiscal Year End: N/A

Palatka, FL 32178

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.56	\$75.08	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Family Medical Group, P.A.

Provider Number: 660219300

Date: 10/01/2013

105 Tomoka Blvd South

Fiscal Year End: N/A

Lake Placid, FL 33852

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.56	\$75.08	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

DFS Walk-In Clinic

Provider Number: 660220700

Date: 10/01/2013

9 W. Orange Ave Suite #1

Fiscal Year End: N/A

Defuniak Springs, FL 32435

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.56	\$75.08	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

DJRJ2 Inc

Provider Number: 660226600

Date: 10/01/2013

484 SW Commerce Drive Suite 105

Fiscal Year End: N/A

Lake City, FL 32025

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.56	\$75.08	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Express Care of Belleview

Provider Number: 660230400

Date: 10/01/2013

2500 Citrus Blvd

Fiscal Year End: N/A

Leesburg, FL 34748

Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.56	\$75.08	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

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

Provider Number: 660232100
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$68.99	\$69.47	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Jackson County Hospital

 4318 5th Avenue
 Marianna, FL 32446

Provider Number: 660233900
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.51	\$75.03	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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

W. Rydell Samuel, Administrator
 Medicaid Cost Reimbursement Analysis

Distribution:

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

Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Childrens Medical Center - Starke

 319 West Call St
 Starke, FL 32091

Provider Number: 660235500
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$74.62	\$75.14	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

<p>Basis:</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Unaudited costs</p> <p><input type="checkbox"/> Desk audited costs</p> <p><input type="checkbox"/> Field audited costs</p> <p><input type="checkbox"/> Medicare - Prospective</p> <p><input checked="" type="checkbox"/> Payment System Rate</p> <p><input type="checkbox"/> Average Nursing Home Rate</p>	<p>Rate Type :</p> <p><input checked="" type="checkbox"/> Prospective</p> <p><input checked="" type="checkbox"/> Total Prospective</p> <p><input type="checkbox"/> Prospective Adjusted for New Costs</p> <p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Total Interim</p> <p><input type="checkbox"/> Settlement based on costs</p>
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Medicaid Reimbursement Per Diem Rates for Non-Institutional Providers

Sunrise Primary Care - St Johns Ave
 219 N Palm Ave
 Palatka, FL 32177

Provider Number: 660236300
 Date: 10/01/2013
 Fiscal Year End: N/A
 Audit Status: N/A

Provider Type:	Current Rate	New Rate	Effective Date
<input checked="" type="checkbox"/> Rural Health Clinic	\$72.08	\$72.58	10/01/2013
<input type="checkbox"/> Swing-Bed Provider			
<input type="checkbox"/> Federally Qualified Health Centers			
<input type="checkbox"/> Hospice Provider			
<input type="checkbox"/> #651 Routine Home Care			
<input type="checkbox"/> #652 Continuous Home Care			
<input type="checkbox"/> #655 Inpatient Respite Care			
<input type="checkbox"/> #656 General Inpatient Care			
<input type="checkbox"/> #658 Room and Board			

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